

Religious Leader Supports Condom Promotion to curb New HIV Infections

Whereas Uganda has successfully implemented abstinence, mutual fidelity, condom use, safe male circumcision and eMTCT programs to reduce new HIV infections, a section of religious leaders are still critical to condom promotion activities, a key component of Uganda's HIV prevention package. During a community mobilization meeting on HIV prevention and elimination of mother to child transmission of HIV (eMTCT) in Soroti, Rev. Michael Okwii Esakhan of St. Peter's Theological College Soroti, came out publically and supported condom promotion as a key method to reduce new HIV infections.



Rev. Micheal Okwii

“People’s realities are different and that should be taken into consideration. How do we help discordant couples if we discourage condoms?” Okwii asked.

USAID Uganda/ Communication for Healthy communities (CHC) in collaboration with Baylor Uganda and the Office of the First Lady organized the activity in Teso sub-region (Eastern Uganda) in July 2015. The purpose of the activity was to mobilize, equip and deploy influential community gate keepers to advocate for increased uptake of critical HIV prevention and treatment, TB, malaria, nutrition and family planning services in the community.

“In order to prevent HIV, different measures are required for different groups. Similarly, moral issues around condom promotion among religious

leaders are relevant for a certain group of people. So let’s not confuse things. What all of us need is to control the spread of HIV which is affecting our people.” Okwii

Under the OBULAMU (How’s Life?) Campaign, CHC works with USG IPs in different parts of Uganda to address barriers to uptake of the above health services, including; social and gender norms, gaps in knowledge, motivation and risk perception as well as self-efficacy and skills. Between July and September 2015, CHC mobilized and deployed **378 community gate keepers**, including; religious leaders, cultural leaders and journalists in the Teso sub-region. During the orientations, CHC and partners review service data from nearby health centres and provide quick facts on critical health indicators in the area, such as high rates of HIV, malaria or TB cases that motivates leaders to act and helps them to appreciate the situation. in their community based on data. At the end of the orientation, leaders develop action plans on how to address the problem and are given talking points and tips on how to integrate relevant messages in their day-to-day activities.

According to the Inter Religious Council of Uganda (IRCU), an umbrella organization for all religious organizations in Uganda, one **religious leader talks to at least 100 people in a week**, during weekly prayers and community events such as funerals and weddings. We need to target and work with them in addressing critical health issues.

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