

# AFFORD

## QUALITATIVE FORMATIVE RESEARCH ON "WELLNESS" DRAFT REPORT



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## Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AIC	AIDS information Centre
FGD	Focus Group Discussion
HIV	Human Immune-deficiency Virus
MoH	Ministry of Health
NGO	Non-Governmental Organization
PLWHA	People Living With HIV/AIDS
TASO	The AIDS Support Organisation
TOR	Terms of References
USAID	United States Agency for International Development
WHO	World Health Organization

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## **Executive Summary**

This study was a qualitative formative research on the concept of 'wellness' carried out in the districts of Kampala, Mbarara and Soroti. I was commissioned by USAID supported AFFORD Project. The overall objective of the study is to gain a better understanding on people's perception and appreciation of the concept of wellness. Specific objectives of the study included;

- a) To explore wellness issues such as how it is defined by the target audience
- b) To identify what practices or services are perceived as essential to wellness
- c) To explore how much people value wellness and why
- d) To identify the barriers towards wellness
- e) To identify the beliefs, attitudes and knowledge the audiences have towards specific wellness related practices, products and services

The methodological approach adopted involved use focus group discussions. A total of 36 FGDs were conducted in the three districts of Kampala, Mbarara and Soroti. The study highlights emerging issues and makes recommendations.

## **Key findings**

The key findings focused on four major components namely; definition of the concept of wellness, determinants of wellness, essential practices and services, value attached to wellness, beliefs and attitudes towards wellness and finally barriers to wellness. The section concludes with emerging issues, lessons learnt and recommendations.

### **A Definition of wellness**

- A1 In all the three districts, wellness was defined in terms of economic wellbeing. Wellness is understood to mean a situation where an individual has adequate incomes to meet every need.
- A2 Wellness is indicated by adequate levels of income, ownership of property such as houses, land and livestock. Socially, the position one holds in society, education status and the type of schools one's children go to are considered as indicators of wellness. In Mbarara and Kampala districts, family stability is cited as an indicator of wellness.
- A3 In all districts, wellness is indirectly defined as having good health. This is particularly common among people living with HIV/AIDS (PLWHAs). However, this is hastily linked to financial ability to purchase healthcare and other services that support health such as good nutrition.

### **B Determinants of wellness**

- B1 In Kampala and other urban centers, employment and access to credit facilities to acquire capital for enterprise development, are cited as significant determinant of wellness. In the rural areas, access to land and markets for agricultural produce feature more as economic determinants of wellness.
- B2 Social determinants include: good relationships between husband and wife at family level and good interpersonal relationships. Among the PLWHA s and female participants especially in Mbarara, trust in God is cited as determinant of wellness.
- B3 Good health is also considered a very significant determinant of wellness. The contribution of health to wellness is seen in terms of increased productivity and regularity at work, and reduced costs on medical treatment. Proper drainage, safe water and sanitation, proper waste management and adequate healthcare are among the most frequently cited health related determinants of wellness.
- B4 Education of both adults and children was cited most commonly in Mbarara district as determining wellness. That education increases opportunities to acquire a well paying job and also increases one's ability to make appropriate decisions. When children are educated, they can assist their parents to live better quality lives in their old age.
- B4 Political and personal security were also cited as key determinants of wellness. In Soroti district, the desire for security and safety from Karimajong rustlers as well as the Lord's Resistance Army (LRA) rebels was frequently cited. On the other hand, the kind of security (or insecurity) cited in Mbarara district refers to security of property and livestock from rampant thefts and robberies. In both cases, security is considered a major influence on wellness.

**C Practices and Services essential to wellness**

- C1 Practices geared towards achieving wellness brought out during the FGDs include: savings and investment; formation and enrollment into developmental groups at community level; for example, savings and credit schemes; revolving funds; village banks; and various community based groups.
- C2 With regard to health, participants pointed out HIV testing and counseling, adequate nutrition, personal hygiene and ensuring a clean environment around one's home as practices that determine wellness.

Similarly timely seeking of health care in case of illness was essential for ensuring wellness.

- C3 Ensuring education of children is also regarded as an essential practice towards wellness at household level.
- C4 Basic services perceived to promote health include: microfinance institutions; education services; and better quality health services. VCT services, access to ARVs and home based care for PLWHAs were highlighted as essential to wellness especially among the PLWHAs. In Soroti district, security services were frequently cited as essential. In both Mbarara and Soroti districts, services to promote agricultural productivity as well as improved access to markets were highlighted. In Kampala, sanitation (garbage management), social welfare services, and regular electricity supply were additional services viewed as essential to promotion of wellness.

#### **D Value attached to wellness**

- D1 Participants attach a very high value to wellness because they perceive it as transcending any other aspects of life. That all every day efforts of individuals are aimed at improving the quality of life for individuals and groups and the goal is attainment of wellness.
- D2 Economic benefits attached to wellness include: financial ability to satisfy one's needs spontaneously; being in position to meet the needs of the household; ability to purchase healthcare; and quality education for one's children.
- D3 Socially, wellness leads to social recognition and respect in society, reduction in crime and civil strife.
- D4 Good health is seen as a distinct benefit of wellness. This is because, when one is well, he/she can afford proper nutrition, good housing and even lives in a clean environment thus reducing the incidence of disease and infection. More significantly, wellness enables an individual to seek adequate and timely health care since he/she has the financial means to purchase the service.
- D5 Some of the specific aspects of wellness most valued by people are employment opportunities, access to micro credit and saving facilities, access to land (ownership) and knowledge and resources for better agricultural output. Better quality education, security and political stability were also highlighted as valuable.



D6 All participants from the three districts reported adequate health care as one of the basic aspects of wellness valued by the majority of the population. Emphasis is on quality of care in public health facilities. Availability of drugs and qualified health personnel is seen as essential to promotion of better health for the population.

## **E Beliefs and Attitudes towards wellness**

E1 A shared belief is that economic wellbeing automatically translates into wellness. That one must have economic ability to acquire what one needs. That poor people cannot attain wellness because they do not have the means to purchase the required services and goods to promote wellness.

E2 Women, particularly from the low socio-economic status tended to attach wellness to men's economic status. Most participants in women's FGDs portrayed a belief that their wellness depends on whether they are married or associated with a rich man. This portrays the fact that most low income women, still hold gender stereotypes whereby men are viewed as being responsible for the households' wellbeing.

E3 Another belief shared by participants is that wellness is attained through determination and hard work. That lazy people find it difficult to attain wellness since they will not even afford to acquire basic necessities even when they have the resources such as land.

E4 A social belief about wellness is that it is best sustained and meaningful in a family setting. That to be well, one should have a stable marriage and children whom he/she can adequately cater for.

E5 There is generally a positive attitude towards wellness among the population. Wellness comprises a number of aspects such as wealth, health, education status, family stability among others.

E6 Because of poor social capital, people are sometimes jealous of the few individuals that are well or seeking to attain wellness. The negative attitude towards those seeking wellness is attributed to ignorance, widespread poverty as well as corruption which creates an impression that most wealth is attained through embezzlement of public resources and exploitation of the poor.

## **F Barriers to wellness**

- F1 Poverty and widespread unemployment are key barriers to wellness. Poverty is attributed to lack of income, access to land, markets, gainful employment and Micro credit facilities. Poverty makes it difficult to attain basic goods and services as well as purchasing health care necessary for promotion of wellness.
- F2 Social barriers to wellness cited in the FGDs include; family instability, large family size, disunity brought about by religious and political differences; and widespread ignorance. Other social barriers cited included alcoholism and domestic violence
- F3 Illiteracy as well as inadequate training and skills were also cited as barriers to wellness. Illiteracy affects information flow within a given community and also influences attitudes towards specific wellness issues especially in relation to health.
- F4 Another significant barrier to wellness reported in the FGDs was poor health. High disease prevalence especially malaria and HIV/AIDS, makes it difficult for people to work hard and improve their living conditions. More seriously though, is lack of access to adequate and quality healthcare by the population. Government health facilities lack drugs and adequate numbers of health personnel. Private health services, available mainly in urban areas are unaffordable by the majority of the population.
- F5 Stigmatization, discrimination and denial among PLWHAs are still a major barrier to wellness.
- F5 Political barriers to wellness especially in Soroti district include insecurity which creates uncertainty, forces people into camps and hampers economic and agricultural activity.
- G EMERGING ISSUES**
- G1** Wellness is premised first on economic wellbeing which determines one's health status, education of children and social status. Both men and women, rural and urban, including PLWHAs tend to share this same perception of wellness.
- G2** People believe that it is impossible to attain wellness without major factors of production particularly land resources and stability of incomes at household level
- G3** Significant aspects of wellness such as health, education, good housing and children who are successful are viewed in terms of purchasing power. That people must be able to purchase the goods or services that contribute to wellness

- G4** Education is seen as a major indicator of wellness as well as positively influencing attainment of wellness.
- G5** The environment in which people live influences their degree of wellness as well as the attitude towards those seeking to attain wellness. Whereas a clean physical environment, with basic facilities and services promotes health, the social environment may encourage or discourage wellness.
- G6** Where there are high levels of household poverty, and ignorance, those striving to be well are negatively perceived.
- G7** Despite, free government health services, there is still low utilization of public health facilities due to poor quality services provided. Private health facilities are inaccessible mainly due to lack of financial affordability to purchase private health services.
- G8** There is still a significant level of stigma against PLWHAs. While other forms of stigma such as sharing a seat with a PLWHA has reduced, the actual stigma regarding branding PLWHAs as sick and not able to attain wellness still persists.

## **H RECOMMENDATIONS**

- ❖ To effectively address wellness issues, income generation at community level should be given first priority. These can be in form of micro credit and micro savings schemes, such as promotion of village banks. This will improve capacity for people even to purchase private health services.
- ❖ As regards ownership of land, there is need for government to ensure security of tenure of land resources as a means of enhancing productive investments. This should be done at both policy and legislative levels.
- ❖ Quality of healthcare in public health facilities needs to be revamped. Emphasis should be put on ensuring adequate supply of drugs and availability of qualified health workers as a means of increasing demand for health and other services that promote wellness. The population should also be empowered not only with information but also resources to purchase essential services such as health. The services should also be made geographically accessible to the local communities.

- ❖ Efforts should be directed at intensifying sensitization and training at community level with regard to specific aspects of wellness such as income generation, entrepreneurship skills, personal hygiene and environmental health.
- ❖ With regard to HIV/AIDS, VCT services should be made easily accessible to the communities in order to assist PLWHAs to secure available services. In addition, ARVs and /or HART treatment needs to be availed to all those in need of them if their wellness is to be promoted.
- ❖ Similarly there should be continued campaigns against Stigmatization, Discrimination and Denial (with regard to HIV/AIDS) at community level. This should be done through developing an information, education and communication (IEC) strategy to deal with DSD regarding HIV/AIDS and developing BCC (behavioral change communication) in order to affect attitudes and perceptions towards PLWAs.
- ❖ Government should commit more resources to improvement of infrastructure particularly road networks in the rural areas. This is crucial in linking people to services as well as improving accessibility to markets.

