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Uganda: Which direction are we heading? The escalating prevalence of sexually transmitted infections

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Background: Whereas Sexually Transmitted Infections (STIs) have been controlled in the developed world, efforts to control them in Sub-Saharan Africa are not yielding the same results; the burden continues to grow. STIs increase the likelihood of HIV infection; a study in Mwanza Tanzania, demonstrated that STIs accounted for almost half of new HIV infections. Increasing STI prevalence therefore may jeopardise the getting to ZERO new HIV infections by 2015 drive. Uganda is also facing challenges of increasing prevalence of STIs. This paper presents STIs trends from in Uganda between 2000 and 2011.

Methods: We reviewed the Uganda Demographic and Health Survey reports from 2000 to 2011 for STI prevalence at national and East Central region. We also extracted data on gender, characteristics of the people who reported suffering from STI or had STI symptoms, treatment seeking and partner protection practices.

Results: STI prevalence rose from 16.6% in 2000 to 26.5% in 2011 among women and almost tripled among men (5.5% in 2000 to 15% in 2011). In east central, trends showed even a faster increase in prevalence from 5.3% in 2000 to 28% in 2011 in men, while for women 13.7% to 37.1% for the same period. STI prevalence was generally more among the married, middle income earners, urban dwellers and those higher education. Men were more likely to seek treatment compared to women for the same periods. More men also sought traditional healer interventions (12%) compared to women (7%). On partner protection, more men compared to women believed women would be justified to deny men sex or demand for condom use if men had an STI.

Conclusion: The highly increasing prevalence of STI or reported symptoms calls for an urgent need for the country to re-examine preventive programs. There is need to re-prioritize behaviour change communication interventions for prevention, timely and proper treatment and condom use.

Biography

Elizabeth Margret Asiimwe is an educationist and health anthropologist with over 7yrs experiences in community health programming, project planning, management, supervision, monitoring and evaluation. Her work evolves from working with grass root communities to project level management where she has been central in guiding monitoring and evaluation of projects and programs. She has also been central in coordinating partnerships and networks with Government departments and Non-governmental organizations for the several projects. She has been especially a lead person in building capacity for partner organizations to develop participatory monitoring and evaluation systems through engaging project stakeholders from the initiation of projects and working out plans for sustaining project outcomes. She has a Masters of Philosophy in International and Comparative Education from the University of Oslo, Norway and a BA Education (Hons) from Makerere University including a number of professional courses in the area of research, M&E and data management. She is currently a Makerere University School of Public Health and CDC Fellow.

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