

Oral Presentations / Présentations Orales

Session 16BT1

Culture, norms and practices / Culture, valeurs et pratiques

16BT1-1

Design and evaluation of an intervention to improve adolescent access to reproductive health services in rural Tanzania.

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Background & Objectives: Rates of STD are high, and condom use is low, amongst adolescents in sub Saharan Africa. Furthermore ignorance, fear of censure, and the attitudes of health workers (HW) have contributed to poor uptake of reproductive health services by young people. There is now an urgent need to improve uptake of these services in this age group. However separate specialist services may not be sustainable in resource poor settings, while integration into existing services, and the discussion of condom use with adolescents, may meet with resistance from conservative members of the community, or HW themselves. As part of the MEMA Kwa Vijana Project health workers in all government health units in 10 rural communities (65 villages) in Mwanza, Tanzania were trained to provide integrated "youth friendly" reproductive health services. The design and evaluation of the services and training will be presented.

Methods: In March 1999, 47 HW were trained for one week using role-plays, focus group discussion and drama. HW covered aspects of adolescent sexuality, confidentiality, counseling, gender and communication skills. All HW have previously been trained in the syndromic management of STD, and all health units have at least one person trained in the provision of family planning.

Results: The HW formulated outreach strategies including visits to each school in their ward within six months of the training, school pupil visits to the health units, outreach days at the clinic for out of school youth and with a specific focus on condom use and demonstration.

The impact of the training on health worker attitudes was assessed using pre and post training questionnaires, and focus group discussions. These results will be presented, together with an initial evaluation of the acceptability and coverage of the youth outreaches days and school visits amongst pupils, teachers, HW and community members.

16BT1-2

Impact of counselling on breastfeeding practices in HIV positive mothers in developing countries.

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Objectives: The aim of the study is to evaluate the impact of counselling on BF attitudes.

Introduction: Breastfeeding (BF) is responsible for about 1/3 of HIV vertical transmission cases. In Uganda, BF is the norm and national guidelines support its extensive practice up to 2 years of life. Currently there is no definite data on timing of BF transmission of HIV and on risk-benefit analysis in BF mothers who used ARV during pregnancy. Nonetheless availability of safe and cheap alternatives to BF are important and counselling mothers on risk of HIV transmission, access to clean water, cost and social factors to mention a few, are of pivotal importance. Therefore mothers participating in a trial of mother-to-child prevention of HIV transmission in Nsambya Hospital - Uganda were explained the risk of BF and advice not to breastfeed at all if possible or wean early and stop BF at around 6 months. No formula feeding or other alternatives were available at the time of the study and therefore safer alternatives to BF at a subsidised price could help mothers in the decision of using them.

Material and methods: Epidemiological, social and BF attitudes data were collected in 156 mother at child birth and during a follow-up of 18 months.

Results: The following table shows absolute numbers and percentages of women non-breastfeeding.

Patients	Non	B/F	No. & %
Birth	2/156		(1.3)
Week 1	2/156		(1.3)
Week 6	8/153		(5.2)
Month 3	25/153		(17.0)
Month 6	00/147		(68.0)
Month 9	116/161		(88.9)
Month 12	91/93		(97.8)
Month 15	54/55		(98.2)
Month 18	29/29		(100)

Characteristics: Mean age of 27.1 years (range 21-36), median parity of three (range 1-8), level of education is none, primary and secondary in 3.6%, 41.8% and 54.5% respectively, married 80% while single and widows in 16.4% and 3.6%. In 43.6% are Protestant, 34.6% Catholic and 21.8% Muslim. Their occupation is housewife in 47.3%, Civil servant in 30.9% and unemployed in 5.5%. Reasons for non-BF are available for 55 mothers. In 83.6% of cases they stopped BF because of the advice of the counsellors, in 5.5% because of sickness of mothers, in 3.6% because the child refused breast milk and in 7.3% for other reasons. Among the BF mothers, 18.2% did so because not BF is equal to disclosure of being HIV+ to the husband.

Conclusion: Continuous counselling has been useful in promoting early weaning and convincing mother to stop BF at 6 months.

To reduce risk of stigmatisation for not BF an extra effort should be put in counselling couples and not mothers alone.

16BT1-3

Sexe et argent à Yaoundé

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Introduction: Le VIH se transmet principalement par voie hétérosexuelle en Afrique. Au cœur du processus les partenariats occasionnels extra-conjugaux en sont les principaux acteurs. La catégorisation des partenariats est un exercice bien difficile dans un contexte africain, où toute relation entraîne des prestations et contre-prestations. La notion de "Commercial Sex Worker" ne peut s'appliquer dans ce contexte.

Objectifs: Etudier l'activité sexuelle et les types de partenariat de la population générale à Yaoundé, pour décrire une réalité plus nuancée de l'activité sexuelle rémunérée.

Méthodes: Dans le cadre de l'étude sur l'hétérogénéité des épidémies de SIDA dans les villes africaines, des études qualitatives et quantitatives ont été menées à Yaoundé auprès de la population générale et de différentes catégories de prostituées et de leurs clients.

Résultats: Yaoundé se caractérise par des relations sexuelles multiples et fréquentes où de nombreux types de partenaires sont en jeu. Toute relation sexuelle occasionne des dons et contre-dons (argent, cadeaux, faveurs ...) et fait intervenir un échange que l'on ne peut assimiler à un paiement. Toute femme attend une rétribution en retour de ses rapports sexuels, y compris généralement dans le cadre conjugal, sans aucun lien avec la notion de prostitution. On peut en retrouver les origines historiques, culturelles, et en démontrer les justifications sociales, économiques et culturelles.

Conclusion: Ces données ne permettent pas d'assimiler les faits africains à ce qu'on appelle ailleurs prostitution. La faiblesse des revenus et le nombre réduit de clients ne permettent pas de parler d'une profession, et remettent donc en question la notion de "Commercial Sex Worker".

16BT1-4

Integration of STD care and HIV/AIDS awareness in post abortion care programmes with religious health organisations in Africa

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Issue: Provision of integrated post-abortion care programmes is a practical and effective strategy for increasing of sexual and reproductive health services.