# Chapter One

## INTRODUCTION

### 1.1 Background

This report presents the findings of the qualitative Formative Research on “Wellness”. The study was commissioned by USAID supported AFFORD Project. AFFORD which became operational in October 2005 addresses 3 strategic areas of intervention namely, 1) Increasing accessibility and affordability of health services through innovative marketing and distribution; 2) Enhancing healthy behaviours and lifestyles within communities and families; and 3) Establishing and strengthening capacity of a sustainable indigenous health marketing organisation (Uganda Health Marketing Group). One of AFFORD’s approach to increased accessibility, consistent and correct use of products entails establishing an integrated communication strategy to support a “Culture of Wellness”. Strengthening this culture will be a process that involves creating a sense of an AFFORD “movement” under the banner of “wellness”; positioning wellness as desirable, attainable, a basic right and an individual and societal responsibility and defining the practices, products and services that produce wellness for each of AFFORD’s priority audiences. It was against this background that the qualitative formative research on wellness was undertaken.

### 1.2 Organisation of the Report.

The report comprises objectives of the study, approach and methodology used to execute the study, key findings, emerging issues and recommendations. The report is divided into three major sections. Section A highlights the background, approach and methodology applied to the study. Section B presents findings from Kampala district; Section C and D contain findings from Mbarara and Soroti districts respectively.

### 1.3 Objectives of the Study

#### 1.3.1 Main Objective

The overall objective of the study is to gain a better understanding on people’s perception and appreciation of the concept of wellness.

#### 1.3.2 Specific Objectives

- To explore wellness issues such as how it is defined by the target audience
- To identify what practices or services are perceived as essential to wellness
- To explore how much people value wellness and why
- To identify the barriers towards wellness
- To identify the beliefs, attitudes and knowledge the audiences have towards specific wellness related practices, products and services

## **1.4 Approach and Methodology**

### **1.4.1 Area and Scope of the Study**

The study covered three (3) districts of Kampala, Mbarara, and Soroti. The reason is to get a variety of responses from the divergent socio economic background of the respondents. The study participants included men and women of reproductive age, currently pregnant women, mothers or caretakers of children less than 5 years old and people living with HIV/ AIDS in the respective districts.

### **1.4.2 Sampling of Respondents for the study**

The study comprised FGD participants selected from the three (3) districts. A total of 36 focus group discussions were conducted with 8 to 12 participants each. The FGD participants comprised:

- ❖ Men of reproductive age (18 to 54 years )
- ❖ Women of reproductive age (18 to 54 years)
- ❖ Mothers or caretakers of children less than 5years old
- ❖ Currently pregnant women (at least 5 months pregnant)
- ❖ Men living with HIV/ AIDS
- ❖ Women living with HIV/ AIDS

#### **a) Selection of FDG Participants**

The selection of these FGD participants involved multi stage purposive sampling of different administrative levels of the districts. The aim will be to provide a unique blend of both rural and urban respondents and /or less educated and uneducated respondents. In Kampala respondents were selected from the divisions of Nakawa, Central, Kawempe, Makyindye and Lubaga. Pregnant women and PLWHAs (less educated) were selected from Kawempe health centre in Kawempe division. Educated PLWHAs were selected from AIDS Information centre (AIC) in Central division. Educate and less educated men and women of reproductive age were selected in Nakawa and Lubaga divisions respectively. Caretakers of children under 5 years were selected from Makyindye division. In Mbarara district, respondents were selected from Mbarara Municipality, Rwanyamahembe subcounty and Isingiro subcounty. PLWHAs were identified with the help of The AIDS Support Organization (TASO) in Mbarara. In Soroti, respondents were selected from eastern and northern divisions, and Soroti Sub County. In all the areas the researcher liaised with the local council officials, Health centre-in-charges and directors of relevant organizations (i.e., AIC and TASO) to identify respondents. The main stratification factors were urban and rural residence as well as educated and non educated respondents

#### **b) Classification of FGD Participants**

The study ensured homogeneity of participants in an FGD. This was meant to ensure to the extent possible the active participation of all respondents in a group. A total of twelve (12) FGDs were conducted per district amounting to 36 FGDs. Each group comprised a minimum of 8 and maximum of 12 people totaling to (12x8x3 =288 participants). The entire FGD session were tape-recorded in addition to note taking. The tapes were used as support information for report preparation.

## Chapter Two

### KAMPALA DISTRICT

#### 2.1 Definition of Wellness

##### 2.1.1 General Problems faced by People in Communities

The conceptualization of wellness is dependant on the socio-economic situation in which people live. To get this context, participants were asked to share what they consider to be major problems within their communities.

Frequently cited economic problems include poverty and unemployment which result into inadequate household incomes, poor housing facilities, inadequate food supply and overcrowding. Other problems include low returns from business enterprises due to high government taxation and irregular power supply.

Poor environmental health was cited as a major problem by most categories of FGs. Poor sanitation, poor drainage, and poor waste management especially with regard to garbage collection were major concerns shared by participants.

With regard to social services, it was pointed out that health services are inadequate. Though there are numerous government health facilities, they are plagued by inadequate drug supply and limited availability of doctors and other health workers. The quality of health services is therefore poor and unattractive to the local population. Participants also mentioned that the numerous private clinics though helpful, are not affordable by the majority poor. Education services for children though free in government primary schools is o poor quality. Private primary schools which are considered to provide a relatively higher quality of education are expensive and not affordable by the majority off people.

##### 2.1.2 Perception of Wellness by Target Population

The concept of wellness is defined in one major perspective by all the categories of respondents namely; economic wellbeing. Other perspectives such as health and social wellbeing are considered to be resulting from economic ability and wellbeing of an individual. Wellness is understood to mean adequate household income which enables an individual to acquire what he/she needs particularly household needs. Adequate income is in turn related to employment. Respondents perceive wellness to mean a situation where one secures employment gets adequate and regular income and can therefore meet all his needs including: proper accommodation; feeding; health and children's education. Thus, wellness according to the respondents is a state where one is able to meet his/her needs and this is mainly related to economic ability.

### 2.1.3 Indicators of Wellness

#### 2.1.3.1 Economic indicators

The major economic indicators mentioned by respondents include having a good job, living in one's own house (i.e. when one is not renting), and self reliance (when one does not need to borrow in order to meet his/ her needs). Other economic indicators of wellness relate to household assets such as having television sets, motor vehicles, and permanent houses. All categories of respondents, including PLWAs emphasized economic wellbeing as the major indicator of wellness

*When you have personal business, a house and you are sure that your children will be adequately catered for even after you die, then you are said to be well (male PLWA, Kawempe, Kampala district, 10/04/06)*

#### 2.1.3.2 Social Indicators

Social Indicators relate to status one holds in the community and the degree of respect commanded by an individual. According to the study participants, if one owns a car and his children go to good schools as well as holding a position of authority in society and is confident in public, then it indicates they are well. Other participants, particularly, educated women in Kampala district mentioned the family relationships especially between husband and wife, the social environment and a good neighborhood (i.e. when your home is not crowded, and has good neighbors) as other indicators of wellness.

*If I can agree with my husband at all times and I can afford a smile, and then am well...If one lives in a quiet environment which is clean, then they are well (Educated, pregnant woman, Nakawa, Kampala district, 8/04/06)*

It is thus clear, that the relatively high income educated class are seeking a level of wellness that is beyond subsistence living and incorporates social security, affiliation and personal comfort.

#### 2.1.3.3. Health Related Indicators

Other indicators mentioned by respondents, particularly women included having a healthy body and generally looking smart. Men as well as nursing and pregnant mothers mentioned ability to meet healthcare costs as an indicator of being well. Similarly most women asserted that having healthy children is an indicator of being well.

*If I am in position to take my children for medical care whenever they are sick then am well. (Mother of child under 5, Kampala district, 8/04/06)*



Similarly, educated pregnant women brought out good health as an indicator of wellness. This is however tied to ability to pay for health services. For example, one of the participants retorted;

*When one can afford proper accommodation, afford medical fees any time anybody in the family is sick... then he/she is well (Educated Pregnant woman, Kampala district, 8/04/06)*

In addition to good health, respondents believe that external appearance can indicate wellness. For example, when one is smart, has a well nourished body and is always happy, it indicates that one is well. This however could be deceptive since it may not reveal the internal psyche of a person especially if the person has a good degree of coping abilities.

#### **2.1.4 Determinants of Wellness**

A number of factors were mentioned as being the major determinants of wellness. These include economic, social and Political factors

##### **2.1.4.1 Economic factors**

These are considered the most significant determinants of wellness by all categories of respondents. Adequate income, high savings and investment at household level, good employment and a well paying job all determine whether or not one is well

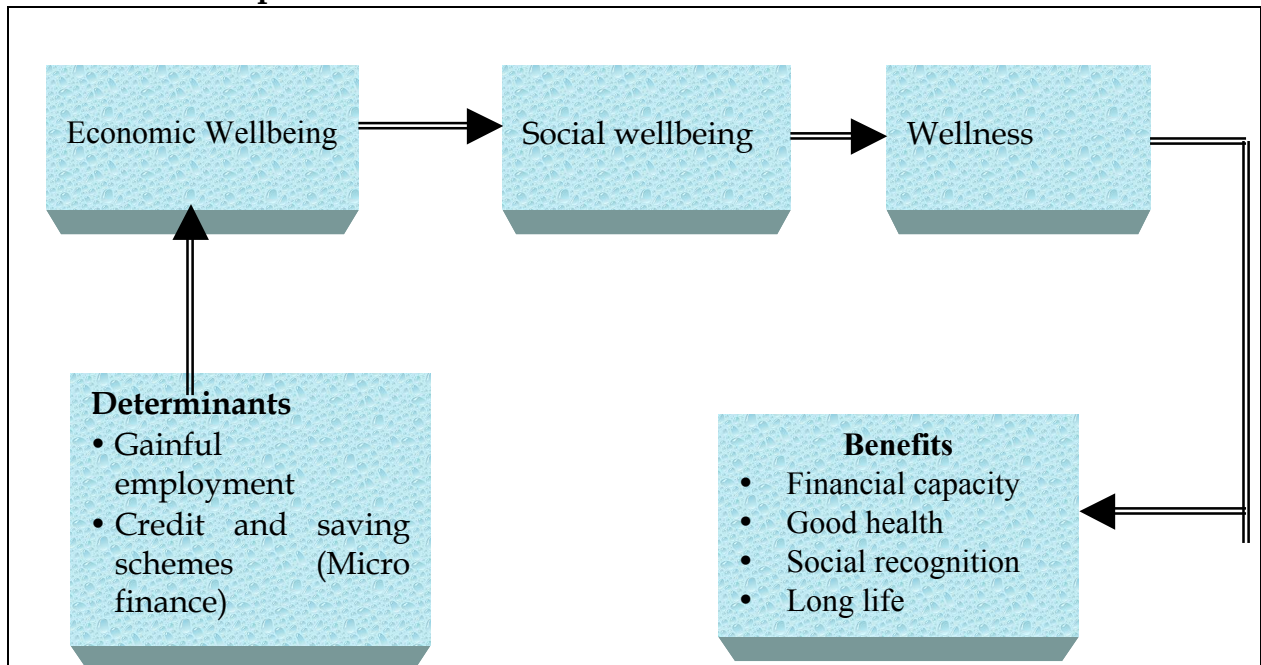
##### **2.1.4.2 Social factors**

Good health was identified by men and women as being a significant determinant of wellness. In addition, stable families contribute to wellness. Women particularly mentioned that when both husband and wife are in agreement and they have a good relationship, it contributes a lot to how much they can achieve in their pursuit of wellness.

