

# EXPLORING AND CURBING THE EFFECTS OF HIV/AIDS ON ELDERLY PEOPLE IN UGANDA

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## Abstract

### Introduction:

This paper presents HIV/AIDS experiences of elderly persons in Uganda as revealed by an ongoing descriptive cross-sectional study covering eight districts, namely: Pallisa, Kampala, Jinja, Lira, Nebbi, Ntungamo, Luwero and Mbarara. These districts represent both the rural and urban areas of the four regions of Uganda, including: Western, Northern, Eastern and Central region.

### Methods:

The study employed a mixed method approach using a sequential exploratory strategy. Data was collected using not only focus group discussions and in-depth interviews held with 165 elderly persons but also a validated interview schedule administered to 50 key informants. Elderly persons participated in the study by providing data on their HIV/AIDS-related experiences. Key respondents were selected to provide data on strategies that could be adopted to curb the effects of the epidemic. This paper is based on one of the study's objectives, which focused on exploring the effects of HIV/AIDS on Uganda's elderly people; coping mechanisms used to deal with HIV/AIDS; and strategies for curbing its effects. Data was analysed using content analysis and the descriptive method of SPSS.

### Results:

Results show that HIV/AIDS affected most of the elderly people in Uganda by killing their children and spouses, and leaving them with a big burden of taking care of AIDS orphans; yet majority of these people were financially too incapacitated to shoulder it amply. HIV/AIDS also infected the elderly people. The epidemic introduced the need for ARVs and other health services that elderly people found too difficult to access due to poor health service delivery systems in Uganda. Most elderly people used food cultivation as a mechanism for coping with the burden of orphans. These results lead to recommending that government should economically empower elderly people through formulation and effective implementation of welfare policies regarding pension and special fund for these people.

### Conclusion:

There is a need for the government to provide adequate and free HIV/AIDS-related health services and also increase educational support for HIV/AIDS orphans.

**Key Words:** Elderly, HIV/AIDS, Uganda

## Introduction

HIV/AIDS is one of the major challenges of the 21st century. It is still a critical problem facing many

countries the world over. According to HelpAge (2005), more than 39 million adults and children are living with the disease worldwide and of these 22

million are living in Sub-Saharan Africa. The same source indicates that the number of children orphaned by AIDS alone increased from 11.5 million in 2001 to 15 million in 2003; and that it is estimated to increase to 24 million by 2010. HIV/AIDS has not spared elderly people (Best, 2002). They, too, have been infected and affected (Abrahams & Pia, 2002).

However, despite the existence of a lot of scholarly work on HIV/AIDS, not much is covered about how the epidemic has affected elderly people in Uganda; let alone how the effects can be curbed. This has been caused by the fact that most of the HIV/AIDS statistics are confined to the age of 49 years (Kiiza-Wamala, 2008) and thus exclude elderly people as a result of the assumption that HIV/AIDS is a young people's disease. This assumption is however, illusory since there is evidence that the epidemic has infected and affected every member of society, including elderly people. Studies on the impact of HIV/AIDS indicate that through self-assessments, elderly people have singled out this epidemic as one of the illnesses that have affected their health and brought them both social and economic costs (Baden & Wach, 1998; Barnett & Whiteside, 2002; Loewenson, 2004; Mall, 2005). Elderly people have fallen victim to the disease (Best, 2002; Fouad, undated). Many of them have lost economic hope as a result of losing their adult children to HIV/AIDS.

The epidemic has killed the middle-aged adults and shifted the burden of child caretaking onto the elderly people; and the burden is burgeoning as the number of children orphaned by the epidemic continues to increase (Ainsworth and Dayton, 2000; Kakooza, 2004; Rugalema, 1999). Elderly people thus are now playing a key though arduous role of bringing up children, the world's future capital. Elderly people also find themselves providing physical, economic, and social support to their HIV/AIDS sick children; hence having less time to engage in income generating opportunities so as to sustain their livelihoods (Tavengwa-Nhongo, 2004). HIV/AIDS has indirectly changed the role of elderly people from one of being provided for to one of being providers (Kakooza, 2004). This has particularly been cited among elderly women who in Africa are, moreover, less likely to have regular income. Indeed, HelpAge International (2008a,

2008b) highlighted a gender division in which 80 percent are elderly women caregivers and only 20 percent are elderly men caregivers.

