

HIV PREVENTION

IN LIMPOPO, SOUTH AFRICA



Understanding HIV/AIDS

HIV:

Human Immunodeficiency
Virus

AIDS:

Acquired Immune
Deficiency Syndrome

- HIV is a viral infection that attacks and weakens the immune system
- If left untreated, the immune system is so weakened that it can not fight off infection
- AIDS is the end stage of HIV when the immune system is no longer functioning.
- With modern treatment, the likelihood of developing AIDS is lowered



Understanding Limpopo

- Limpopo is the northern most province of South Africa and is comprised of five municipalities.
- Limpopo is one of the poorest provinces. It's economy is driven primarily by mining and agriculture.
- Only 1/3 of residents in Limpopo will attain a secondary school education, many of whom will not graduate until they have reached their 20's.
- Much of Limpopo is very rural with limited access to education, healthcare and government oversight.



- Limpopo has the highest rates of Black Africans in South Africa

There are multiple ethnic groups within this racial groups

- Limpopo has an HIV prevalence rate of 17%

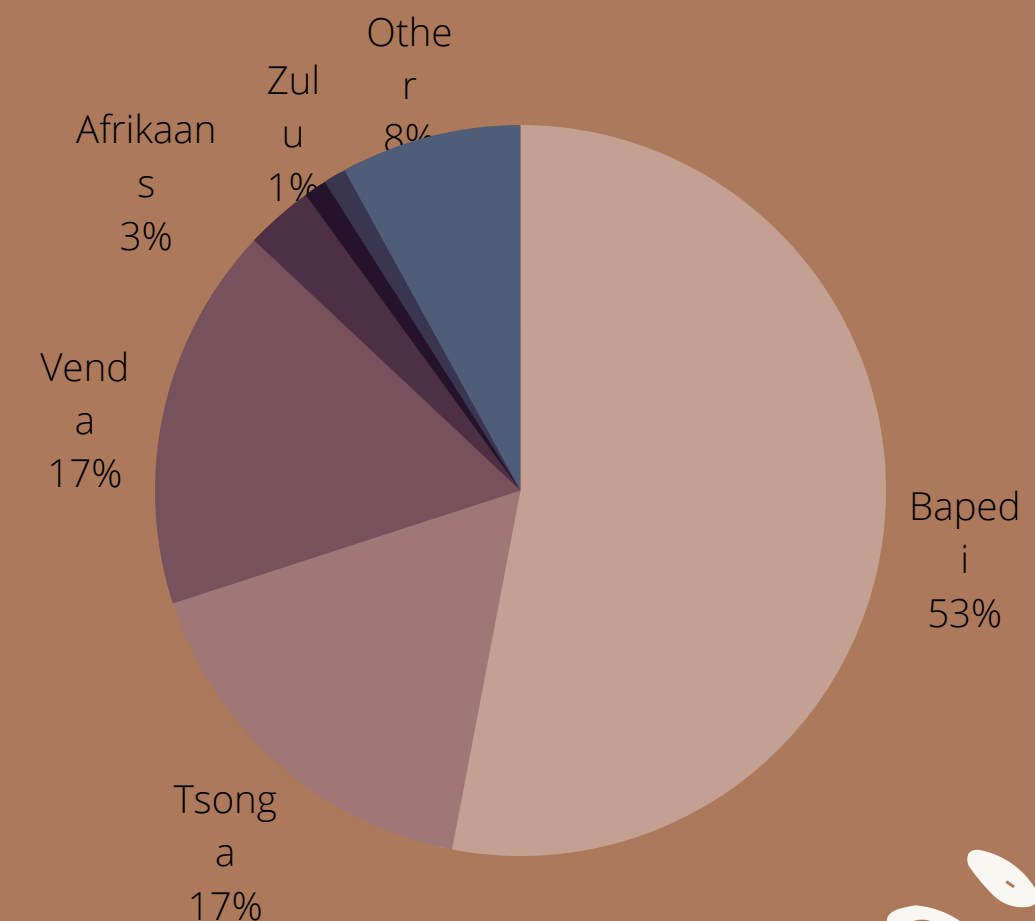
Women are the most at risk group of new transmission

- People living with HIV in Limpopo have a 61% treatment adherence rate

In order to be effective, treatment adherence needs to be at 90-95%

Statistics

Specific to Limpopo



Limpopo Racial/Ethnic Demographics

Cultural Factors

Things to consider for an effective and culturally competent prevention program

- **Many people mistrust western biomedical systems**

60% of Limpopo will seek a traditional healer for their healthcare needs. This rate is higher in more rural areas.

- **The cultures in Limpopo are patriarchal**

Women and girls have little autonomy, are less likely to seek education, and are at higher risk of living in poverty

- **HIV/AIDS is connected to morality**

Some of the cultures in Limpopo see HIV/AIDS as a result of moving away from traditional lifestyles



Program Outline

Created utilizing Intervention Mapping Planning Model
Step 1-3

● Step 1. Needs Assessment:

This stage determined that while HIV programs exist they are not meeting the needs of the whole community. Rural areas and women & girls are at highest risk. Increased testing and treatment adherence partnerships are needed.

● Step 2. Performance Objectives

1. Increase testing
2. Improve treatment adherence
3. Create coordination between ethnomedical and biomedical systems.
4. Create a community health program for traditional healers

● Step 3. Intervention Strategies

This stage requires all stakeholders to determine what is best for the communities being served. Intervention is modeled after the education program in Nepal, using strategies utilized by the Mozambique project to integrate ethnomedical healers and biomedical practitioners.

Program Outline

Created utilizing Intervention
Mapping Planning Model
Step 4-6

- **Step 4. Program Design**

In this stage curriculums are created and developed. Materials are pretested on the target audience. Revisions are made as determined by all stake holders.

- **Step 5. Implementation**

The first cohort of ethnomedical and biomedical healers are brought in to the program.

- **Step 6. Evaluation**

This step determines the evaluation outcomes for the program. This will include not only by quantitative statistics such as a reduction in new HIV cases and improved treatment adherence but also qualitative improvements in feelings about seeking testing and treatment, the ability to disclose status to partners, and an improvement in a relationships between healthcare systems.



Hlokomela HIV educational
programing



UNAIDS

Joint United Nations Programme
on HIV/AIDS



Limpopo Dept of Education

Organizational Partnerships



Thank you for Watching!