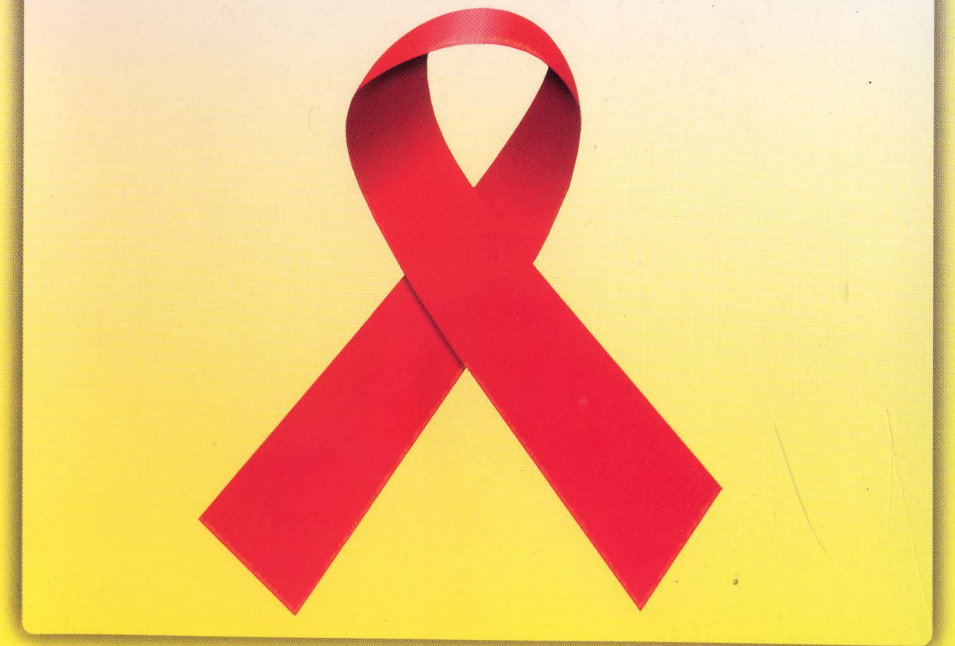
# Uganda Martyrs University

# HIV and AIDS & ANTI-SEXUAL HARASSMENT POLICY



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## Foreword

The acquired immunodeficiency syndrome (AIDS) due to infection from the immunodeficiency virus (HIV) first surfaced in or around 1980. Within two decades HIV infection and AIDS was the fourth leading cause of death globally. The HIV and AIDS pandemic continues to ravage sub-Saharan Africa, which has the highest prevalence on record. This sub-region remains most heavily affected by HIV, accounting for 67% of all people living with HIV and for 72% of AIDS deaths in 2007 (UNAID/WHO, 2008).

In Africa, AIDS and its complications are killing people at the prime of their lives. It is wiping out the productive sector and undermining investments in education and human capital. The life expectancy in most African countries has been reduced by one to two decades. AIDS has created a population of orphans and the previously resilient Africa social network can no longer cope. In some instances, a septuagenarian grandmother is left to care for 7 to 10 orphans; and in other situations 7-8 year olds are left to fend for themselves in Uganda. The estimated prevalence is 6,300/ 100,000 population with slightly more women than men. For the 15-24 year age group the estimated prevalence is 4,300/ 100,000 population. The number of living orphans is estimated to be 1.8 million (13% of the population). The numbers receiving anti-retroviral therapy is about 115,000. (UNAIDS/WHO, 2008).

In Uganda, and this is true of most sub-Saharan Africa, the epidemic has decreased. According to UNAIDS /WHO Report 2008, the epidemic in most sub-Saharan Africa, has stabilized or begun to decline. In actual fact, both the estimated adult prevalence and the number of people living with HIV has fallen consistently over the years. According to the report, increasing access to anti-retroviral therapy is starting to have a major impact on the AIDS epidemic, and prevention is also having an important impact on new infections although some decline in new infections is due to the natural course of epidemic.

Despite the gains made recently Sub-Saharan Africa remains the region most heavily affected by HIV, for a variety of reasons including:

1) Lack of adequate knowledge about the disease and its consequences.
2) Lack of trained leadership and commitment;
3) Lack of adequate resources;
4) Mismanagement of donor funds ear- marked to counter this epidemic and other diseases, notably malaria and tuberculosis;
5) Conflict with cultural and religious practices and values;
6) Stigma associated with the disease which has led to those infected remaining silent for a long time. In addition, there is an attitude engrained in some cultures summarized best by saying, "I don't die alone". This attitude has led many to deliberately infect as many persons as they can encounter.
7) Due to a number of factors including physiological, socio-cultural and economic reasons, HIV and AIDS affects women and girls more adversely. In this era of HIV and AIDS, there should be zero tolerance to sexual harassment in the educational settings. "Any discrimination and or action that may put an employee or student of either sex at risk because of sex, strictly violates the basic principles of this policy and may be sanctioned in accordance with the relevant disciplinary policies" (Ministry of Education & Sports, undated, p.4).

Efforts by the Government and non-governmental organizations, as well as parastatal and civil society have seen a remarkable reduction in the both prevalence and the number of people living with HIV in Uganda in the last ten years.

The UNAIDS/WHO report concludes that although a lot has been done, much still remains to be done. The report concludes that HIV remains one of the world's most serious public health challenges and that responding to it is a "moral imperative".

In developing a policy on HIV and AIDS and Anti-Sexual Harassment, Uganda Martyrs' University (UMU) has embarked on a continuum stretching from prevention, treatment, care and support



of those affected and infected by HIV and AIDS; to mitigating the impact of the disease on individuals, institutions, and community of which they are a part. The activities generated and developed at the end of the policy development exercise are aimed at:

1) providing sustained tertiary education on HIV and AIDS whose course content and curriculum will systematically be geared to responding to the pandemic;
2) making our graduates understand the impact of HIV and AIDS in their personal, family and professional lives;
3) exercising zero tolerance to sexual harassment;
4) inculcating both theoretical and practical understanding of the pandemic and its implications in their future lives and professional careers;
5) engaging academic staff to mainstream HIV and AIDS in University life by integrating HIV and AIDS in core teaching programmes;
6) protecting staff and students by adequate training and continued sensitization;
7) protecting staff and students from sexual harassment.

We are most grateful to the Association of African Universities (AAU) for the grant that has enabled UMU to develop this policy. We are equally grateful to the UMU Task Force, a cross disciplinary, and UMU community-wide group that brought the task of policy development to a successful end. We believe that with this policy we will truly **"make a difference".**

Charles L.M. Olweny, MD, FRACP
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Uganda Martyrs' University