The HIV/AIDS-related Human Rights include the right to freely receive information, social security and welfare assistance but elderly people are unable to realize these rights because they have been excluded from most of the HIV/AIDS programmes (Kyomuhendo, 2003). While promotion and protection of such human rights would have reduced elderly people's vulnerability to HIV infection, trifling efforts have been spent on ensuring that this happens. Consequently, older people have remained trivially empowered to respond to the epidemic (Kyomuhendo, 2003). Most of the ongoing HIV/AIDS awareness campaigns, treatment programmes and researches in the world do not target elderly people. Consequently, they end up catching the disease out of ignorance (Mugenyi & Kanyamurwa, 2004). They also take long to know that they are really suffering from the epidemic because of their tendency to largely believe in and use traditional healing (Mukasa-Monico, Otolok-Tanga, Nuwaga, Aggleton & Tyrer, 2001).

In 2001, the United Nations Declaration on HIV/AIDS recognised the role played by elderly people and committed itself to adjusting and adopting economic and social development policies that address the special needs of these people (United Nations, 2001). Unfortunately, very few and moreover ineffective national policies have been put in place (HelpAge, 2005). In Uganda, despite considering HIV/AIDS as a developmental issue in the country's 2025 Vision and Poverty Eradication Action Plan (PEAP) (Asingwire & Kyomuhendo, 2003), elderly people infected and affected by the epidemic have not been included in most of the development programmes. There are no welfare programmes targeting these people; and no special healthcare programmes for them as there are for children and maternal health (Alun (2003).

Elderly people are highlighted in Uganda's National HIV/AIDS Policy as one of the groups that should be provided with HIV/AIDS Voluntary Counselling and Testing (VCT) services. However, this policy addresses elderly people on paper because there is nothing much to show on ground (HelpAge

International, 2006). Most of the VCT services target youths and adults. There are almost no elderly-people-friendly VCT services provided in the country. Uganda's Policy on Antiretroviral Therapy and National Health Policy have not helped matters either. A review of these policies reveals that none of them gives elderly people living with HIV/AIDS the attention they deserve. While the policy on antiretroviral therapy gives guidelines to the administration of this therapy and while it seeks to promote the provision of information regarding ARVs at community and facility levels, it is silent on elderly people. Similarly, the various health services highlighted by the National Health Policy, including immunization, vaccination, medical treatment, antenatal services, and adolescence services, are largely not for elderly people (Ministry of Health, 2005/06). This scenario is dangerous to these people. It was cited as one of the major causes of HIV/AIDS deaths among elderly females in Zimbabwe (Mutangadura, 2001).

It has also been noted that less priority is given to elderly people affected and infected by HIV/AIDS in terms of budget allocations both at national and district levels (Kawogo, 2008). They are the ones disadvantaged when it comes to national budgetary priorities. The exclusion of HIV/AIDS infected or affected elderly people from many of HIV/AIDS welfare programmes not only renders these people more vulnerable to the epidemic. It also casts doubt as to whether the programmes have effectively achieved their purposes in the context of the Millennium Development Goal of eradicating HIV. In fact, studies on the impact of HIV/AIDS indicate that nothing much has been done to include elderly people in HIV prevention and treatment programmes (Alun, 2003; Alun & Tumwekwase, 2001; Hardon 2005, Bekunda, Kibaalya, Rwibasira, Asaba, Haag, Camilo, & Foex, 2004).

The foregoing observations suggest that little is known about the plight of Uganda's elderly people infected or affected by HIV/AIDS. It is not clear how the disease has affected these people; how they cope with it and what needs to be done in order to curb the effects. It is in the light of this situation that a study was instituted to explore the effects of HIV/AIDS on elderly people in Uganda; the mechanisms used by these people to cope with the disease; and how the effects can be curbed. The

findings are presented later in this paper after the discussion of the methodology used to collect and analyze them.

