

BARRIERS FACED BY AGYW IN ACCESSING HIV SERVICES IN RURAL COMMUNITIES

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INTRODUCTION

Living in an era, where HIV is a reality, a plague present in the sub-Saharan area particularly in Cameroon as one of the 13 countries infected in Africa. AGYW lack in every aspect of the UNAIDS/PEPFAR 90-90-90 targets and the hardest hit by the HIV pandemic. Where it is highly present especially in the 15-29 yrs old range targeted by HOVUCA (Hope for Vulnerable Children Association). According to the last statistics 5% of AGYW are twice more affected than their male counterpart of 2.3%. This is a call of concern, as the problem remains persistent with the young girls serving as a bridge between the counterparts of the same age and older adults too. Moving a step ahead, we will look at those barriers but before let's identify the different HIV services available in the hospital.

HIV Services

- HIV Consultation
- Follow-up tests (CD4 count and viral load)
- Screening
- HIV testing, Antiretroviral
- Distribution of condoms
- Medication for the prevention of opportunistic infections.

A-IGNORANCE

Although campaigns are alone in some areas; AGYW are still not aware about the HIV services provided for them, especially AGYW; LHIV. This brings us back to the section 4.4 of National strategic plan (Management of adolescents), which makes mention of the different partnerships, and involvements of the civil society and municipalities.

B-Fewer healthcare resources available in the area

Limited healthcare facilities and infrastructures; hinders the access of HIV services among AGYW, for instance follow up tests (Viral load, CD4 count). Drugs are not available especially in those local healthcare centers. This, one needs to move to urban areas, public hospitals v-districts regional hospitals, of the area. A serious issue, faced by Any village, AGYW, of locality. Of Bafoussam named "Sabechi" where well equipped healthcare centers are limited not to talk of offering HIV SERVICES

C-LACK OF FOCAL POINTS FOR AGYW

Being grateful for the actions done by UNAIDS/PEPFAR and other association like HOVUCA towards AGYW in different geographical locations of our territory.

However the gap is still very visible especially, for those AGYW, in rural communities where they have no focal points where they could express all their worries get necessary, information, about HIV services and access them easily. This particular aspect is not mentioned in the national strategic plan

D-Duration of health workers in the area

Due to the limited comfort, facilities such as electricity, portable water housing among others, health workers employed from urban areas to stay in rural areas hardly cope with these harsh conditions, leaving behind the AGYW ;LHIV AND WITHOUT. with little or no assistance. Given the following statistics. 65% centre,55% littoral,2%Adamawa,1%East,2%ext North,3%NW,4%west,1%South,3%SW,--source MINSANTE. these distributions hinders services in those rural areas, thus absence in effective decentralization.

E-Age difference and Responsibilities

Taking age wise the absence of approach following the AGYW is a barrier as; considering a young adolescent girl of 15yrs and just above; cannot easily be received as is the case for a young woman of 20yrs and above. Likewise for adolescents girls with kids.

F-STIGMATISATION AND DISCRIMINATION

Stigmatisation ;the act of treating someone unfairly by publicly disapproving of them”. Stigmatisation and discrimination is a plague and a real barrier against accessing HIV SERVICES by AGYW, as it leads to many illiterates such as the fear of exposure of their status, their membership to a group ; for instance same church, customs, beliefs etc. Moreover this especially is common in small communities “as everyone knows everyone”. However, this should not be the case as the national guidelines in section 3 (management of adolescents), makes mention of the rights for everyone equally HIV positive AGYW.: Health, non-discrimination, Information, social protection

G-Limited/absence of management of Day Care units

Limited or absence of UPEC services in rural communities As compared to urban areas, where one can find them in some district hospitals, regional hospitals, and dedicated HIV centers. This is a barrier for the AGYW living in rural areas.

H-Limited financial resources by AGYW

AGYW face a lot of financial difficulties from transportation to the hospital to the regular follow ups necessary for their treatments

RECOMMENDATIONS

We therefore recommend the following ;

- Create more knowledge about HIV itself; make known of the different services such as; indications on notice boards, distribution of condoms
- Make available necessary equipment in healthcare centres, grant more subsidies at the level of some charged HIV services.
- Ease HIV services procedures.
- Provide focal points for AGYW where they will access treatment easily, and in all direction.
- In order to solve the stay of healthcare workers in rural communities ;we suggest that more of. The personnel should be employed and trained in those areas as they are more verse with the lifestyle of the area.
- The approach towards AGYW should be dealt accord to their ages and conditions.(AGE DIFFERENCE).
- Stigmatization and discrimination cases should be followed up. and handled with care. Education of the population and lay more emphasis to the health personnel.
- Availability of management units, in all health infrastructures
- Granting of subsidies to AGYW, to ease their transportation and effective follow up .
- Provide mobile clinical outreach once a month .This can be use to reach AGYW within their communities mainly at community centres, local shops, Churches and near schools(secondary schools)..This mobile clinical outreach should be compose of, a team nurse, HIV testing services(HTS),counselor, peer educator, condoms distribution, pregnancy tests, ART, among others.

Conclusion

- HIV services need to be accessed by everyone no matter their geographical location.
- Accent need to be placed on adolescent girls and young women especially; as they are more vulnerable.
- TOGETHER LET'S PROMOTE HEALTH AND STOP THIS PANDEMIC!