



CHRISTABEL AKANKWATSA > HIV/AIDS

Young women living with HIV should adhere to treatment

According to the Ministry of Health report of 2014, HIV prevalence among young women aged 15 to 24 in Uganda is estimated to be 3.72 per cent. Most of them are on medication while others are not. Girls in schools face discrimination and stigma while taking ARVs, and nutrition is not the best and this contributes to ineffectiveness of drugs.

Girls living with HIV/Aids face various challenges. As adolescents, they naturally begin engaging in relationships with boys and some find it hard to disclose their HIV status to their partners. This has greatly affected their adherence to treatment.

It is more problematic when the girls are total orphans. Some caretakers harass them despite the ongoing sensitisation against stigmatisation of people living with HIV/Aids.

Some guardians even start informing whoever cares to listen to them about how they are taking care of girls living with HIV, who lost their parents or who were neglected by their parents. Some fail to get transport to respective health centres to get ARVs.

Some caretakers are not responsible enough to support people living with HIV/Aids. But again, others genuinely lack transport to the health centres.

Some girls lack continuous counselling and adherence assessment and yet taking

ARVs is a lifetime commitment.

"I do not care" attitude or getting tired of supporting these women by the family members or treatment supporters has affected all people living with HIV/Aids compared to those who have been loved and supported.

Those getting support and care are living happily and are committed to taking their ARVs. In fact, they have improved greatly immunologically, clinically and even the virus is not detectable.

Absence of psychosocial support has led some HIV infected girls to go to commit suicide because they think that they no longer have future. Disclosure is supposed to be done by the client herself and to the people of her choice unless she is young.

However, in some circumstances, it is done without her consent.

Besides, the young girl keeps asking why she takes drugs yet she does not see her friends taking the medicines. This is common, especially to the children who acquired HIV from their parents or from other sources and they have yet disclosed it to her. This does not only affect their performance in class, but it also impacts on their adherence to treatment.

The way forward is for all people infected with HIV, especially the young women, to go for counselling services regularly. The family should know that its

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role is very fundamental in supporting them to take their medicines properly, to stop discriminating against them, to avoid using harsh words directed at them and most importantly, to love them continuously and show them that not all is lost and that they still have.

It is important to know that HIV is no longer a threat as it used to be in the early 1980s and 1990s. This is because today, a lot has been done to fight the scourge.

Girls should be empowered with skills that can enable them earn a living.

They also need to keenly participate in anti-HIV/Aids related activities so that they can learn more about the scourge and how one can live positively. At the inception of ART, a lot should be emphasised, especially the school and the family situation.

The government should appreciate and consider the role of a professional counsellors in dealing with HIV/Aids viz a vis the infected and the affected individuals.

These girls need to be continuously helped and encouraged to disclose their HIV status to their people even when married as a way of attracting moral, material and financial support.

Therefore, they need to keep in touch with their counsellors for better results and improved adherence.

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