### **Methodology**

The study, a part of which makes up this paper, was designed as a descriptive cross-sectional survey: For it was intended to collect first hand and in-depth data about the HIV/AIDS experiences from different categories of relatively many respondents, who included 165 rural and urban-based elderly people as well as 50 key informants. Thus 215 respondents took part in the study. The study focused specifically on elderly people because their plight had largely been neglected, especially in respect of addressing their HIV/AIDS-related experiences. The study adopted Creswell (2003) mixed method approach based on a sequential exploratory strategy. The strategy was used to explore the living experiences of elderly people in Uganda. It thus helped to collect and analyze both qualitative and quantitative data. Indeed, this strategy focuses on expanding the understanding of qualitative data by complimenting it with quantitative data (Phillips, 2005). Data was collected in two phases.

The first phase involved collecting qualitative data from elderly respondents. These respondents were accessed using permission granted by the University of Western Cape, South Africa and Uganda National Council of Science and Technology. They were selected from eight districts of Uganda using stratified and purposive sampling. The districts were themselves selected using stratified and simple random sampling. Stratified sampling was used to categorise the districts according to the four regions of Uganda, namely: Central, Northern, Eastern, and western region. This implies that four lists were formulated to act as sampling frames. From each list, two districts were selected using simple random sampling. This was intended to give each district an equal chance of being selected to participate in the study. The selected districts included: Pallisa, Jinja, Mbarara, Ntungamo, Luwero, Kampala, Lira and Nebbi.

Stratified sampling was used to divide each selected district into a rural and an urban setting. While the urban setting was considered as the area

within a radius of 2 kilometres from any town in any of the selected district, the rural setting was considered as any other area lying beyond the 2-kilometre radius. Elderly respondents were then selected from each setting purposively. Purposive sampling was used to ensure that only elderly people infected or affected by HIV/AIDS were selected. Data was collected from elderly people using in-depth interviews and focus group discussions aided by an interview guide whose content validity index was 0.878, implying that its items were largely able to help collect the required data. Data was collected this way so as to facilitate verbal communication and probing both of which enhanced collection of complete answers by allowing respondents to express their views unlimitedly and in their own languages.

Regarding in-depth interviews, each session was conducted in a highly informal, conversational and face-to-face style that lasted for one hour. The interviews and discussions began by asking about the age of a respondent and proceeded to the HIV/AIDS-related themes. Responses from the elderly were tape recorded. Regarding focus group discussions, one session was conducted in each region of Uganda, implying that four discussions were held. The purpose was to get a general in-depth understanding of the effects of HIV/AIDS and coping mechanisms. The discussions were carried out with the aid of an interview guide.

The collected data was analysed using the qualitative technique of content analysis. This involved listening to the recorded responses, transcribing, editing, and describing them carefully and systematically according to the context of the study. Where necessary, the responses were summarised using the thematic approach aided by the interpretative technique. The developed themes were appropriately coded and entered into the SPSS which transformed them into frequency distributions. This was carried to reflect the quantitative picture of the responses from which they were developed.

The second phase focused on collection of quantitative data based on the insight attained from the collected qualitative data. Based on Borkan's (2004) typology, the phase involved designing an interview schedule, pre-testing it to ensure that its

items were valid and reliable, and administering it to 50 key informants. Pre-testing revealed a content validity index of 0.868 and an Alpha coefficient of 0.875, which indicated that items in the interview schedule were highly valid and dependable.

The key informants to whom the interview schedule was administered were selected purposively from Uganda's organizations dealing with elderly people. These included: the Department of Elderly People in the Ministry of Gender and Labour; and Ministries of Health, Local Government, Agriculture, Education and TASO (The AIDS Support Organisation). Others key informants were selected from the Parliament of Uganda. Others included officials and social workers selected from non-government and religious organisations. These respondents were selected purposively so as to get only those knowledgeable about elderly people's HIV/AIDS experiences.

Interview schedules were administered to key informants after fixing appointments with them. Some key informants asked for time to be able to answer adequately. This was allowed but on request that they spend at most two days. The collected data was analyzed using the thematic approach aided by the interpretative technique. The developed themes were appropriately coded and entered into the SPSS where they were transformed into frequency distributions.

To note is that the actual sample size of 215 fell short of the expected size, which, according to Krejcie & Morgan (1970) cited in Amin (2005: 454), should have been 384, given that elderly people in Uganda exceed 100,000. They constitute 6.1% of Uganda's 30 million people, implying that their total is 1,830,000 (Uganda Bureau of Statistics, 2002). The shortfall is attributed to the following problems encountered during data collection:

- Elderly people were difficult to identify because of their small proportion in Uganda but also because many of those who looked elderly divulged ages that were much below 60 years, the minimum age considered to be selected to participate in the study. The situation was eased when the minimum age was lowered to 50 years but still the targeted number was not realized.

