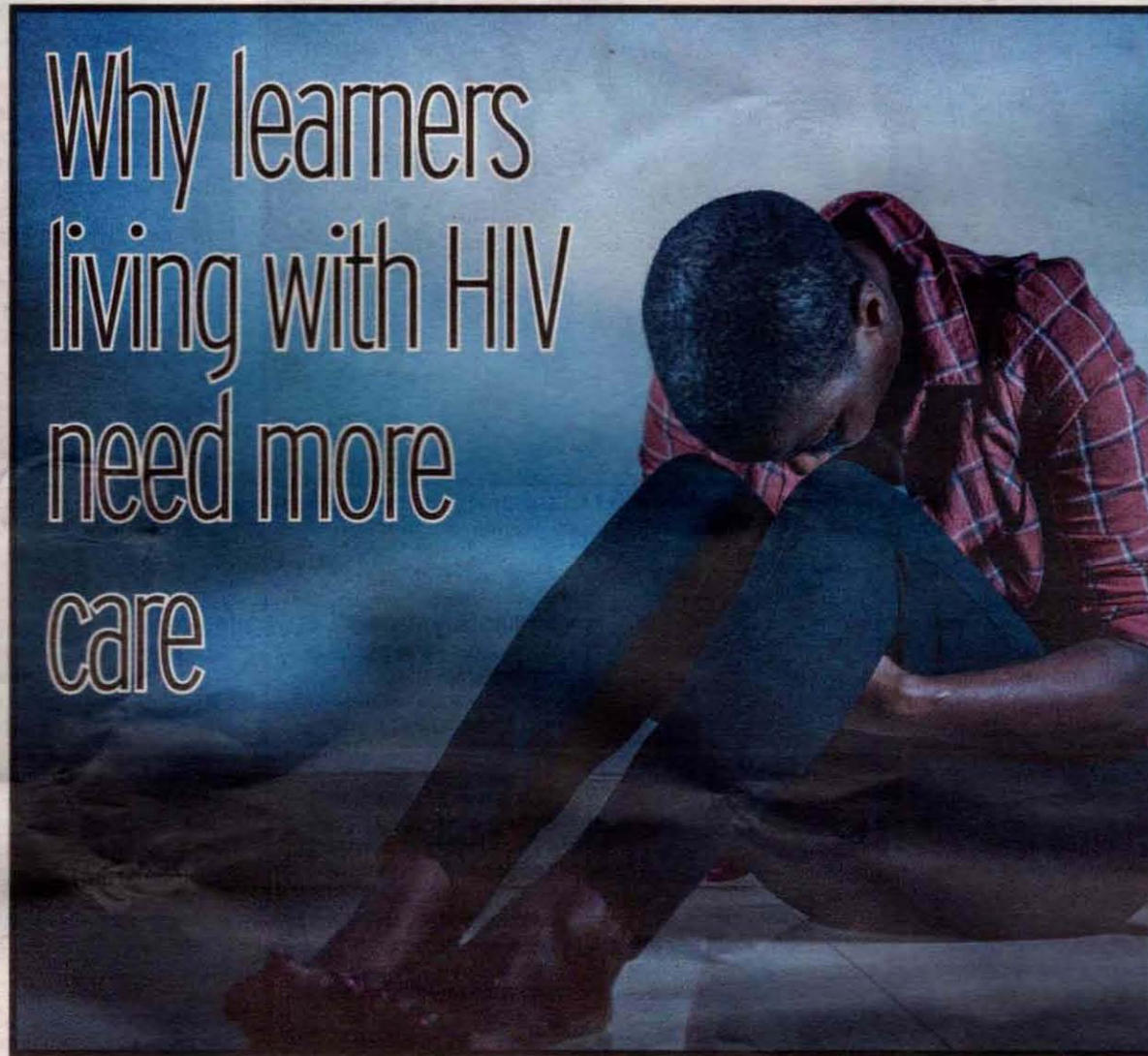


Stigma is still rife in schools

For thousands of school-going children living with HIV in Uganda, life is a daily balancing act between staying healthy and hiding the truth. Many struggle to adhere to medication amidst stigma from other children, writes **JOHN MUSENZE**

Why learners living with HIV need more care



In Uganda, more HIV/AIDS messages are directed towards adults yet children are equally affected by the disease. For many young learners in schools, the burden of living with HIV is far heavier than most people imagine.

