THE FAMILY CONCEPT FOR MANAGEMENT OF STDS IN COMMUNITIES OF UGANDAN HOMESTEADS

January 2019 Kiyemba Ronald, Mirembe Sandra Lorraine Peer Educator & Kkiseka R Rocky MD etal .

Problem statement: The family concept brings parents, siblings and extended family members such as aunts, uncles and grandparents into the treatment process within the African community Homesteads.

In Uganda, utilization of ethno botanical indigenous knowledge is becoming an integral part in management of local diseases within the basic family social setup.

Youth participation together, collaborating with the extended family members through urban, rural school settings and local gatherings, sports bonanzas have advocated for Herbal therapy as an avenue for preventing and treating some of the STDs.

Expansion of STD screening & treatment programs to schools, sports centres, CBOs and peer educators is likely to be critical in the overall control of STDs in our African family setups.

Methodology and theoretical orientation.

Consultation and reviews on articles and references related to the subject matter was done. Objectively mobilization of youth to participate among families in directly managing STDs within the local communities/centres/schools.

Treating Chlamydia and gonorrhea in local family setup using Herbal therapy/medicines.

Repeated School Based Screening (RSBS) for STD was applied in a total of 7 schools; 3 urban and 4 rural . all students in secondary were educated, counslled, some received direct treatment, single dose therapy (Azithromycin 500mg stat)

Modified (RSBS) was used at 3 sports centre and CBOs were similar techniques were administered intervationally.

5 ministerial local churches were included in the study (2 urban & 3 rural)

Findings

7 schools – (1010) urban respondents & 185 rural from primary & secondary schools were interviewed and screened for STDs & treated.

28 questionnaires were given to a local urban CBO.

The modified RSBS used for the sports centres showed that 88 respondents, 52(63.4%) were knowledgeable about STD and participated locally in peer led education programmes.

32(36.6%) were not sure of the subject on STDs.

Herbal therapy was theoretically available within the homesteads with informal & formal literature on the usage and local formulation, we however failed to evaluate efficiency after administration lacking the appropriate technical & technological support.

Churches had conflicting information on the issue of sensitization Vs treatment of STDs.

Belief in Herbal therapy for STDs was only supported by the elderly who had knowledge on their local effects and practices as per their experience.

Conclusion

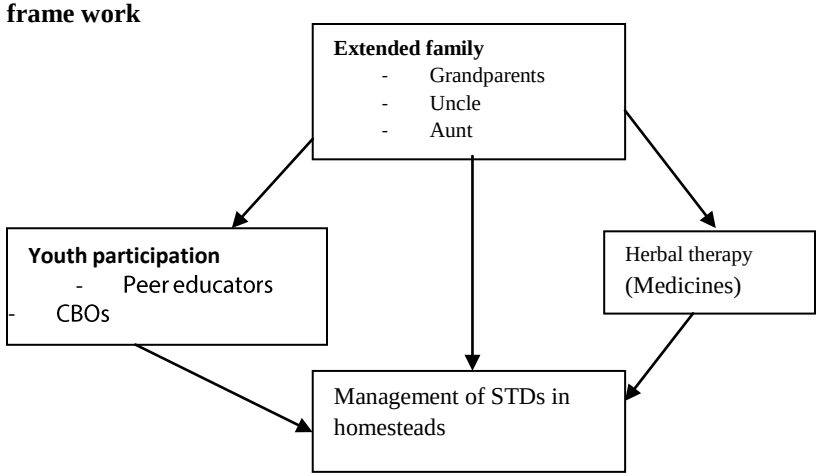
It's clear we need to do local interventions to help teenagers make good decisions which will lead to increase good safe sexual behavior & clear knowledge on prevention of STDs.

Herbal therapy in treatment & prevention of STDs is challenging in the field of health promotion requiring patience, technology and sensitization to the recipients with within their local community setups.

Significance

Expansion of STD screening and treatment programs to schools, sports centres, CBOs and peer educators is a critical step in sensitization, control and treatment of STDs in African homesteads using locally available herbal therapy through the family concept.

Concept frame work



Biography



Kiyemba Ronald, Coach Uganda Cycling and Kitanda community based org. President.& Mirembe Sandra Lorraine peer Educator
kiyembaroanld@kitandacommunitybased.org