- Elderly people in rural areas were living very remotely from each other. Accessing them involved moving long distances. In some cases, this implied traversing the whole district, which was very costly.
- Some research assistants did not reach out to all the places where elderly people were living. Getting some of the research assistants to collect data from the elderly necessitated constant telephone reminders and pleas.
- Getting information to do with a person's HIV/AIDS status is regarded as very sensitive and secretive, especially among the victims who are not living positively. This was the case with some of the selected elderly respondents. They were too uneasy and sceptical to divulge some of the vital data on their HIV/AIDS experiences. Some of the would-be resourceful elderly respondents feared to participate in the study arguing they would be exposed. Attempts were made to convince them that ethics would be observed by not divulging their names and specific locations but this did not change some of them. This limitation was minimised by eliminating those who preferred to keep their HIV/AIDS experiences confidential.

It should be noted however, that despite failing to get a statistically representative sample size, the results can be generalized to all Uganda's elderly people affected and infected with HIV/AIDS since respondents were selected from representative regions and districts of the country.

## Results

Findings in this section are presented in three subheadings. These are: effects of HIV/AIDS on the elderly, coping mechanisms, and the strategies to improve on their livelihood.

### a) Effects of HIV/AIDS on Elderly People IN Uganda

The effects of HIV/AIDS on elderly people in Uganda were established by asking them to describe how the epidemic had affected them and their families. Results from the thematic analysis of their responses are presented in Table 1.

A quick glance at the results in Table 1 suggests that HIV/AIDS affected the largest proportion (27.9%) of elderly people in Uganda by leaving them with a burden of orphans. A critical analysis reveals that the combination of those who lost all or some of their children, spouses, and grandchildren to the epidemic constituted the majority (58.1%). This indicates that the most horrendous effect of the epidemic constituted death of close kin, especially children and spouses. Table 1 indicates further while the death of children was more felt by urban-based elderly people (60.6%), the burden of children orphaned by the disease was felt more by the rural-based elderly people (38.6%). This indicates that the effect of the disease varied across settings. Other effects of the disease are shown in the table. The fact that HIV/AIDS caused enormous effects on Uganda's elderly people in terms of killing their children and spouses as well as leaving

**Table 1: Impact of HIV/AIDS on the older persons in Uganda**

Effects	Responses of Elderly Respondents by Settings					
	Urban		Rural		Total	
	Count	%	Count	%	Count	%
Led to death of all my children	9	14.1	4	4.0	13	7.9
Has killed some of my children	15	23.4	5	5.0	20	12.1
Has left me with a burden of orphans	7	10.9	39	38.6	46	27.9
Claimed the life of spouse	6	9.4	17	16.8	23	13.9
Killed my children and is now killing grandchildren	24	37.5	16	15.8	40	24.2
I am infected with it	2	3.1	11	10.9	13	7.9
Has brought me many sicknesses and weakened me	1	1.6	6	5.9	7	4.2
Has humbled me and increased my faith in God	.00	.00	3	3.0	3	1.8
Total	64	100.0	101	100.0	165	100.0

**Box 1: Verbatim Responses of elderly people on the Impact of HIV/AIDS**

My children have died from AIDS and I have been left helpless but with orphans who need school requirements. One of the orphans is affected with the disease (Female respondent, 60 years, Lira, Northern region)

AIDS has greatly affected my family; my four children were laid to rest in the banana plantation over there. They were all boys (Female respondent, 70 years, Mbarara, Western region)

I have orphaned grandchildren whose parents died from AIDS. One was taken away and I have remained with one who now has dropped out of school in senior four due to lack of money to support her (Female respondent, 60 years, Nakawa, Kampala, Central region).

AIDS has greatly affected my home because the father of my children, plus some children died. I am also infected and I am on ARVs. I still have to work for my children, educate and feed them alone. All my family members rejected me because they said that I am the one who killed their son with the disease, so I am struggling to bring up my children alone. I cannot even manage to get drugs to treat myself because the money I get is very little to cater for all our needs (Female respondent, 61 years, Palisa, Eastern region).