##### **2.1.4.3 Political factors**

Men particularly mentioned good governance as an additional determinant of wellness. That governance determines the political environment where business, economy, employment and social wellbeing can thrive. That bad governance on the other hand leads to civil unrest and insecurity which directly impacts of people's wellbeing.

**Figure 1      Positing Wellness: Definitions and Perception of Wellness by the respondents**



Wellness is perceived in terms of economic wellbeing and subsequent social recognition. Benefits accrued from wellness include financial capacity to satisfy need spontaneously, social recognition and respect good health and long life. The state of wellness is determined by gainful employment, and access to microfinance.

## **2.2 Practices and Services Essential to Wellness**

### **2.2.1 Personal Practices towards Attaining Wellness**

Participants were asked to share the things they do to ensure that they are well. This was aimed at identifying the common practices in communities that are geared towards achieving wellness. The most significant practice mentioned by participants was ‘working hard’. To be well, people either look for employment where they earn a salary or they set up a business enterprise even if it is just petty business. One should not despise small modest business enterprise since through this; one is able to transform one’s socio economic status. Engaging in micro credit and saving schemes at community level and generally adopting group approach to problem solving helps families and communities to attain wellness. Some respondents, particularly educated men mentioned acquisition of loans from banks in order to enlarge their businesses as an alternative means of attaining wellness

In relation to health, participants identified, personal hygiene, cleanliness in the home and attempting to live in a clean environment as part of what they do to maintain good health which is also seen as an aspect of wellness.

Another significant practice brought out by the participants was education. That in order to be well, one must try and acquire education and also make sure that her/his children are educated. This according to the participants will secure one's wellness in future. That educated children can easily get employment and assist the parents in old age thus promoting wellness.

### **2.2.2 Basic Services Perceived to Promote Wellness**

Apart from personal effort and practices, participants in FGDs were asked to identify external services essential to promotion of wellness. The common services echoed in almost all groups included: health services; education services; transport; markets; electricity supply; water and sanitation services; savings and credit facilities; as well as social welfare services for vulnerable groups such as orphans and widows.

Whereas schools and health units help to contribute to wellness, a commonly shared view was that economic services such as micro credit and savings schemes, good transport, markets and regular supply of electricity enable people to start and run business enterprises which ensure acquisition of household income. With improved income, households are able to "purchase" health and education services. It was noted that quality health services are provided through private clinics where one must pay for the service. Thus despite, the availability of services, they may not directly impact on an individual's state of wellness unless the services are of high quality and the individual has the ability to purchase the service. This depends on the level and stability of incomes at household level.

## **2.3 Value Attached to Wellness**

### **2.3.1 Value attached to wellness**

To determine the extent to which people value wellness, participants were asked to state whether they would appreciate programmes aimed at promoting wellness and also give other preferred choices of programs that are not necessarily related to wellness. All the groups agreed that wellness transcends any other aspects of life since it is a goal in itself. That all well intentioned efforts of individuals and groups are aimed at improving people's quality of life and to them, that is what wellness is all about. It should be noted that the value attached to wellness depends on the definition of wellness itself. Since the participants view wellness as 'living a good life' and having the ability to acquire everything you need, they attach a very high value to wellness. Wellness takes first priority because according to participants, one cannot attain anything meaningful in life

e.g. employment, or running a business enterprise unless they are well and particularly healthy.

### **2.3.2 Benefits of wellness**

The value attached to wellness is directly related to the benefits people hope to enjoy as a result of being well. Social recognition, quality of life, economic wellbeing as well as political stability are the major benefits of wellness that were mentioned by participants.

In terms of quality of life, participants mentioned that wellness enables one to reduce conditions that expose them to diseases and infections but also in case of illness one can quickly purchase health care. In addition, one is able to feed well, have good accommodation in a safe environment and all this leads to high life expectancy. Wellness also reduces stress and anxiety since one is not bothered by numerous unmet needs.

Economically, the major benefit of wellness brought out by participants is ability to satisfy one's needs whenever and wherever they are needed. For example, one can live in a comfortable home, take children to good schools and secure quality health care. In essence, wellness makes life easy.

With regard to social recognition, participants mentioned that when you are well, you easily earn respect among community members and this can enhance your self worth.

*When you are well, people in the community will trust you and consult you on matters of development and this earns you respect (Male participant, less educated FGD, Kampala district, 6/04/2006)*

It was also noted that when one is well; one is in position to help others in need apart from their immediate family and this further strengthens one's social status and recognition. Other social benefits of wellness according to the study include, reduction in crime especially theft and conflicts which are usually proportional to the degree of being unwell.

From the discussion on the benefits from wellness, it is clear that people interpret wellness to mainly mean economic wellbeing. Thus, health and strength are seen more as benefits accruing from "wellness" than being distinct conceptualization of wellness. For example, a person may not be able to maintain a state of health when he/she has no adequate income to buy enough food, afford proper accommodation and even have regular medical check up. Thus, to be health and well, one must have the economic ability to purchase basic services and goods that promote the wellness.

### **2.3.3 Specific Aspects of Wellness Most Valued by People**

### 2.3.3.1 Income Generating Activities

All categories of participants strongly stated income generation as the most valued aspect of wellness. Income generation at household level is viewed as the catalyst for attainment of wellness.

*Every aspect of wellness revolves around money, so if one can solve problems of income generation, then it would be easy to ensure wellness (female participant, educated, Kampala district, 8/04/06)...We live in a capitalistic economy; everything has got to be bought including the so called free government health services. Activities to increase personal income are thus priority (male PLWA, low income category, Kampala, 10/04/06)*

Two major ways mentioned through which income could be improved are creation of employment opportunities and microfinance. A number of participants particularly in the low income/less educated category mentioned availability of micro credit and savings schemes at community level as basic to improvement of household incomes since it provides credit for small scale enterprises and businesses to low income groups.

According to participants, employment is very essential because it determines income levels which directly affect the degree of wellness. One should be able to get a well paying job that is secure. This can be achieved through government efforts by ensuring that people who qualify in certain fields are able to get jobs. One way to create job opportunities is through spreading of small scale industries in rural and peri- urban areas.

### 2.3.3.2 Healthcare

Appropriate health care is another specific aspect of wellness that needs to be addressed. This aspect was echoed particularly by pregnant mothers as well as PLWAs. Adequate and timely medical care is seen as essential to ensuring healthy lives which contribute to better quality of life. There is need to extend VCT services to communities in order to encourage massive HIV testing and counseling and provide support to PLWAs. The participants were in addition concerned about the quality of care in health centers. They would appreciate a situation where doctors and other health workers are available in health centers in addition to adequate drug supply.

In Kampala, environmental health came out strongly as an aspect affecting wellness which therefore needs to be addressed. It even features in the definition of wellness whereby if one is living in a dirty, overcrowded neighborhood it does not indicate wellness. Appropriate drainage, adequate waste disposal and garbage collection are all concerns that were raised by participants in FGDs particularly in low income areas of Kawempe and Kisenyi. These areas comprise

informal settlements with dilapidated dwelling units that house most of the poor population in the city.

### **2.3.3.3 Education (for children)**

Education is an essential aspect of wellness because it secures one's future. Participants noted that when one is educated, one can easily secure gainful employment and also easily acquire information on self improvement. Ensuring children's education is therefore seen as an essential aspect of wellness because it improves opportunities for breaking the poverty cycle thereby ensuring wellness. Children are also likely to assist their parents during old age when they attain a good education and are in position to get gainful employment. One female participant in Nakawa, Kampala stated;

*When your children are educated, they assist you in one way or another. They begin to meet some of your needs so that your living conditions become better (Female participant, low income group, Nakawa, Kampala district, 6/04/06)*

Thus a number of people consider education as an important aspect of wellness but to the extent to which education enhances ones ability to secure employment, and earn income.

### **2.3.3.4 Other Aspects**

Other aspects of wellness brought out during the study include safe water supply, food security, adult literacy, proper road networks interpersonal relationship skills with particular reference to strengthening the family; and proper housing facilities.

## **2.4 Beliefs, and Attitudes about Wellness**

### **2.4.1 Beliefs about Wellness**

A significant number of participants reiterated the fact that they do not count themselves as being in a state of wellness since they consider themselves not rich. This underscores the fact that the majority of people believe that wellness cannot be attained in a state of poverty. A shared belief is that economic wellbeing automatically translates into wellness. That one must have economic ability to acquire what one needs.

Women, particularly from the low socio-economic status tended to attach wellness to men's economic status. Most participants in women's FGDs portrayed a belief that their wellness depends on whether they are married or associated with a rich man. This portrays the fact that most low income women, still hold gender stereotypes whereby men are viewed as being responsible for the households' wellbeing. Another belief shared by participants is that wellness is attained through determination and hard work. That one can change his socio-

economic situation even through humble beginnings such as petty trade, as long as one has determination.

With regard to social cultural beliefs, some participants, especially women mentioned the role of witchcraft, curses and/or blessings in determining wellness. That sometimes people's efforts to be well are thwarted by forces of witchcraft from one's enemies. On the other hand, hard work needs to be complimented by faith in God in order to maintain a state of wellness. This belief was mainly echoed among the PLWAs with regard to attainment of good health and long life.

#### **2.4.2 Attitudes towards Wellness**

There is a positive attitude towards attainment of wellness particularly with regard to economic wellness. The general view among the participants is that wellness is everybody's goal and desire. Those who are well are admirable, which is the reason, for attaching a significant value to wellness. However, there are mixed feelings with regard to some practices that people engage in to achieve wellness such as going for VCT (for HIV/AIDS and other STIs), and delivering babies from health facilities. Where as some people view the practices as being helpful in enhancing wellness, others view it negatively. For example PLWAs in Kawempe revealed that some of their friends fear to take an HIV test for fear of stigma. It was however noted that this attitude is changing through sensitization campaigns. A PLWA in Kampala Central Division retorted"

*In the past, people would look down on us and even call us nick names such as "carrier" but now because of sensitization...people's attitude is changing. (Male PLWA, AIC, Kampala District 10/04/06)*

Some PLWAs of low social economic status held attitudes of self pity and despair. The FGD participant in Kawempe retorted that;

*I am now old and sick if I have not built a house I don't hope to build it now. So why should I bother about wellness? (10/04/06)*

Note: The above participant did not actually complete the discussion. This implies the state of despair and hopelessness that needs to be urgently addressed.