For Peter Mweru, now a university graduate, the journey began long before he understood it. In Primary Four, he was taking septrin every day without knowing why, a secret his aunt kept until he reached Primary Six. When he finally learned the truth, life became tough.

By then, Mweru had started taking anti-retroviral (ARV) drugs. He remembers swallowing six big ARV tablets every day, an exhausting routine for a child.

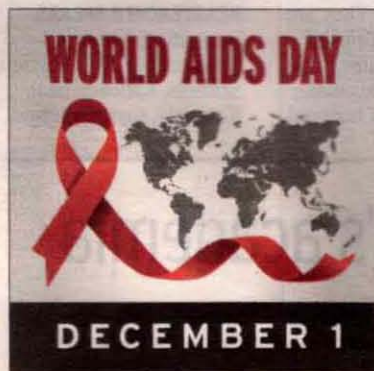
"ARVs then had a lot of side effects, unsettling dreams, headache, dizziness, body fatigue, missed classes, and constant fear. Life was hard, yet I was just a child. Even today, taking drugs is not easy," he recalls.

According to Mweru, secondary school brought a different kind of struggle. Living in a hostel meant relying on the warden for his medication. The irregular meal times disrupted his treatment, and worse, he feared the day someone would find the tins and expose him.

Eventually, he hid the drugs in his suitcase and took them in the dark, long after everyone had fallen asleep.

However, the deepest cut came years later when he joined university. A classmate accidentally found his ARVs in his bag and placed them on his desk for all to see.

"When I entered the room, everyone



was looking at me. I knew I was finished. He became the subject of whispers, stares, and judgment throughout the university not just from fellow students. The stigma pushed me to drop out for a month," Mweru recalled.

"The problem with living with HIV is people think you got it through promiscuity. I was born with the virus and there are many others in my shoes who were born with it.

Currently, children take one tablet unlike in our time when we took many; but stigma is still a problem to many," he added.

Today, Mweru leads the Mbale Network of Young People Living with HIV, using the pain of his childhood to fight for those still suffering in silence.

"No child should go through what I went through, many children miss school due to constant illness and the fact that HIV is regarded as a death sentence, many think anytime they are going to die the next day which forces some to either withdraw from school because they think they have no future," he notes.

STATISTICS

According to 2024 data from the Uganda AIDS Commission, the country has about 1.5 million people living with HIV and 1.5 are on treatment.

Among new infections, 70% are among young people mainly adolescent girls aged 15-24, which is

a school-going age bracket. In 2023 alone, 5,900 children were born with the virus.

Uganda has made progress, cutting new infections by nearly half in the past decade, but children and adolescents remain among the most vulnerable, often suffering in silence inside classrooms, dormitories, and school compounds.

STIGMA

Dr Joseph Byaruhanga, a counsellor with Uganda Cares, says stigma within schools remains one of the biggest barriers to adherence.

"Many schools lack child-friendly counselling systems. Once a child is labelled HIV-positive, it spreads like wildfire. We have had cases where learners are isolated, or parents request their transfer," he says.

Dr Byaruhanga says such a situation can only be reversed by showing love to a child, but also feeding them with the right information that with HIV, one can pursue their dream career and live up to old age.

"Some of these children decide to

stop medication because they want to be like others who are HIV negative and not on any medication. That's where we all need to pay attention because skipping doses can quickly cause drug resistance or treatment failure," he adds.

GUIDING TEACHERS

For teachers, managing the health and emotional needs of HIV-positive learners requires trust and sensitivity. Emily Namale, a class teacher at Namityango Secondary School, notes that it is essential to let a few people at school know about the status of the child, so that they can be given support.

"Parents and guardians need to at least trust the school nurse because these can give this child the special care they need. This can be reminding them to take drugs, giving them a special meal once in a while, helping them to refill in case the drugs get finished or even to know how to handle them in case of any illness.

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HIV STIGMA PERSISTS IN SCHOOLS

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PHOTO BY RITAH MUKASA

"I was teaching somewhere and this child almost died. It all started when the administration thought she never wanted to dodge school by faking illness. However, it was established that her drugs had got finished weeks earlier," Namale notes.

She advises schools to establish health and wellness clubs that support learners living with HIV. She also advises against students disclosing their status at a young age.

"Some parents are picky. If they get to know that their 14-year-old shares the same dormitory with them, they might feel unsafe much as there is no problem," she advises.

Namale says schools should work closely with their parents or guardians and local health centres.