AIDS has affected my family because I lost one child and I have orphans. Because of AIDS, my grandchildren and I are suffering. I cannot provide support. I used to stay with them but when I could not manage to provide food, relatives from their father's family took them away (Female respondent, 60 years, Luwero, Central region).

AIDS has affected me because it killed most of my brothers and sisters. These left a number of orphans that I have the responsibility to look after. Now even some of my own children are also infected although they haven't died (Male respondent, 60 years, Jinja Eastern region)

them with the burden of orphans was more concisely expressed by some of the elderly respondents as summarised in Box 1.

Generally, results indicate that HIV/AIDS caused most elderly people in Uganda to lose their children and to shoulder the burden of looking after orphans. Some elderly people had to face discrimination and stigmatization as a result of suffering from the disease.

**b) Coping Mechanisms Uganda's Elderly People use to Deal with the Effects of HIV/AIDS**

Elderly respondents were asked about how they coped with the effects of HIV/AIDS. The thematic analysis of their responses led to results summarised in Table 2.

From Table 2, the mechanisms used by Uganda's elderly people to cope with the effects of HIV/AIDS were: growing as much food as they could to feed

the orphans, taking ARVs, giving their lives to Jesus, appealing to good Samaritans for help, telling surviving children to send them assistance, and going for counselling to avert the trauma. Table 2 shows that the coping mechanism that most elderly people (55.2%), including 54.7% in urban and 55.4% in rural areas used was to grow as much food as they could so as to feed children orphaned by HIV/AIDS. Elderly people who coped with the effects of the disease with the help of good Samaritans specified some of these Samaritans. Even those that coped with the effects by giving their children and grandchildren advice articulated the advice that they gave.

The details are summarised in Box 2.

Box 2 indicates that some elderly people coped with the impacts of HIV/AIDS when PLAN International helped to educate the orphans under their care. Other coped by advising their children and grandchildren to be extra careful when

**Table 2: Mechanisms Used by Elderly People in Uganda to Cope with HIV/AIDS**

Coping Mechanism	Responses of Elderly Respondents by Settings					
	Urban		Rural		Total	
	Count	%	Count	%	Count	%
I grow as much food as I can to feed the orphans	35	54.7	56	55.4	91	55.2
I am on ARVs	2	3.1	10	9.9	12	7.3
I joined HIV/AIDS association/group	8	12.5	7	6.9	15	9.1
Gave my life to Jesus	4	6.3	3	3.0	7	4.2
Appeal to good Samaritans to help	4	6.3	3	3.0	7	4.2
Tell my children to send me assistance	4	6.3	10	9.9	14	8.5
Went for counselling to avert the trauma	.00	.00	3	3.0	3	1.8
Advise grandchildren to be careful about HIV	7	10.9	9	8.9	16	9.7
<b>Total</b>	<b>64</b>	<b>100</b>	<b>101</b>	<b>100</b>	<b>165</b>	<b>100</b>

**Box 2: Verbatim Responses of Elderly Respondents on Mechanisms used to cope with HIV/AIDS**

PLAN International helped us to educate our orphans up to senior four but they stopped and now these children dropped out. (Female respondent, 60 years, Kawempe, Kampala, central region)

Ever since I heard of and experienced the wrath of HIV/AIDS, I started emphasizing to my children and grandchildren to be extra careful. I take the time and talk to my remaining children about AIDS. I advise the grandchildren to be careful when choosing partners and not to play around with girls or boys, or to use condoms just in case... Although I get little money through selling food, I ensure that I provide for them educationally for their future self-sustenance while am still with them (Female respondent, 60 years, Kawempe, Kampala, central region)

I always tell my grandchildren to use condoms when they find themselves in the situation that can lead to getting infected by the HIV/AIDS (Male respondent, 72 years, Nakaseke, Luwero, central region).

choosing partners, not to carelessly play around with girls or boys, or to use condoms in order to be safe.

c) Strategies for dealing with effects of HIV/AIDS on the elderly people in Uganda

These strategies were established when the elderly respondents were asked how they wanted government to help address the impacts of this epidemic. Content analysis of their responses led to results shown in Table 3.

