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Towards the Socio-Ecological Model: Home-Based Care for OVC with HIV/AIDS in Uganda

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Presentation Outline

- Introduction
- Socio-ecological vs. Biomedical
- Home-based care for OVC with HIV/AIDS
- Key issues

Health?

...the fact of 'health' is a cultural fact in the broadest sense of the term, which is to say at once political, economic, and social. Which is to say that it's bound up with a certain state of individual and collective consciousness. Each period has it's own notion of 'normality'...

(Foucault 1983)

Perspectives on Health, Disease and Illness

- Contrasting views
- Socially constructed
- Subject to contestation
- Continual redefinition of meanings and usage

Bio-medical model of health

"... the body as *machine*, disease as the consequence of *breakdown of the machine*, and the doctor's task as *repair of the machine*..."

(Engel 1977)

- Basis for most Western hospital medical treatment
- A useful conceptual tool for analysis of diagnostic behaviour

Assumptions of the Biomedical model

- Disease as deviation from 'normal' biological functioning
- 2. The doctrine of *specific* etiology
- 3. Diseases are generic
- 4. Scientific neutrality and rationality of medicine

However...

- Increasing tendency for individual health to be regarded in more holistic manner
- Emphasis on treatment and care of the whole person, and not just a component subsystem
- ... the Socio-ecological model

The Socio-ecological model

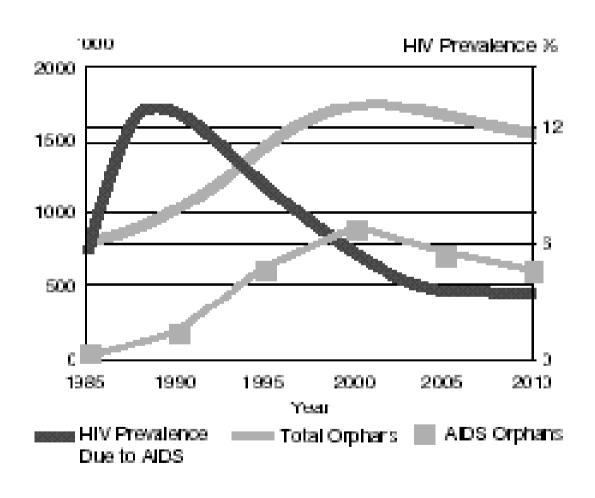
- Recognises interwoven individual environment relationship
- Reflected in WHO health definition
- Emphasis on health as a positive quality-holistic and wide in scope
- Combines the perceptual and the functional/adaptational
- o Emphasises context!

HIV/AIDS and OVC

- In 2007, 33 million people lived with HIV/AIDS worldwide. 22 million of them lived in SSA. Number increased to more than 40 million people in 2008
- HIV/AIDS affects mainly 15-49 age group resulting in increased numbers of orphans and vulnerable children (OVC)
- Some OVC are HIV positive
- Globally, orphan number stands at more than 15 million and is forecast to rise to 24 million by 2010

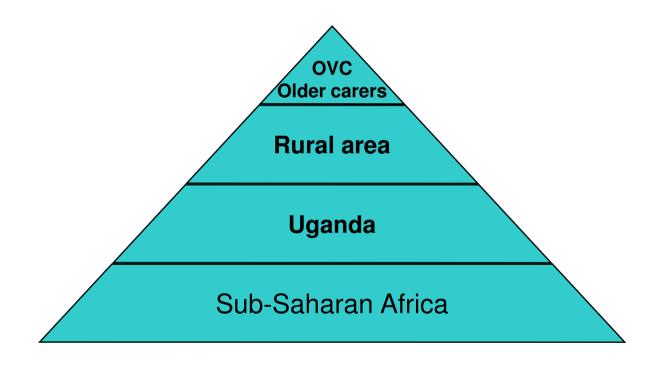
(WHO,2008)

OVC due to AIDS by HIV prevalence for Uganda



(Source: Wakhweya et al, 2003)

Spectrum of Vulnerability



More complex at all levels!

HIV/AIDS care in Uganda

- In 2007 OVC number was 2.3 million (15% of the total children in the country)
- Rose to 7.5 million (46% of all children) in 2008
- Two thirds of all PLWA, HIV-related illnesses nursed at home
- Older people (aged 60 and beyond) are primary carers for PLWA and OVC

(HelpAge and WHO, 2008)

Care for OVC in Uganda

- Social welfare approach (1970s-85)
- Now tacitly acknowledged that OVC care best within extended family
- 49% of the total population access health services
- Critical issues: health care, emotional well-being, nutrition and resources
- Issues broader than health or HIV/AIDS

Key issues

- Understanding the different views
- Impact on policy
- o Integrated approach?
- Whose views drive service design and delivery?
- Support / advocacy for OVC and older carers (gender aspect – older carers mainly women?)
- o Context!

References

- <u>Curtis</u>, S., & Taket, A. (1996). Changing perspectives on health and society. London: Edward Arnold
- Bowling, A. (2005). Measuring Health: A Review of Quality of Life Measurement Scales. Maidenhead, Berkshire, Open University Press.
- Help Age International (2007) <u>Stronger together: Supporting the vital role played by older people in the fight against the HIV and AIDS pandemic</u>
- Help Age International (2004) Forgotten families: Older people as carers of orphans and vulnerable children
- Monasch, R. (2004). The growing role of older people in the lives of OVC - patterns and trends in different regions in sub-Saharan Africa -Evidence for programming. International AIDS Conference
- Nyun, M.S. (2004) Community home based care and support for AIDS orphans and vulnerable children. XV International Conference on AIDS. Bangkok, Thailand. Int Conf AIDS. 2004
- Wakweya, A., C. Kateregga, et al. (2003). Orphans and their Households: Caring for the Future Today. Ministry of Gender, Labour and Social Welfare & The Uganda AIDS Commission.
- World Health Organisation (2008) World Health Statistics

The end

Questions?