Participants attributed such attitudes mainly to ignorance and lack of correct information at community level to counter the wrong beliefs and myths held by the population.

## **2.5 Barriers to Wellness**

### **2.5.1 Introduction**

A number of factors were mentioned as negatively affecting efforts towards attainment of wellness. These range from economic, socio-cultural, and political factors.

### **2.5.2 Economic Factors**

Poverty and widespread unemployment were mentioned as the key factors that hinder attainment of wellness. According to participants, poverty is mainly attributed to lack of capital to start business enterprises even on a small scale. There are limited credit facilities for low income groups. Similarly, widespread unemployment leads to low income s and low savings at household level. This makes it difficult for people to meet their needs and live a better quality life. Thus, inadequate household income is linked to inability to purchase services and commodities essential to attainment of wellness such as health, proper accommodation and education of children.

### **2.5.3 Socio- cultural factor**

Socio- cultural factors that slow down efforts to attain wellness include lack of unity within a given community. This, according to participants, is attributed to envy and malice, selfishness, as well as different religious and political affiliations. In order for people to attain a degree of wellness, community members must be united so that there is mutual support.

Family instability is also seen as a major barrier to attainment of wellness. Conflicts and disagreements between husbands and wives hinder efforts aimed at attaining wellness. According to participants, a home where a husband and wife do not communicate and plan together will find it difficult to attain wellness.

Large family size, attributed to high birth rates and the extended family system are also considered to negatively affect quality of life and thus thwarting wellness at household level. This view was particularly shared by educated mothers and caretakers of under-fives.

### **2.5.4 Political factors**

A major political factor seen as a barrier to wellness is lack of good governance. Participants mentioned that corruption and nepotism affects acquisition of jobs and equitable distribution of development programmes and basic services within different communities. Embezzlement of funds affects availability and quality of services .For example, funds meant to purchase drugs are diverted leading to frequent drug stock outs in health centers and hospitals. In addition, local leaders



who do not consider the interests and needs of the people in communities hinder efforts towards wellness.

### 2.5.5 Health Related Factors

Poor health is considered a major barrier to wellness by the population. Participants singled out HIV/AIDS as a factor that has significantly affected people's wellness and their efforts towards attainment of wellness. All categories of PLWAs echoed the fact that HIV/AIDS renders someone weak and unable to engage in hard work. Sometimes, one can lose employment or finds it difficult to get formally employed once they have developed signs of HIV/AIDS. Stigmatization (self and external), Discrimination and Denial (DSD) due to HIV/AIDS affects people's morale and motivation to work hard to attain wellness. However, there is increasing acceptance of PLWAs particularly among those who have joined Post-Test Clubs (PTC). On the other hand there are still so many people that are discriminated due to lack of VCT services. Similarly, at household level, there is persistent denial enhanced by fear to disclose ones sero status. This was particularly rampant among men. As retorted in the FGD for women in Kawempe.

*The men are not willing to reveal their sero status. They prefer to remain ignorant about their HIV status. We women we are enthusiastic to test for HIV but are discouraged due to our un cooperative spouses...one other problem is that those who testify publicly about their HIV status are perceived to be seeking money. They call us "bicuupuli"\* patients (10/04/2006)*

*\*Note: Bicuupili literally means fakeness in the Ugandan context. It derived from money laundering*

Lack of adequate health facilities exacerbates the problem of poor health of PLWAs thus affecting their capacity to attain wellness. A number of participants in Kampala pointed out that whereas there are numerous health centers and private clinics, they mainly serve those who have the financial ability to pay for the services. In public health facilities, there are hardly any drugs and the health workers are not always available. This affects the quality of services offered, making it difficult for people to maintain a state of good health.

Other health related barriers to wellness mentioned by the participants include: poor environmental health; poor drainage; inadequate waste disposal and management; mosquito (vector) infestation; and expensive insecticide treated mosquito nets (ITNs). This latter problem was particularly pointed out by PLWAs.

### **2.5.6 Other Factors**

Other barriers to wellness mentioned by the participants include: poor communication network especially poor road network; lack of adequate and accessible markets for agricultural produce; and inappropriate education and skills training which limits innovation among the population.

## **2.6 Emerging Issues and Recommendations**

### **2.6.1 Emerging Issues**

- ❖ Wellness is conceptualized as economic wellbeing which determines ones health and social status
- ❖ People believe that it is impossible to attain wellness without financial resources and stability of incomes at household level since it is the income that purchases household needs and services.
- ❖ Significant aspects of wellness such as health, education and good housing are viewed in terms of purchasing power. That people must be enabled to purchase the goods and services that contribute to wellness
- ❖ Discrimination, Stigmatization and Denial regarding PLWAs is a major barrier to attainment of wealth among PLWAs.

### **2.6.2 Recommendations**

- ❖ To effectively address wellness issues, income generating activities at community level should be given first priority. These can be in form of micro credit and micro savings schemes. Efforts should be directed at increasing people's capacity to purchase essential services such as health care.
- ❖ There is need for sensitization and training at community level with regard to specific aspects of wellness such as entrepreneurship skills, personal and environmental health management.
- ❖ There is need for more Information, Education and Communication (IEC) regarding PLWAs. The IEC strategy need to focus on reducing DSD through increasing acceptance of PLWAs by the PLWAs themselves as well as community members as this will increase positive living for the PLWAs.

## Chapter Three

### MBARARA DISTRICT

#### 3.1 Definition of Wellness

##### 3.1.1 General Problems Faced by People in Communities

To put the perception of wellness into perspective, it was essential to highlight what the population view as the major problems being faced within their respective communities. These have been categorized into economic, social, health related and political problems.

The major economic problems echoed by the participants include; low incomes attributed to low earnings from agricultural produce, widespread unemployment and inadequate access to markets which exacerbate the problem of household poverty.

Social-cultural problems brought out during the discussions related to domestic violence, high rates of separation, and 'immorality'. With regard to immorality, participants said that many young people are engaged in sexually promiscuous behavior which has resulted into illegal abortions in addition to easy spread of STIs including HIV/AIDS. Participants attribute both domestic violence and sexual promiscuity to high levels of poverty. Another social problem mentioned by the participants is high levels of illiteracy which results from high rates of school drop out. As a result, there are many unskilled people who are idle and disorderly especially in the urban centers.

With regard to health, HIV/AIDS was cited as a major problem. It has led to reduced productivity due to frequent illness as well as increased poverty at household level as a result of the death of bread winners. In addition, people are forced to sell household assets in order to meet the cost of medical care thus plunging households into deeper levels of deprivation. Similarly, high prevalence of malaria is echoed as a major problem in Mbarara district. The high disease prevalence is coupled with lack of adequate health facilities. People do not seek medical attention immediately because of inaccessibility to health services i.e. long distances, long queues and lack of adequate personnel and as well as drugs in health centers. Other health problems commonly echoed in the discussion groups, particularly in the urban area include poor drainage and poor sanitation due to poor waste management and lack of public toilets in town. All these contribute to easy spread of disease leading to poor health among the population.

### 3.1.2 Perception of Wellness by Target Population

Participants perceive wellness to mean a state when one can afford to have everything that he/she needs. This is linked primarily to economic ability and wellbeing.

*When you have an income and can afford to pay school fees for the children, feed well and look after your family that is wellness.' (Uneducated woman, reproductive age, Rwebikoona, Mbarara, 11/04/06)*

In addition, wellness is viewed in terms of enjoying a high standard of living. To participants, a good standard of living is when you can afford basic needs, such as food, good shelter and having a good job as well as being highly educated.

From a social perspective, wellness is when one is married and has children (a stable family), whom he/she is able to adequately cater for. This includes ensuring that everybody in the family gets what she /he needs and the children go to school. People Living with HIV/AIDS tended to bring out the aspect of health in the conceptualization of wellness. However, it is also tied to levels of income:

*When one has enough money and good health, then he is well (educated male, PLWHA, Masha, Mbarara district, 12/04/06)*

Therefore, people perceive wellness to mean a situation where someone has the ability to sustain a high standard of living, can satisfy his needs and those of his family at all times. One of women PLWHAs summed up the concept thus:

*Being well means having money so that you can get everything you want (Masha Community centre, Mbarara, 12/04/06)*

Hence, more than anything else, wellness is interpreted in terms of economic wellbeing.

### 3.1.3 Indicators of wellness

#### 3.1.3.1 Economic Indicators

A major economic indicator of wellness mentioned by participants in Mbarara district is ability to pay school fees for children in a good school. This implies that the type of school one's children go to is a proxy indicator of wellness. Other indicators of wellness include ownership of property specifically a farm (of cattle), adequate land and a good house.

*When one has a farm and lives in his own house, then he is well...If one drives a good car-(personal or company), it indicates wellness (educated woman, reproductive age, Rwebikoona, Mbarara, 13/04/06)*

### 3.1.3.2 Social Indicators

A significant social indicator of wellness brought out by participants in Mbarara district is a stable marriage and family. That if one has high levels of income but is not married or has perennial marital woes, then it indicates he/she is not well. It should be noted however, that participants do not view marital stability as being self sustaining. It is hinged on household income since they mention that domestic violence and subsequent separation is mainly caused by household poverty.

*When you are living happily with your husband, and other family members, it indicates wellness (Female PLWHA, Uneducated, Masha, Mbarara, 12/04/06)*

Other social indicators include high self esteem, personal grooming such as smartness of dress and good interpersonal relationships.

### 3.1.3.3 Health Related Indicators

Having good health is also viewed as an indicator of wellness. One should be free from disease and illness. This is backed by economic ability to seek medical care when sick, and also be able to afford proper nutrition in order to fight against disease and infection. One of the male participants stated;

*Having good health and adequate income to enable someone to seek medical care indicates a state of wellness (educated male, reproductive age, Kakoba, Mbarara, 11/04/06)*

### 3.1.4 Determinants of Wellness

To further understand how wellness is perceived, participants were asked to identify factors that make it easier for people to be well. Factors mentioned range from economic, social, to political.

#### 3.1.4.1 Economic Factors

Accessibility to credit facilities is seen as a major determinant of wellness because it makes it easy for people to start business enterprises and be able to earn regular income. In addition, government policy with regard to taxation determines the extent of wellness among the population. Participants in Mbarara town, particularly the educated men and women, mentioned that when taxes are reasonable (low), people are able to realize more profits from their business enterprises and also expand their stock. In addition, the level of economic activity in an area determines wellness even at individual level since it increases opportunities for investment.

*To be well one should be able to diversify investment and business e.g. if you fail in one venture, try another line of business such as building houses for rent depending on the demand (for the good), (educated male, reproductive age group, Kakoba, Mbarara, 11/04/06)*

The level of industrialization in an area is also seen as a determinant of wellness. This is because; industrialization will increase levels of employment and also expand the market for local produce especially milk and 'matooke' (bananas).

