

CyberSenga Dissemination Meeting

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*Thank you for your interest in this presentation. Please note that analyses included herein are preliminary. More recent, finalized analyses may be available by contacting CiPHR for further information.

CiPHR Center for Innovative Public Health Research

Decoding how technology influences and can improve public health



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CyberSenga Dissemination Meeting

SESSION I:

THE MOTIVATION FOR CYBERSENGA

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THE MOTIVATION FOR CYBERSENGA

ADOLESCENT SEXUALITY AND HIV RISK IN UGANDA

Adolescence and sexuality

- Adolescence and young adulthood is a time where one becomes sexually active, and Uganda is no exception
 - One of every two 15-19 year olds have had sex
- Early sexual activity is associated with risks:
 - Unintended pregnancy
 - Sexually transmitted infections
 - HIV

Darabi L, Bankole A, Serumaga K, et al. Protecting the Next Generation in Uganda: New Evidence on Adolescent Sexual and Reproductive Health Needs. New York, NY: Guttmacher Institute; 2008.
The Alan Guttmacher Institute. Adolescents in Uganda. Facts in Brief. New York, NY: Guttmacher Institute; 2006.
http://www.guttmacher.org/pubs/2006/07/26/16_0608.uganda.cdf

HIV prevalence among Ugandan adolescents

- Policymakers around the world look to Uganda as a role model in the fight against HIV/AIDS because of its success in reducing HIV rates during the late 1980's and early 1990's.
- HIV prevalence in Uganda peaked at around 15% in 1991 and then fell to 5% in 2001.
- Currently, an estimated 4.3% of females and 1.1% of males between the ages of 15 and 24 years are HIV positive in Uganda

Government of Uganda. UNGASS Country Progress Report Uganda. 2010. http://data.unaids.org/publications/2010/uganda_country_progress_report_en.pdf

The Alan Guttmacher Institute. Adolescents in Uganda: Sexual and reproductive health. 2005. <http://www.guttmacher.org/pubs/2005/05/uganda-05.pdf>

Chaya N, Amen KA. Condoms count: meeting the need in the era of HIV/AIDS. Washington, DC: Population Action International; 2002.

The C in the ABC Model

The A, B, and C of HIV prevention is widely acknowledged as the influential factor in this reduction – **A**bstinence, **B**e Faithful, and **C**ondom Use.

We do not know why there is an increase in HIV.

Some researchers think this may be because of reduced promotional efforts of the **C** and increased attention towards the **A**.

Efforts to promote abstinence by talking poorly about condoms may increase the likelihood that people will fail to use condoms when they do have sex, thus putting themselves at unnecessary risk.

Blum RW. Uganda AIDS prevention: A, B, C and politics. *Journal of Adolescent Health*. 2004;34:428-432.

Boonstra H. Public health advocates say campaign to disparage condoms threatens STD prevention efforts. *The Guttmacher Report on Public Policy*. 2003;6(1):1-3. <http://www.guttmacher.org/pubs/tgr06/1/gr060101.html>.

Conclusion

- HIV infection is preventable. Individuals have several prevention strategies to choose from.
- We need to help youth make responsible choices.
- The effectiveness of one's choice to prevent HIV depends largely on the individual. Those who practice abstinence as a prevention strategy will find it effective only if they **always** abstain. Similarly, those who choose any of the other recommended prevention strategies, including condoms, will find them highly effective if used correctly and **consistently**.

Conclusion

- Given the increase in HIV transmission, increasing availability of **engaging**, evidence-based HIV prevention programs targeted to young people in Uganda is needed
- Programs need to do a better job of promoting condom use among those that are sexually active; and ongoing abstinence for those who are not sexually active.

THE MOTIVATION FOR CYBERSENGA

THE INTERNET AND HIV PREVENTION

Uganda Media and You Survey

- In June-July, 2005, we surveyed:
 - 500 adolescents (Secondary 1-4)
 - 5 schools took part
- The aim of the survey was to examine whether the Internet was a feasible delivery mechanism

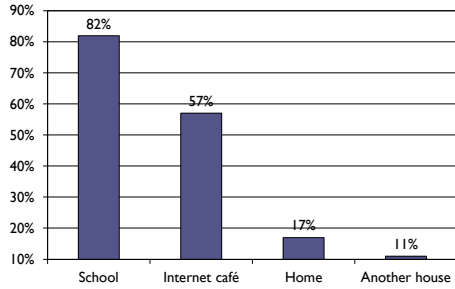
Characteristics of youth participants

- 61% Male
- 46% between 15-16 years of age
- 71% thought they would probably or definitely finish secondary school
- 44% of fathers attended/completed university
- 29% of mothers attended/completed university

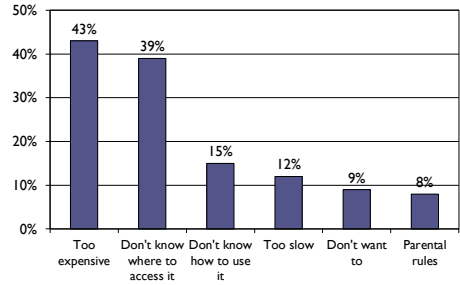
Exposure to the Internet (n=500)

- 88% of youth have been exposed to the Internet
- 45% of youth (n=223) have used the Internet (ever)
- An additional 43% (n=214) knew someone who had gone online

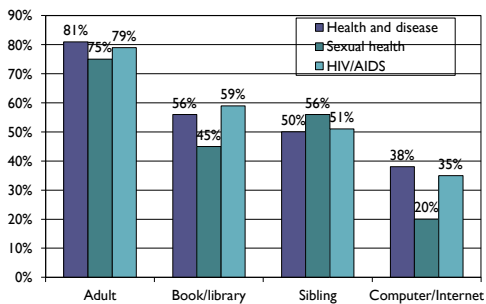
Where youth access the Internet (n=223)



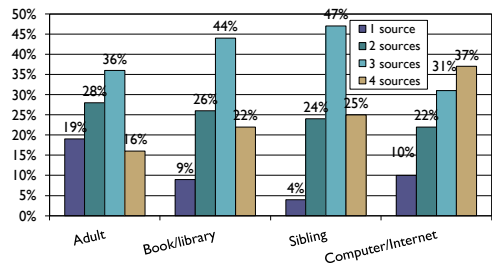
Reasons for not using the Internet (n=277)



Sources of health information (n=500)



Number of different sources by type of information resource (n=500)



*13 youth indicated they did not use any of the 4 sources for HIV/AIDS information

Profile of computer/Internet health information seekers (n=223)

Youth characteristics	aOR	P-value
Going online in the past week	2.4	0.04
Accessing the Internet at school	0.2	0.002
Online activities		
Visiting chat rooms	3.8	<.001
Emailing	2.5	0.03
Playing games	2.8	0.002

Conclusion

- The Internet is a familiar technology:
 - Most (4 in 5) have used or know someone who has used the Internet.
- Among Internet users, school is the most frequently cited log in location.
- One in three youth (35%) have used the Internet or computer to access information about HIV/AIDS.

Conclusion

- Internet health information seekers are likely to use multiple sources for health information.
- Adults are the most common source of health information for adolescents.
- Computers and the Internet appear to be enhancing rather than replacing other sources of HIV and other health-related information among secondary school students in Mbarara.

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