From Table 3, the strategies to help address the effects of HIV/AIDS on elderly people in Uganda

focused on government: initiating a special fund for HIV/AIDS orphans; funding or soliciting donor funding of HIV/AIDS orphanages; educating HIV/AIDS orphans free of charge; distributing free condoms to the grandchildren; providing free VCT services, free ARVs, and food to HIV positive older persons; and sensitizing grandchildren about HIV/AIDS. Table 3 indicates while the largest proportion of elderly people (17.2%) recommended that government should initiate a special fund for HIV/AIDS orphans and provide free ARVs to HIV positive elderly people (17.2%), the largest proportions the rural elderly people recommended provision of food (17.9%) and sensitization of

**Table 3 Strategies suggested by elderly Respondents for addressing the effects of HIV/AIDS on them**

Strategies	Responses of Elderly Respondents by Settings					
	Urban		Rural		Total	
	Count	%	Count	%	Count	%
Initiate a special fund for HIV/AIDS orphans	15	17.2	10	12.8	25	15.2
Fund or solicit donor funding for HIV/AIDS orphanages	14	16.1	5	6.4	19	11.5
Educate HIV/AIDS orphans free of charge	9	10.3	12	15.4	21	12.7
Distribute free condoms to the grandchildren	6	6.9	13	16.7	19	11.5
Provide free VCT services to HIV positive elderly	13	14.9	6	7.7	19	11.5
Provide free ARVs to HIV positive elderly	15	17.2	5	6.4	20	12.1
Sensitize grandchildren about HIV/AIDS	7	8.0	13	16.7	20	12.1
Provide food to HIV/AIDS elderly victims	8	9.2	14	17.9	22	13.3
<b>Total</b>	<b>87</b>	<b>100</b>	<b>78</b>	<b>100</b>	<b>165</b>	<b>100</b>

grandchildren about HIV/AIDS and providing them with free condoms (16.7%). Some of the elderly people were so articulate that it was felt worthy to note their suggestions as summarised in Box 3.

Box 3 shows that elderly respondents wanted government to provide HIV positive elderly people with free ARVs and Voluntary Counselling and

Testing (VCT) and also their grandchildren, particularly orphans, with free education, sensitization about HIV/AIDS, and free condoms. In addition, key informants were asked to divulge plans that could help solve the problems of HIV/AIDS facing elderly people in Uganda. The thematic analysis of their responses led to results presented in Table 4.

**Box 3: Verbatim Suggestions on Strategies for Addressing the Effects of HIV/AIDS on Elderly People in Uganda**

What has increased the prevalence of HIV/AIDS this far is that people are not educated about it. They don't take caution of who they go out with. Long ago people used to investigate about the background of the person before getting involved with them. But now parents and the government have left their roles of keeping the morals, giving children the freedom of making their own choices and decisions while still in the schools. Most of the children are taken unaware because they don't know what to do when their sexual desires are high. They behave wildly. Government should sensitize the youth about the dangers of contracting HIV/AIDS. It should provide free education to HIV/AIDS orphans up to completion. UPE is not enough. The government should ensure that people are always educated about HIV/AIDS, in schools, in villages, communities, and nationally because people are ignorant about this epidemic (Francis, 85 years, Lira, Northern Uganda).

I think that poverty has been so instrumental in sustaining the impacts of HIV/AIDS. Many girls go with men with money. The government should fight poverty. Let government provide the elderly looking after orphans with financial help. Government should give a hand to the elderly persons looking after grandchildren whose parents died of AIDS. I call upon the government to set up a special fund to help HIV/AIDS orphans in educating and feeding. The government should distribute free condoms in villages, public areas and in all accessible areas for the young ones to use (Musa, 72 years, Kawempe, Kampala, Central region).