#### **3.1.4.2 Social Factors**

Good interpersonal relationships, marital stability, religious commitment and inheritance are some of the social determinants of wellness mentioned by the participants. It was echoed during the FGDs that harmony and agreement at household level, particularly between husbands and wives, enhances faster attainment of wellness because it becomes easier to take and implement developmental decisions at household level.

A number of participants particularly women, believe that some degree of religious commitment and trust in God promotes peace and contentment and this results in wellness.

*When you know God and trust in Him, everything else will follow (Uneducated woman, reproductive age, Rwebikoona, 11/04/06)*

With regard to inheritance and family background, participants noted that sometimes wellness, particularly with regard to economic wellbeing (wealth), is inherited.

*Some people are born rich ... others marry into rich families and end up being rich (Uneducated male, reproductive age, Bwizibwera, Mbarara, 13/04/06)*

Attaining a good education is also seen as a determinant of wellness. This is because apart from increasing one's opportunities for a good job, education empowers someone with better decision making skills as well as enhancing one's self esteem. A case example is one of the participants in the women's reproductive age-group (educated category) who said;

*Education especially in these modern times, helps you to have better self esteem even if you do not acquire a good job, the knowledge helps you in many ways. Personally I have enough money but I have gone back to school because I used to feel left out whenever my friends would be engaged in some discussions.*

Note: This participant is a 42 year old with 4 children, and she is currently in S.5 (grade 12). She had dropped out of school in grade 8, got married and accumulated riches. She decided to go back to school so that she can 'fit' well in society.

### **3.1.4.3 Health Related Determinants**

Participants rightly mentioned a clean environment as a determinant of wellness because it reduces incidence of disease. This was particularly echoed by the FGDs in the urban area (Mbarara municipality). Aspects of the environment commonly cited are proper drainage, garbage collection and management as well as availability of clean public toilets/latrines. Besides environmental health, adequate health services also determine wellness. Well equipped hospitals are essential to better health and wellbeing. In addition, sensitization and awareness programmes especially with regard to HIV/AIDS were cited as influencing efforts towards wellness.

### **3.1.4.4 Political Factors**

Peace in the country and security especially with regard to business enterprises are mentioned as major political factors that determine wellness. It should be noted that emphasis is on security of property and finances. Participants especially in the urban areas said that their wellness is threatened by rampant robberies and thefts. Common targets are cattle and business stock as well as cash.

## **3.2 Practices and Services Essential to Wellness**

### **3.2.1 Personal Practices Towards Attaining Wellness**

Economically, participants pointed out savings and investment as essential to attainment of wellness. Ability to save is linked to careful spending so that one's expenditure does not exceed income. In addition people need to learn to invest their savings so that they realize profit and reduce future uncertainties in income.

*A person should have steady investment so that even after retirement, one can still earn a good income (uneducated male, reproductive age, Rwebikoona, Mbarara, 11/04/06)*

Other efforts towards attainment of wellness include formation of developmental groups such as revolving fund groups, credit and savings societies at community level as well as making use of village banks where they are available.

With regard to health, attempting to ensure good nutrition helps some one to maintain a certain level of health which is seen as a significant aspect of wellness. In addition, staying in a safe and clean environment is cited as a personal practice aimed at promoting health and wellness. Pregnant women and PLWHAs cited HIV testing as a good practice towards attainment of wellness.

Another significant practice directed at achieving wellness is the formation of community groups referred to as 'Bataka Twezikye' literally meaning burial societies, where household pool resources and the appropriate them to a household that loses a member to meet the cost of burial arrangements. This is a major benchmark to developing a health insurance since it involves prearrangements for future uncertainty.<sup>1</sup>

Educating children is also considered a significant practice toward attainment of wellness. Participants said that with education, children cease to become a burden and in future they can live better lives. They are also able to assist their parents to break the poverty trap.

### **3.2.2 Basic Services Perceived to Promote Wellness**

In addition to personal practices geared towards wellness, participants were asked to identify other services (external) that are essential to promotion of wellness. The following were the most frequently cited services:

#### **3.2.2.1 Education Services**

Education was the most commonly re-echoed service across all categories of FGDs. It was also quoted among the major indicators of wellness. Participants believe that for one to change his/her social situation and that of his family, he needs to attain some education and also ensure that children attain a good education. Schools are therefore considered to play a crucial role in promotion of wellness.

#### **3.2.2.2 Microfinance Institutions**

Savings and credit facilities at community level are seen as essential to creation of wealth and subsequent wellness. Participants cited village banks as an essential service because they enable low income earners to save and also to access credit at low interest rates. As a result, they are able to invest or to meet their urgent household needs. It was however, suggested that people need to be

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<sup>1</sup> In Uganda, and indeed in other African countries, households do not think consciously about health until they have lost it or they are inclined to think about it when a member of the household is seriously sick.



sensitized on how to invest profitably before they are given loans even at community level in order to guard against unnecessary losses.

In addition, markets for produce are considered an essential economic service since they enable people to transact business. The main commodities, for which steady markets are sought, according to participants, are milk and matooke (bananas). The major challenge in access to markets in the area is poor road networks besides fluctuating prices especially in the rural areas.

### **3.2.2.3 Health Services**

Participants noted that well equipped hospitals are crucial for effective treatment of illness and saving lives of individuals. Health services also improve quality of life and contribute to high life expectancy. When health services are available, people can become healthier and more productive. However, it was reported that government health centres are ill equipped, lack drugs and adequate number and availability of health workers.

*Health centres enable us to get treatment but in most instances they do not have drugs and the workers are few and cannot attend to everybody (uneducated mother of Under-5 child, Bwizibwera H.C, Mbarara, 12/04/06)*

On the other hand private health services, mainly in form off clinics and private midwives, charge high fees which are unaffordable by the majority of the population. This notwithstanding, both the government and private health services are considered essential as they compliment each other in the delivery of services to the population. There is thus need to improve the quality of healthcare in terms of availability of drugs and qualified health workers.

Similarly, sanitation was cited as a crucial service in the promotion of wellness. Garbage collection, proper drainage services and availability of public toilets were mentioned as a desirable service in the urban areas. Participants believe that improved waste management and timely garbage collection improve cleanliness in the area and this reduces incidence of disease and other infections.

Other essential services mentioned include security (to curb rampant thefts of cattle, business stock and cash); proper road networks, livestock services, water and electricity.

## **3.3 Value Attached to Wellness**

### 3.3.1 Value Attached to wellness

According to participants, wellness is the most important goal and desire in life. Everything considered important is viewed in terms of its contribution to wellness. Wellness is valuable because it brings about development and promotes health. Programmes on wellness would allow people to get more information, share ideas such as the importance of family planning and acquire knowledge on important issues such as HIV/AIDS. Participants noted;

*There is nothing else in life besides wellness. Every body wants to be well...Awareness campaigns on issues like HIV/AIDS, help people to know the dangers against wellness and how to prevent them. Knowledge is power and surely helps in attainment of wellness (educated woman, reproductive age, Rwebikoona, Mbarara, 13/04/06)*

By implication, it is apparent that awareness and educational programmes to promote wellness or aspects of it would be valued by the population.

### 3.3.2 Benefits of Wellness

The value attached to wellness relates to the benefits linked to being well. In view of this, participants were asked to share what they consider to be the benefits of wellness. The most frequently cited benefits relate to social recognition and respect; comfortable and quality life; good health; and long life.

Socially, wellness earns someone respect and recognition in society. In addition, one is in position to help one's family and others who are in need.

Economically, participants asserted that wellness contributes to improvement in one's income. When a good number of people are well in a given community, a certain level of development is achieved. Many people will be self reliant, reducing the dependence burden. Subsequently, the community develops faster. At individual and household level, participants mentioned that wellness enables someone to satisfy all his needs at all times. This results into a high standard of living for the individual and the household.

Wellness is also seen to contribute significantly to good health. When one is well, he/she can afford good feeding, good accommodation and peace of mind since he is not worried about unmet needs. In addition, such a person can afford treatment and healthcare, resulting in quicker recovery from illness. Participants also contend that being well reduces death rates, leading to high life expectancy among the population.

### 3.3.3 Specific Aspects of wellness most valued by people

#### 3.3.3.1 Land ownership and Income Generating Activities

The most valued aspect of wellness echoed through all FGDs is access to ownership of land and income generation. This is because it is widely believed that wellness hinges on level of incomes particularly at household level. In Mbarara and indeed in many other areas in Uganda, it is mainly through agriculture that people earn their livelihoods. In addition, access to Micro credit (with low interest), employment opportunities and acquisition of knowledge and skills in better farming methods are the major precursors to sustainable income generation according to the participants. This is valid given the fact that the major economic activity in Mbarara is agriculture and cattle keeping besides commercial enterprises in the urban centers.

### **3.3.3.2 Healthcare**

All participants cited availability of drugs and qualified health workers in health centres as a valuable aspect in promoting wellness. This is because timely and proper health care saves lives and also increases people's productivity. Similarly, PLWHAs pointed out accessibility to drugs (ARVs) as very significant in promotion of wellness.

Appropriate drainage, garbage collection and availability of public toilets are other aspects of health mentioned as most valued by the population particularly in urban areas. In the rural areas, safe water was also highlighted as a major need in the pursuit of wellness.

### **3.3.3.3 Education (for children)**

Being able to send children to school is seen as an essential aspect of wellness. Participants in all categories emphasized the importance of education. They view education as a means of achieving and safeguarding wellness. Most FGDs ranked education second to health because of the value they attach to it. Whereas health sustains life, education is responsible for improving one's standard of living through gainful employment and increased earnings.

### **3.3.3.4 Other Aspects**

Other aspects of wellness valued by the people include adequate land, food availability and security, and availability of competitive markets for livestock, agricultural products and other commodities in urban centres.

## **3.4 Beliefs, and Attitudes towards Wellness**

### **3.4.1 Beliefs about Wellness**

A cross cutting belief about wellness is that it is impossible to attain wellness without economic resources. That poor people cannot attain wellness because they lack the resources to purchase the commodities essential for promotion of wellness.

Another strong and valid belief is that wellness is earned through hard work, persistence and determination. That lazy people may find it difficult to be well, since they “*will not even afford to put food on the table*”

A social belief about wellness is that it is best sustained and meaningful in a family setting. Almost all categories of respondents pointed out that to be well, one should have a stable marriage and as well as have children (and is able to take good care of them). A significant number of participants also believe that faith in God contributes to wellness. Apart from encouraging faithfulness and commitment to work, faith in God reduces worry and anxiety about the future especially for PLWHAs.