"The school nurse should handle medication times discreetly, and teachers should be trained to be more sensitive," she says.

Namale further explains that involving peers and other stakeholders like non-government organisations and government officials in creating awareness to help reduce stigma.

"We should teach all students about HIV not to fear, but to understand. Once they learn the facts, they become allies rather than bullies," she explains.

GUIDING TEACHERS

The National Policy Guidelines on Ending Stigma and Discrimination of 2020 compels everyone to prevent all forms of HIV-related stigma and discrimination in the school environment,



School girls in Kotido district tending their gardens next to signposts with a messages about HIV. Initiatives such as talking compounds can reduce stigma in schools

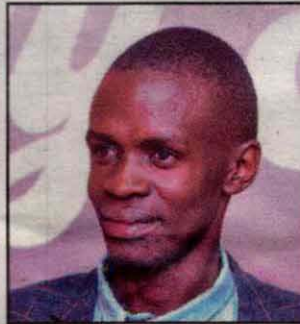
health facilities, workplace, community, and society generally.

Dr Maureen Kwikiriza, the adolescents and young people co-ordinator at Uganda AIDS Commission (UAC), says the burden faced by schoolchildren living with HIV is made lighter when caregivers and schools work closely together.

She explains that the Government now requires every school to be linked to a nearby health facility to ensure uninterrupted access to drugs by learners, while the policy on school nurses is slowly taking root across primary and secondary levels.

"The school nurse has to make sure the child takes their medicine every day and receives extra support," she says.

Kwikiriza notes Uganda's stigma index is still high and



Mweru

many children still fear being seen picking drugs.

ASSESSMENT

To better understand the scale of the problem, Dr Kwikiriza says the Commission plans to conduct a school-based assessment next term to establish the magnitude of stigma and other health conditions affecting learners

living with HIV.

NO NURSES IN SCHOOLS

According to a 2024 UAC consolidated report, many schools still do not have a school nurse, despite the 2020 national stigma-policy guidelines that mandate one. This is a gap health experts want to address.

The Ministry of Education and Sports Prevention and Management guidelines call for a school-health facility linkage system so that every school can refer to a nearby health facility and receive psychosocial support.

"Under the new policy, school nurses can refill for their students by just using the person's file number. They are then they are also supposed to help counsel, monitor drug adherence and at times make reports to the general hospital

MOTHER-TO CHILD INFECTIONS

According to the Uganda AIDS Commission (UAC), most child infections are from the mothers at birth. Uganda is striving to reverse the mother-to-child infections, but the situation is not yet stable.

According to the National HIV Estimates of 2025, about 4,700 babies were born with the virus. Mother-to-child transmission of HIV can occur during pregnancy, delivery, or postpartum through breastfeeding. During pregnancy, the virus can cross the placenta, while during delivery, it can be transmitted through exposure to maternal blood and secretions. This trend raises questions on why are babies still being infected with HIV when prevention methods exist.

During a press briefing on November 18, ahead of a national HIV symposium and World AIDS Day, a number of experts attributed mother-to-child infections to various factors.

Some women do not take their HIV medicines for fear of being stigmatised, according to Dr Nelson Musoba, the UAC director general. He added that others fear to disclose their HIV status to their husbands to guard themselves against gender-based violence.

Jacqueline Makokha, UNAIDS country director for Uganda, said some of the babies are born to mothers aged 15-24.

"That is where we are losing it because many of them are getting pregnant outside of marital relationships that are highly vulnerable," she noted.

Canon Dr Ruth Senyonyi, UAC board chairperson, faulted women who do not seek antenatal care, while others disappear after testing positive. Indeed, UNAIDS data shows that 50% (2,350) of the 4,700 babies born infected with HIV in 2024 were exposed during late pregnancy.

While antenatal HIV testing is mandatory, studies have shown that many women stop attending after three visits which is an equivalent of the first trimester (first three months). By the time they are re-tested at delivery or breastfeeding, some have turned HIV-positive, medically termed as seroconversion.

in case a child needs further attention" Dr Byaruhanga highlights.

HEADTEACHER SPEAKS

Emmanuel Kimera, headteacher of St Lawrence Schools, Kabowa, near Kampala, says his school

employs a full-time nurse who is responsible for drug collection from the facility, reminding children to pick their drugs, monitor their day-to-day life and counsel them.

"We tell parents: don't just monitor schoolwork — help us monitor drugs," he says.