

**THE IMPLICATIONS OF ANTIRETROVIRAL THERAPY/DRUGS
(ART/ARVs) ON SEXUAL BEHAVIOR AND THE PREVENTION OF
HIV IN MUBENDE, UGANDA**

By

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Abstract

A population based study titled 'The Implications of ART/drugs on Sexual Behavior and HIV Prevention in Mubende, Uganda' was conducted to examine common misconceptions about ART/drugs and their effect on sexual behavior. Perceptions explored the phenomenon at individual level as well as external factors such as public or community perceptions that decrease individual's perceived threat of HIV. The study was conducted among two categories of the population namely; the general population and PLHIV. Thus, a total of 2240 men and women of ages 15-59 were interviewed from the general population. A sub sample of 300 PLHIV on AIDS medication or prophylaxis aged 15-59 was interviewed at community outreaches. The survey utilized a three stage sample design and simple random sampling techniques.

The chi-square test was used to establish the association between reported sexual behaviors (ABC) and a set of socio-demographic, knowledge and perception factors which from a theoretical point of view affect the probability of adopting a given sexual behavior. In order to determine the predictors of sexual behavior and the strength of association, a binary logistic regression model was fitted.

Sexual behavior and perceptions were significantly related with age, marital status, education, residence and religion ($p < 0.05$). The proposed mechanism for this relationship are exposure and awareness to information about HIV especially varying with levels of education, one's marital status which determines sexual activity, age which influences experience towards events unfolding in the HIV era and increases the potential to tell about changes in people's perceptions over the years.

Perceptions such as people including those on ART think HIV is less dangerous since ARVs are available, people including those on ART were returning to more risky sexual behavior because of availability of ARVs, willingness to have unprotected sex with a person on ART ($p < 0.05$) as well as age, marital status, and education ($p < 0.05$) were determinants of abstinence, fidelity and condom use. In conclusion, the findings show that people with low perceived threat of HIV could relapse in behavior if their perceived benefit of ART outweighs the perceived threat of HIV. The high risk groups could equally deteriorate in their protective behavior as they become healthier if their perceived benefit from ART outweighs the risks of re-infection.

On the basis of the study results, recommendations were made: First, a greater focus on misconceptions towards ARVs should be primary target for prevention efforts. Second, in recognition of the various levels at which HIV complacency can manifest, individual level and community level approaches should be used to address misconceptions among the two categories of respondents. Third, multi-sectoral response should be revived to foster changes in behavioral norms like in the 1990s. Fourth, MOH should conduct policy analysis to understand how disease perceptions evolved with advances in biomedical science such as vaccine development and apply the same concept to determine the potential associations with various manifestations of HIV/AIDS complacency resulting from ART/ARVs. Fifth, there is need to develop and test messages that increase threat of HIV/AIDS in the era of HAART specific to each target group.