### **3.4.2 Attitudes towards Wellness**

There is generally a positive attitude towards wellness among the population. Wellness is made up of a number of aspects such as wealth, health, education status, family stability among others. All these are sought after as they improve one’s standard of living lead to comfortable living. However, because of poor social capital, people are sometimes jealous of the few individuals that are well or seeking to attain wellness. The attitude towards those who are well stems from questions on how the wealth was accumulated as well as the personal conduct of the person who has attained wellness

*Other people seek advice while others think ill of one who is well...It depends on personal character. When some people are well they become proud and this causes other people to have a negative attitude towards them (educated female, pregnant, Bwizibwera, Mbarara, 13/04/06).*

In addition, cultural believes and lack of adequate information lead to negative attitude towards some aspects of wellness. For example, it was pointed out that some people in society regard girl child education as unprofitable basing on the fact that the girl could become pregnant and/or get married before completing school. With regard to health, some people think that PLWHAs need not work hard since they are going to die anytime (Women of Reproductive age, and PLWHA FGDs).

## **3.5 Barriers to Wellness**

### **3.5.1 Introduction**

A number of factors were mentioned as negatively affecting efforts towards attainment of wellness. These range from economic, socio-cultural, to political factors.

### **3.5.2 Economic Factors**

Poverty coupled with high cost of living is considered a major barrier to wellness. That because of low incomes at household level, there is almost total deprivation of basic need among the population. This directly impacts on people's wellbeing. Participants attributed household poverty mainly to limited access to land, markets for agricultural produce, and high levels of unemployment in the urban areas. Prices for milk and matooke (bananas), which are the main products in the area, are always fluctuating to the extent that farmers fail to make profits out of the agricultural produce. On the other hand, unemployment is attributed to low economic activity, and inappropriate training which results into a number of youths despising certain types of work and instead remaining unemployed for a long time.

Land shortage was also frequently cited as a barrier to wellness. It was reported that a number of people do not have adequate land for livestock rearing and cultivation especially for commercial farming. In some cases, they have to hire land from the wealthy people in order to plant food crops hence reducing the profitability from the produce.

One other barrier is lack of a critical mass with capacity to purchase agricultural products. For example, milk production would have had sufficient market but there is no effective demand as manifested in lack of money by households to pay for milk and other products. This correlates with the Uganda Demographic and Health Survey report which highlights Mbarara district as having alarming levels of child malnutrition, despite being the leading producer of milk and other food crops (UDHS, 2001)

### **3.5.3 Socio-cultural Factors**

Participants in the FGDs cited laziness as a significant barrier to wellness. To attain wellness, one must work hard and be determined. If one is lazy, the family will lack what to eat and worse still someone will not be able to save for the future. Coupled with laziness is another personal habit of alcoholism especially among men. Alcoholism increases household expenditure and at the same time reduces productivity making it difficult to attain wellness. Participants therefore cited a need for massive campaigns against alcoholism.

Another social factor negatively affecting wellness is low productive population which affects market for produce and other goods.

Family instability was also frequently mentioned as a barrier to wellness. That when there is a poor relationship between husbands and wives, it becomes difficult to attain wellness. In addition, unfaithfulness in marriage depletes household resources as well as exposing the partners to STIs and HIV/AIDS.

Illiteracy and inappropriate education are also seen as barriers to wellness. Education influences acquisition of employment but also equips individuals with knowledge and skills for their day today living. When individuals are not educated, they continue to live in poverty and in this way they fail to attain wellness.

#### **3.5.4 Health Related Factors:**

High disease prevalence especially malaria and HIV/AIDS is a barrier to wellness. Participants in the FGDs pointed out that poor health increases household expenditure and depletes people's incomes and household assets. It also leads business failure and unemployment due to frequent absenteeism. Illness especially HIV/AIDS de-motivates people from working hard to improve their level of wellness. PLWHAs are also stigmatized and may shy away from work even when they have not been dismissed.

*Diseases such as AIDS lead to loss of hope and discourage people from working hard. Also due to self stigma, someone thinks that people know his/her status and they say that you are wasting your time, thus you cease to put in effort (Educated woman, reproductive age, Rwebikoona, Mbarara district, 13/4/06)*

*People who have AIDS are always weak and cannot work hard. There are certain jobs they cannot do (Female PLWHA, less educated, Masha Community centre, Mbarara, 13/04/06)*

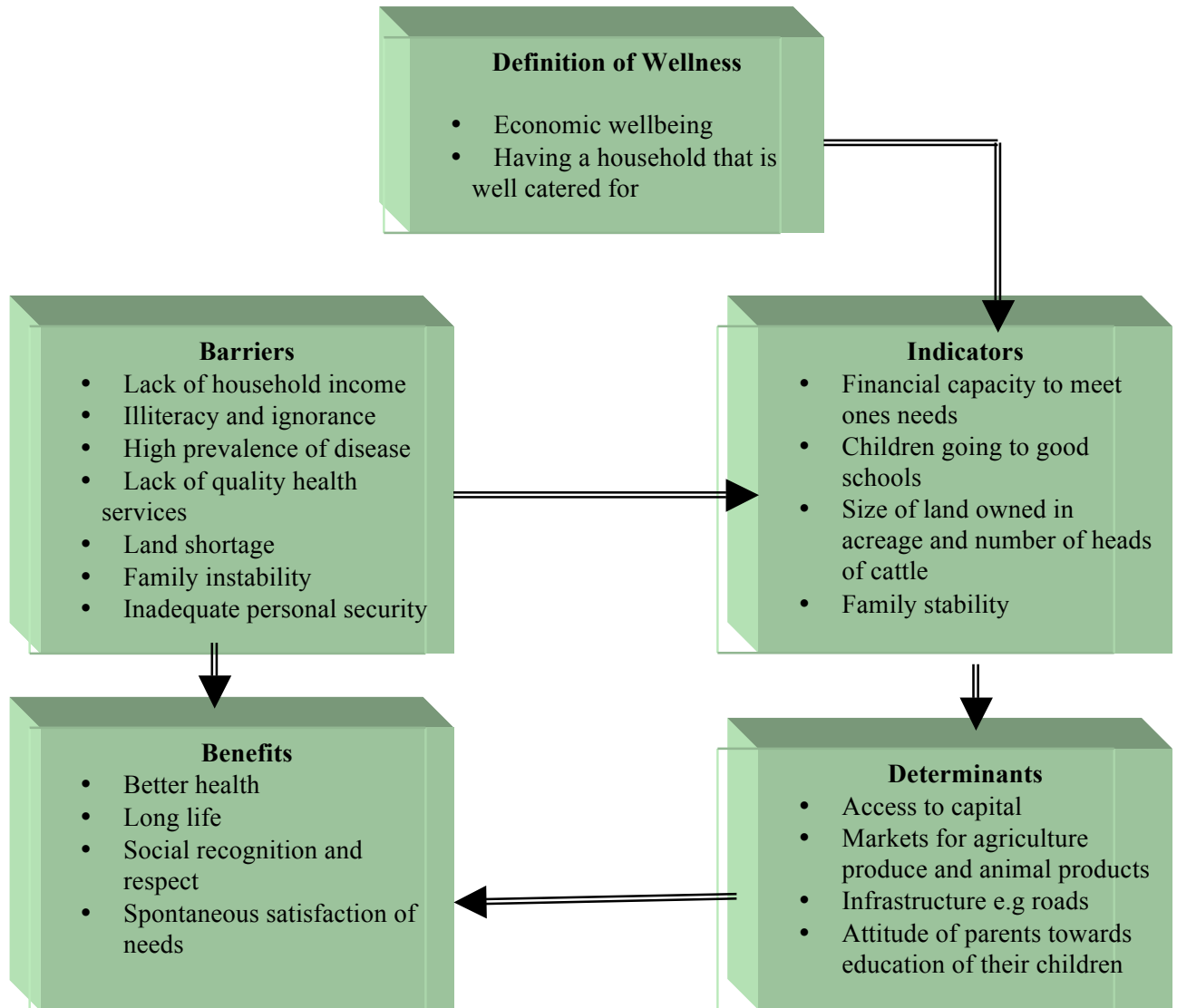
#### **3.5.5 Other Factors**

Bad feeder roads affect transport to health facilities as well as access to markets for agricultural produce. Other factors include ignorance, lack of support services such as electricity in the rural areas, and 'inherited poverty' in form of poor and large extended family which increases the dependency burden for those who are trying to attain wellness.

### 3.6 Conceptual Model for Understanding Wellness in Mbarara District

The understanding of the concept of wellness was based on five major elements namely definition, indicators, determinants, benefits and barriers to wellness. Figure 7.1 shows the framework.

**Figure 7.1 Framework for Understanding Wellness**



It is not surprising but interesting that health does not come out directly in the definition of wellness. It was found that health status as an aspect of wellness is subsumed in economic wellbeing. The assumption is that the latter translates into good health since an economically well off person has all that it requires to purchase adequate healthcare.

## **3.7 Emerging Issues and Recommendations**

### **3.7.1 Emerging Issues**

- ❖ Wellness is premised first on economic wellbeing and then on health, education and social status. Both men and women, rural and urban, including PLWHAs tend to share this same perception of wellness.
- ❖ People believe that it is impossible to attain wellness without major factors of production particularly land resources and stability of incomes at household level
- ❖ Significant aspects of wellness such as health, education, good housing and children who are successful are viewed in terms of purchasing power. That people must be able to purchase the goods or services that contribute to wellness
- ❖ Education is seen as a major indicator of wellness as well as positively influencing attainment of wellness.
- ❖ The environment in which people live influences their degree of wellness as well as the attitude towards those seeking to attain wellness. Whereas a clean physical environment, with basic facilities and services promotes health, the social environment may encourage or discourage wellness.
- ❖ Where there are high levels of household poverty, and ignorance, those striving to be well are negatively perceived.
- ❖ Despite, free government health services, there is still low utilization of public health facilities due to poor quality services provided. Private health facilities are inaccessible mainly due to lack of financial affordability to purchase private health services.
- ❖ There is still a significant level off stigma against PLWHAs. While other forms of stigma such as sharing a seat with a PLWHA has reduced, the actual stigma regarding branding PLWHAs as sick and not able to attain wellness still persists.

### **3.7.2 Recommendations**

- ❖ To effectively address wellness issues, income generating activities at community level should be given first priority. These can be in form of micro credit and micro savings schemes, such as promotion of village banks. This will improve capacity for people even to purchase private health services.
- ❖ As regards ownership of land, there is need for government to ensure security of tenure of land resources as a means of enhancing investment. This should be done at both policy and legislative levels.
- ❖ There is need to improve quality of healthcare in public health facilities as a means of increasing demand for health and other services that



promote wellness. The population should also be empowered not only with information but also resources to purchase essential services such as health. The services should also be made geographically accessible to the local communities.

- ❖ There is need for sensitization and training at community level with regard to specific aspects of wellness such as income generation, entrepreneurship skills, personal hygiene and environmental health.
- ❖ With regard to HIV/AIDS, there is still need to make VCT services easily accessible to the communities in order to assist PLWHAs to secure available services. In addition, ARVs and /or HART treatment needs to be availed to all those in need of them if their wellness is to be promoted.
- ❖ Similarly there is still need for continued campaigns against Stigmatization, Discrimination and Denial (with regard to HIV/AIDS) at community level. This should be done through developing an information, education and communication (IEC) strategy to deal with DSD regarding HIV/AIDS
- ❖ There is need for improving infrastructure particularly road networks in the rural areas. This is crucial in linking people to services as well as improving accessibility to markets.