**Table 4: Strategies suggested by key informants for addressing the impacts of HIV/AIDS on the older persons**

Strategy	Count	%
Create HIV/AIDS centres providing free VCT, ARVs, and foods for HIV positive older persons	16	32.0
Mobilise resources and funds for facilitating HIV positive older persons	6	12.0
Government should provide support to orphans living older persons after their children have died of HIV/AIDS	8	16.0
Introduce gerontology courses in Uganda's institutions of higher institutions of learning	2	4.0
Intensify Mobilisation, sensitisation and awareness of HIV/AIDS and its impacts	23	46.0
Create NGOs for the older persons living with HIV/AIDS	2	4.0
Form support groups for the older persons living with or having grandchildren living with HIV/AIDS	2	4.0
Create/Encourage outreach programmes	2	4.0

Table 4 indicates that the strategies that most of the key informants suggested included: intensification of mobilisation, sensitisation and awareness of HIV/AIDS and its impacts (46%) and creation of HIV/AIDS centres providing free VCT, ARVs, and foods to the HIV positive elderly people (32%).

### Discussion of Findings

Results indicate that elderly people in Uganda are faced with various adverse effects of HIV/AIDS. The most outstanding effect constitutes loss of close kin who painfully include most or all of their industrious adult children, spouses, and grandchildren. The loss of a child is a big blow because most elderly people look to their children as sources of care when they enter advanced age. This loss thus comes with adverse effects on the survival of the elderly people, especially in Africa where, according to Kollapan (2008), the children are considered as investment for the future of elderly parents. By killing some or all the children, HIV/AIDS effectively renders the affected elderly people hopeless (Alun, 2003). This explains why some of the elderly people reached the extent of perceiving themselves as living by the grace of God.

The far reaching adverse effect of HIV/AIDS revealed by the results was that after killing the children in whom the hope of elderly people rests, the epidemic created many orphans who had no one to turn to except the elderly people. This is also

pointed out in the work of Ainsworth and Dayton (2000), Kakooza (2004), Kollapan (2008), Rugalema (1999), Tavengwa-Nhongo (2004) and Kiiza-Wamala (2008). The thought of having a burden of looking after many orphans when elderly people cannot even fend for themselves is not only overwhelming but also humbling. It shows helplessness, which, if not addressed, can easily plunge elderly people into depression or other forms of extreme psychological stress. This explains why key informants showed that some elderly people in Uganda suffer from depression. The situation is worsened when the person is him/herself infected with the epidemic. Being infected with HIV/AIDS is associated with many illnesses, which become even worse when the infected person is feeding poorly. Results show that this was the case with Uganda's elderly people infected with HIV/AIDS because most of them fed poorly.

Generally, results suggest that HIV/AIDS exposed Uganda's elderly people to an enormous responsibility of looking after a large number of orphans. It also plunged many of them into helplessness, thereby causing some of them to suffer psychological illnesses. Accordingly, results call for the attention of government and nongovernmental organizations to address the plight of Uganda's elderly people who are affected and infected with HIV/AIDS.

## Conclusion

The effects of HIV/AIDS on elderly people in Uganda are enormous; yet the mechanisms used to cope with them are inadequate. There is therefore need for appropriate intervention measures. HIV/AIDS needs to be curbed in a manner that will improve on the livelihoods of elderly people infected or affected by the disease. There is need to adopt strategies for providing adequate welfare and health services to the elderly people as well as economic support to the HIV/AIDS orphans under their care.

## Recommendations

Following fore-discussed effects of HIV/AIDS on the elderly people in Uganda, I strongly concur with the recommendations advanced by HelpAge International (2008b) for the elderly. I specifically recommend that:

- All home-based care policies and programmes, including standards of care guidelines, must address the specific economic, health and psychosocial needs of elderly people infected or affected by HIV/AIDS and support them in their care giving roles.
- There is need to recognise nationally and internationally the role of elderly people by policies, programmes and budgets and involvement of elderly people in the design and implementation of policies and programmes particularly those addressing the plight of HIV/AIDS infected or affected older people
- The need for further research and collection of age and gender-disaggregated data, on infection rates and on access to treatment for people over 50 years of age. This will help design and implement HIV/AIDS policies and programmes that appropriately meet the rights and needs of the infected and affected elderly people.
- There is also a need to develop policies that support and assist elderly women who care for orphans and grandchildren.
- Older people's rights to food, shelter, land, equal recognition before the law and income should be realized so that they can support themselves and their dependents. Denial of these rights exacerbates psychosocial trauma which negatively affects their own well-being and their ability to care for others.

- Older people should be provided with the necessary support including legal advice, financial support and literacy programmes, in obtaining documentation needed to access entitlements for themselves and those in their care.

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