## Chapter Four

### SOROTI DISTRICT

#### 4.1 Definition of Wellness

##### 4.1.1 General Problems faced by people in communities

Wellness being a cross cutting concept is dependent on various background factors that include socio- economic, political and environmental factors. These background factors largely determined the understanding of wellness issues across the respondent categories. The respondents were asked to give the problems affecting them in their respective communities and the following were mentioned:

Poverty was cited by all respondent categories as the major problem affecting them. This state of poverty especially at household level made it difficult for people to access essential goods and services. This poverty is manifested in lack of income, poor housing facilities, inadequate food and poor nutrition especially in the rural areas of Soroti.

Insecurity is another problem that has affected the people in Soroti. It was prominently singled out as a major hindrance across the respondent categories. The region has been affected by the Karimajong<sup>2</sup> warriors from neighboring districts of Moroto and Katakwi who usually raid the area stealing through cattle rustling. This has also been exacerbated by the recent invasion of the Lord's Resistance Army (LRA) rebels in the area that has forced people to flee their homes in the rural areas to camps of Obuku, Kichinjagi and Pamba in Soroti town. This has affected their productivity, led to congestion in the camps, poor sanitation and easy spread of diseases in the camps.

Prevalence of disease notably malaria and HIV/AIDS is another problem cited by the respondents. It was noted that despite the high prevalence of these diseases, the health services were inadequate characterized by one referral hospital (Soroti Hospital) with the result that people have to move long distances to access health services. The health centres are also inadequately equipped especially with regard to drugs. This has resulted in poor utilization of health services.

The PLWAs as a respondent category singled out stigma as still a major problem. Some people in the communities still looked at PLWAs as promiscuous and still

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<sup>2</sup> Tribe in North Eastern Uganda notorious for the practice of cattle rustling that involves invading other tribes and communities to steal the cattle since they believe that all cattle belongs to the Karimajong.

had misconceptions about them. It was also reported that some PLWAs lacked counseling services and that ARVS were not adequate.

Other problems cited included unemployment even among the educated. In urban areas the major problems reported included: lack of safe water; lack of adequate drainage facilities; load shedding; and lack of market opportunities.

#### **4.1.2 Perception of Wellness by Target Population**

The perception of wellness and its definition although differently explained by the various respondent categories had one underlying conceptualization namely economic prowess. It was generally construed that all other aspects and perspectives of wellness are in one way or another embedded in one's economic status as manifested by one's ability to purchase the various goods and services. Wellness is considered as the ability of a household to have enough income that can be transformed into acquisition of things one needs to lead a comfortable life.

*---- wellness cannot be attained without having money – having money is being well because you can get food, beddings, take your children to hospital and school when you have money yet you cannot be well without these things – Woman caretaker of child Obuku Camp Soroti 14<sup>th</sup> April 2006*

However, although the definition of wellness in economic terms was cross cutting among all the respondent categories, the PLWAs and Pregnant women tended to mainly emphasise the aspect of being healthy as wellness. This state of wellness was envisaged to include a healthy body with no sickness, with no worries and a settled mind. This emphasis by these two respondent categories on health is a result of being in a situation that directly raises consciousness to health, that is pregnancy and being HIV positive as contrasted to the other respondent categories. It can therefore be concluded that the definition of wellness varies according to the situation of the various respondents.

#### **4.1.3 Indicators of wellness**

The respondents had various views on indicators of wellness. These can be categorized into economic, social and health related indicators

##### **4.1.3.1 Economic indicators**

The major economic indicators mentioned by respondents include having assets such as cattle and land. In urban areas, the indicators of wellness were construed to comprise a permanent house; a car; being in gainful employment and being self reliant (when one does not need to borrow money in order to meet his/ her needs). Economic wellbeing was prominently emphasized by all respondent categories as an indicator of wellness.

##### **4.1.3.2 Social Indicators**

Among the social indicators, the social status accorded to the particular people by community was looked at as an indicator of wellness

*I can tell that some one is well off from the way one is treated. For example as we are here in the hospital, a person who is well off will be received first and given adequate care. Pregnant woman Soroti Hospital. 13<sup>th</sup> April 2005*

Another social indicator is the household standards of living manifested by the ability of the household head to provide for household needs like food, clothing and education for children. Many respondents intimated that a common social indicator of wellness is giving good education to one's children. If one takes the children to expensive schools it is a manifestation of one's wellness.

#### **4.1.3.3. Health Related indicators**

The respondents cited good health as an indicator of wellness. This was reported to be determined by the physical appearance of the person (physical strength, not sickly, and happy). In addition, respondents indicated that when some one feeds well and is able to seek and pay for health care for both self and members of household then that person is deemed to be well.

#### **4.1.4 Determinants of wellness**

The respondents were asked to state the determinants of wellness. This was aimed at establishing what the different respondent categories considered important in determining wellness. The responses given are categorized into economic, social, health related and political determinant factors

##### **4.1.4.1 Economic factors**

Economic factors by far were given as the major determinants of wellness. All participants held the view that once one has the economic capacity, then all the required needs can easily be attainable. However, the economic capacity per se was not feasible without other factors of production.

The Focus Group Participants especially those in the rural setting mainly reiterated that ownership and control of a big chunk of land stimulates production whether livestock or cultivation. It was emphasized that access to land was key to determining productivity. One participant noted

*Here in Teso, our life is dependant on land because we use it for cultivation and animal rearing, the key activities from which we derive our livelihood Male participant FGD Amen village Soroti 11<sup>th</sup> April 2006*

Unfortunately many people are living in camps and have abandoned their land in the villages due to the prevailing insurgency unleashed by the Karimajong and Lord's Resistance Army (LRA). It is therefore apparent that the ability of

people to gainfully engage in activities from which they derive livelihoods determines their state of wellness.

The urban respondent category in addition to land as a determinant emphasized the importance of access to capital and money as important in ensuring the wellness of the people. In addition, gainful employment was cited as determinant of wellness because once one is gainfully employed it enables one to meet the day to day needs, thus attainment of wellness.

It was also noted that good financial management determined the wellness of people. In Kigandani, one respondent had this to say:

*It is easy to get money but the way you use that money will determine your success. It is one thing getting the money and another utilizing it (Male respondent Kigandani cell Soroti town council 14th April 2006)*

#### **4.1.4.2 Social factors**

The social factors raised by the respondents included attainment of good education which opens up opportunities and having good personal and interpersonal skills that help one to live in harmony with people in the community. The latter aspect is helpful in strengthening the social relations that are an important component of the social security system that many community members run to in times of need. Another social factor determining wellness was the family background encompassing the socio-economic status of one's family background. It was construed that people from strong socio-economic background tend to continue to enjoy a high standard of living with a resultant high level of wellness.

*If one's father was rich, ----there are high chances that the children will also be rich through inheritance (Male participant Amen Village Soroti County 12<sup>th</sup> April 2006)*

#### **4.1.4.3 Health related factors**

Other determinants of wellness cited by the participants had a bearing on health. It was noted that wellness depends on a person being physically healthy without disease, having a good health seeking behaviour (treating oneself, general hygiene, proper feeding) and living in a healthy environment. This is crowned by the presence of well equipped health facilities in the area. However respondents reported lack of drugs in public health facilities coupled with lack of health workers in the health care units.

#### **4.1.4.3 Political factors**

The political determinants noted as essential in influencing wellness included security for both individuals and their property. This issue was prominently raised by the people living in internally displaced camps. Good governance and provision of essential social services notably quality health facilities, agricultural services and water by government were seen as essential in determining wellness of the respondents.

## **4.2 Practices and Services Essential to Wellness**

### **4.2.1 Personal Practices towards attaining wellness**

In order to establish the practices and services deemed essential to wellness, the participants were asked what they do in their daily life to attain a reasonable state of wellness. The commonest view was that they (people) work hard in order to attain wellness. This was across all the respondent categories with some respondents citing farming, casual labour, petty trade, and commercial trade. The implication is that wellness is viewed in economic terms and in order to attain wellness, people have to devise means and ways of economic survival and livelihood.

Other personal activities cited included attempts by the respondents at keeping themselves in a healthy state. Such activities included proper feeding, seeking health care and drinking clean water. However this aspect of health was prominently singled out by pregnant women and PLWA respondent categories.

*In order to be well, I make sure that I drink boiled water, keep my environment clean and always come to hospital when sick--- like today I have come for ANC –  
Educated pregnant woman Soroti Hospital April 11 2006*

It was also mentioned that in order to maintain a state of spiritual wellbeing, some of the respondents try to keep a good relationship with God through regular attendance of worship services. The respondents in Obuku Internally displaced People's camp pointed out that in instances where they cannot meet their needs, the alternative is seeking help from NGOs in a bid of attaining wellness.

### **4.2.2 Basic Services Perceived to Promote Wellness**

The consulting team was further interested in establishing the services perceived basic to the promotion of wellness. Respondents were asked to rank these services in their community and explain how they have contributed to their wellness. The ranking of the services varied from the various respondent categories but the commonest services ranked were security, agricultural services, health services, NGO support, micro credit, education and home based care for PLWAs.

It was realized that emphasis was put on security because of the insurgency that has affected Soroti sub-region in the recent past. Agriculture being the major source of livelihood was ranked second followed by health and education. By implication, it is apparent that those services that are seen to have a direct impact on wellness were emphasized as compared to education that is seen as a long term investment.

### **4.3 Value Attached to Wellness**

#### **4.3.1 Value attached to wellness**

Establishing the value people attach to wellness was a key issue under investigation. This was achieved through asking the participants whether they would appreciate programmes aiming at educating people on issues pertaining wellness. It was universally accepted that such programmes would be beneficial since the ultimate goal of whatever people do is to attain a state of wellness. Wellness is looked at as not only a goal but the ultimate reason for human life.

*-- definitely we would appreciate it because there is no one who doesn't want to be well – actually we are going to discuss with our friends who have not gotten the opportunity to engage in this discussion* Male FGD participant Kigandani Cell Soroti town April 14<sup>th</sup> 2006

It is therefore important to note that people value wellness. However as earlier noted, the value attached to wellness is largely dependant on the definition and understanding of wellness by the different people.

#### **4.3.2 Benefits of wellness**

The benefits people hope to get out of something determine their value for it. This is also true with regard to wellness. People tend to value wellness as a result of the perceived benefits arising from being well. When the participants were asked to give the benefits arising out of wellness, their responses mainly centered on financial capacity comfortable to meet one's needs and social recognition.

The participants held the view that wellness was an important aspect of the standard of living. Wellness was seen as a condition that reduces the possibility of exposure to diseases and infections. However, wellness also implies that in case of illness one can quickly purchase health. In addition, one is able to feed well, have good accommodation in a safe environment. Wellness also reduces stress and anxiety since one is not bothered by numerous unmet needs. It was also noted that when one is well, it enables him or her to live longer.

*--- When am well, it gives me freedom to do everything I want and I am able be settled in the mind...* Pregnant FGD participant Soroti Hospital 13<sup>th</sup> April 2006

Economically, the major benefits of wellness as re-iterated by FGD participants comprise ability to satisfy one's needs at all times. For example, one can live in a comfortable home, take children to good schools and get health care from a good health facility without striving. In essence, wellness makes enjoyable.

With regard to social recognition, participants mentioned that when one is well, one easily earns respect among community members and this can one's self worth.

It was also noted that when one is well, he/she can be in position to help others in need apart from their immediate family and this further strengthens one's social status and recognition. Other social benefits of wellness according to the study include; reduction in crime especially theft; and conflicts which are reduced with increase in the degree and number of people that are well.

#### **4.3.3 Specific Aspects of wellness most valued by people**

The respondent categories were asked to single out the specific aspects of wellness they valued most and these are categorized into: income generation aspects; agriculture; health; security and education.

##### **4.3.3.1 Income generating activities**

The participants held the view that being well was dependant on the economic status of the people. With this view, activities geared at enhancing the economic well being of the people are seen as central aspects in the attainment of wellness. If programmes are to be designed to address wellness, then income generating activities should be enhanced. The income generating activities mentioned included: poultry; small business enterprises and piggery. It was also emphasized that teaching people on how to manage business enterprises was also important.

##### **4.3.3.2 Improved agricultural production**

The issue of agriculture as an aspect of wellness was prominently noted especially by men and women of reproductive age both in the urban and rural setting. It was noted that agriculture was an important source of livelihood and any programme aiming at improving people's wellness has to consider agricultural component especially with regard to how the people can maximize agricultural production. It was noted that since agriculture was the major source of livelihood in terms of economic and subsistence production, people attached a lot of value on agriculture

##### **4.3.3.3 Health**



Health as an aspect of wellness was noted by the respondents. Health is inseparable from wellness. The participants noted that lead a healthy life was an important aspect of wellness although this depended a lot on the availability of health services, health seeking behaviour of the people, general hygiene and sanitation.

HIV/AIDS was mentioned as a health condition that needs to be addressed. Despite the presence of HIV/AIDS related service providers like TASO and AIC the respondents especially PLWAs mentioned the need for services like counseling and sensitisation of the community members, since stigma and discrimination are still common aspects. Indeed, one of the PLWA respondents had this to say when asked about wellness

*-- I can only be well when I am accepted and loved in my condition—otherwise if people continue pointing a finger at you, you cannot feel well*  
(Female respondent FGD TASO Soroti 14<sup>th</sup> April 2006)

#### **4.3.3.4 Security**

The presence of security and political stability was discussed as an important aspect of wellness that the participants valued. It was emphasized that without security all other attempts at realizing a state of wellness will be in vain. It was for example observed that some of the people now living in internally displaced people's camps were once wealthy and had land and cattle but because of the insurgency, all their assets and source of livelihood were perpetually lost. It is therefore important to have a politically stable environment.

#### **4.3.3.5 Education**

Education is usually seen as an investment for the future. It is a view that is generally held by the all respondents that education is important for one to be well. Education is important in creating human resource capacity which in turn ensures employment and earnings which are key in achieving wellness. Other aspects of wellness valued by the respondents included having interpersonal skills and living harmoniously in society.

## 4.4 Beliefs, Attitudes and Knowledge about Wellness

### 4.4.1 Beliefs about Wellness

The common belief held by the respondents was that wellness is synonymous with being rich. It is a view that is widely spread that for one to be well one must have money. When asked whether some one cannot be in a state of wellness without necessarily being rich, the answer was that all aspects revolving around wellness had a monetary aspect attached. An example given by the respondents was health care. FGD participants argued that when one falls sick, it is money that will enable one to travel from the place of abode to the health center, pay medical bills, purchase the prescribed drugs and secure food to keep them healthy. It was also noted that other aspects like education, agriculture that contribute to wellness had an economic inclination without which their contribution to wellness cannot be realized.

*-- it is impossible to be well without money--- all things you do to be well are dependant on having money--- even your family cannot be happy when you don't have money since you cant take children to good schools--- even in society you can not be recognized when you don't have money---* (Male FGD participant Amen Soroti April 11<sup>th</sup> 2006)

Since many of the respondents did not consider themselves as rich, it was believed that wellness is a goal every one is striving to achieve and the essence of one's existence.

It can be concluded that the general belief about wellness is in economic terms. This is largely due to the high cost of living amidst widespread household poverty. In addressing wellness, it is therefore important to incorporate income generation as a key component.

### 4.4.2 Attitudes towards Wellness

The people's attitudes towards wellness are also tailored to a comparative assessment of those perceived to be well off and those who are not. The respondents were asked how the community perceives people seeking to be well and the common response was "jealousy". Those perceived as well are looked at as showing off, proud, and boastful by community members who are worse off economically. People seeking economic wellness by starting up businesses are discouraged and generally looked at with ill will. It was however re-iterated that the behaviour of the so called rich also influences the attitudes of the community members towards (the rich)

*-- in the community we have people with different hearts --some will encourage you and others will discourage you it all depends on how you interact with them (Educated pregnant woman Soroti Hospital April 13<sup>th</sup> 2006)*

With regard to seeking wellness through good health seeking behaviour like immunization, VCT, regular medical check ups, FGD participants held mixed views. Although some people looked at this as a good practice, others never cared about seeking health. However for people attending post test care centers like TASO are “branded” and looked at negatively. This indicates that stigma against PLWAs in communities is still strong.

## **4.5 Barriers to Wellness**

### **4.5.1 Introduction**

The FGD participants gave various factors as impediments to achieving wellness. These factors were similar to what the respondents cited as the major problems prevalent in their communities. These have been categorized into economic, socio-cultural, political and health related factors

### **4.5.2 Economic Factors**

Poverty was singled out as the major barrier towards achievement of wellness. The respondents noted that poverty makes it impossible for people to acquire goods and services important to their well being. Other economic barriers cited included limited land for agriculture and animal rearing, unemployment, and poor infrastructure characterized by lack of adequate roads, markets for selling agricultural produce and animals, and the low prices of the products offered in the existing markets.

### **4.5.3 Socio- cultural factors**

The social factors cited included lack of education that made it difficult for people to be gainfully employed. Others were personal attitudes like laziness and practices like over drinking by men. The PLWAs cited stigma from some members of the community as being a hindrance to their wellness. There was still “branding” of PLWAs as they are seen seeking health care from Post test clubs or other centers mainly TASO and AIDS Information Centre (AIC). This shows the need for more information, education and communication (IEC) regarding HIV/AIDS

### **4.5.4 Political factors**

Among the political factors cited by the respondents was instability that had forced many people into internally displaced camps. This made it difficult for them to access basic services that would make it possible for them to lead a normal life. The absence of social services was also cited as a political factor. In

the rural areas it was reported that poor transport facilities made it difficult for people to access markets for their produce.

#### **4.5.5 Health Related Factors**

The FGD participants noted the prevalence of disease notably malaria and HIV/AIDS as the major barriers to achieving wellness. In addition, they noted the poor quality health care in public health facilities. People have to travel long distances in an attempt to access the health centers only to find that there are neither drugs nor friendly health workers. As a result, the utilization of such health centres remain low as most household members are not motivated to seek services there

### **4.6 Emerging Issues and Recommendations**

#### **4.6.1 Emerging issues**

- ❖ There is no clear distinction in views given by the various respondent categories indicating that the views on wellness are cross cutting
- ❖ Wellness is looked at in economic terms where financial capacity at household level determines ability to secure goods and services hence determining ones wellness
- ❖ Access to land for agriculture and animal rearing is seen as the major source of livelihood hence the major determinant of wellness
- ❖ Insecurity in the district has made people look at peaceful living as a major aspect of wellness.
- ❖ There is still widespread discrimination among PLWAs characterized by “branding” PLWAs which culminates in stigma and isolation of PLWAs particularly those attending post-test clubs and TASO programmes

#### **4.6.2 Recommendations**

- ❖ In addressing wellness, there is need to incorporate an income generating component since many people look at wellness in economic terms
- ❖ There is need for people to be sensitized on other aspects of wellness other than the economic aspects
- ❖ There is need to develop a strong Information, education and communication (IEC) strategy to deal with community stigmatization and discrimination against PLWAs.

# ANNEX 1: Focus Group Discussion Guide

## FGD GUIDE FOR THE QUALITATIVE RESEARCH ON WELLNESS

### ENGLISH

*Warm-up and explanation*

*Introduction (by the moderator)*

*Welcome FGD participants and thank them for accepting to participate*

*Explain the objectives and purpose of the meeting and the program*

*Explain the ground rules for discussion, and the information we hope to obtain from this exercise*

*Questions, reaction and discussions*

*Conclusions and wrap up.*

#### **A. Exploration of “wellness” issues such as how it is defined by the target audience**

1. What are some of the main problems faced by people in this community? (*This is an ice breaker intending to create rapport before main questions*)
2. What do you think wellness is? What does it mean to be well? What would you think is a state of wellness or well-being? (*probe for psychosocial, physical wellbeing etc*) [This is meant to separate “wellness” from health]
3. What are the most important indicators of a person who is well?
4. What are the factors that make it easier for people to be well? (*Probe: social, cultural, economic, environmental in ranking order*)

#### **B. Identification of the beliefs, attitudes and knowledge the audiences have towards specific “wellness” related practices, products and services**

5. What are the things people like you do to maintain a state of wellness?
6. What are the benefits of wellness
7. What do people like you do to recover their state of wellness if they lose it, for some reason?
8. How do people regard those seeking to achieve wellness (*e.g Regular attendance of ANC, VCT, PNC, Immunisation, Income generation, girl child education*)
9. Why do people have the above attitudes towards seeking wellness?

#### **C. Identification of practices or services perceived as essential to wellness**

10. What does being well depend on? (*Probe: what a person does in everyday life, outside factors over which a person has little or no control*)

11. What available services are known to contribute to wellness (ranking of services by participants?)
12. How have these services contributed to your wellness (probe for social, cultural, economic contributions)

**D. Exploration of how much people value “wellness” and why**

13. Do you think you and others like you will appreciate a program explaining to people how to live well (in a state of wellbeing)? Why?
14. Do you think it would be more valuable to learn other things other than Wellness? If so, what are the things you would prefer to learn? (This aims at identifying other aspects valued by the people other than wellness)
15. What specific aspects of wellness do you think people are more interested in? Why
16. What do you think is the best way to promote wellness messages among people like you, i.e. your family, friends, and acquaintances

**E. Identification of the barriers towards “wellness”**

17. What are the factors that make it more difficult for people to be in a state of wellbeing? (*Probe: social, cultural, economic environmental*).
18. How can these difficulties be overcome?