

By Agnes Kyotalengerire

# Wife sharing fuelling new HIV infections in Ankole

Experts have raised concern that certain cultural practices in Ankole sub-region are fuelling new HIV infections, threatening gains made in the fight against HIV/AIDS over the past decades.

The HIV focal person for Kiruhura district, Sarah Namulima, identified several harmful practices. These include widow inheritance, locally known as “*okuhungura*,” where a widow is expected to be taken by a male relative of the deceased rather than someone from another clan. Another practice, “*okwarirana*,” involves sharing wives among kinsmen, where a host offers his wife to a visiting friend.

Namulima also highlighted forced marriage or kidnapping, referred to as “*okukiriza*,” where a man abducts a girl and keeps her for about a week until she is accepted as his wife. Additionally, she pointed to “*okureeba ente ahuzarugire*,” where fathers-in-law engage in sexual relations with their daughters-in-law, partly due to their role in paying dowry.

A resident, Molly Tumwine, recounted a personal experience following her sister's burial in Kashonge village, Kiruhura. She said relatives began asking which younger sister would replace the deceased in marriage. When they refused, elders accused them of undermining cultural norms and family unity.

Tumwine noted that despite increased education, such practices persist. She urged district and community leaders to intensify sensitisation efforts, warning that these customs continue to drive HIV transmission.

The bishop of North Ankole Diocese, Rt. Rev. Alfred Muhoozi, condemned the practices as sinful and pledged to incorporate HIV prevention messages into his pastoral work.

Dr Vincent Bagambe, the director of strategic information and planning at the Uganda AIDS Commission (UAC), said deeply rooted cultural norms require continuous engagement with community, civil and religious leaders to promote mindset change. He emphasised that such interventions can be implemented at a low cost using existing structures.

## PREVALENCE IN KIRUHURA

Kiruhura has the highest HIV prevalence in Ankole sub-region at 11.5%, significantly above the national average of



From left: Musoba, Senyonyi, Watiti and Bagambe during a visit at North Ankole Diocese head offices recently

## HIV BURDEN

Uganda continues to face a high number of new HIV infections, with 37,000 recorded in 2024. Young women aged 15-24 account for 78% of infections among adolescents, with four out of five newly infected young people being female.

Despite this, overall HIV prevalence has slightly declined from 5.1% in 2023 to 4.9% in 2024. AIDS-related deaths have also reduced significantly, from 54,000 in 2010 to 20,000 in 2024.

An estimated 1.5 million Ugandans are living with HIV, with about 1.3 million currently receiving antiretroviral therapy.

## PREVENTION STRATEGIES

Dr Stephen Watiti emphasised adherence to antiretroviral therapy as a key intervention. “The good thing is that technology is available. After you have tested and been found to have HIV, you should start taking your medicine immediately,” he said.

He added that consistent use of ARVs suppresses the virus to undetectable levels, preventing transmission.

The HIV focal person for Kiruhura district, Sarah Namulima, said Kiruhura is offering safe male circumcision, although services have been affected by the withdrawal of partners. Health officials are also promoting behavioural change, including reducing multiple sexual partnerships.

Mbarara city HIV focal person Dorcas Twinabaitu said the city plans to establish a multi-stakeholder committee to engage schools, workplaces and hotspots, including commercial sex workers, in HIV prevention dialogue.

Dr Nelson Musoba, the director general of Uganda AIDS Commission, said the Commission will leverage platforms such as religious institutions, universities, artists, comedians and social media influencers to drive behaviour change. “We need intensified social behaviour change, communication targeting young people and working with the personalities that appeal to the young people,” Musoba said.

He added that ending AIDS by 2030 requires collective responsibility beyond government institutions.

Dr Ruth Senyonyi, the board chairperson of Uganda AIDS Commission, called for bylaws and ordinances to address drivers of HIV transmission, alongside targeted sensitisation and increased condom distribution in hotspot areas. She also urged enforcement of child labour laws to protect underage girls from exploitation in bars.

4.9%, according to the 2025 national HIV estimates. This translates to about 10% of Uganda's total HIV burden.

## MBARARA CITY/DISTRICT

Mbarara city follows with a prevalence of 9.9%, while Mbarara district stands at 7.5%. Infection rates are particularly high among adolescents and young people, while many men in Mbarara district remain reluctant to

seek HIV services.

Mbarara city HIV focal person Dorcas Twinabaitu said HIV prevalence is especially high among sex workers, noting that one in two is infected. She identified hotspots including Kizungu, Ruti, Tatete, Kiyanja, Kakaba and Biafra.

Deputy town clerk Simon Ejua attributed the high prevalence to rapid urbanisation, which has led to increased nightlife and vulnerability among

young people. The growth of universities and colleges has further exposed young women to risk.

Mbarara district HIV focal person Rogers Arinaitwe said the district's position as a transit hub contributes to the high prevalence. “People from other districts come to Mbarara for HIV services. Once found to be HIV positive, their results add to the HIV prevalence of the district,” Arinaitwe said.

He added that many sex workers are based in Mbarara city, but seek treatment in facilities within the district.

## BUSHENYI DISTRICT

Bushenyi district has an HIV prevalence of 8%, with an estimated 18,172 people living with HIV, of whom 16,987 are on antiretroviral therapy. Nobert Gumisiriza, programme coordinator for the district HIV focal forum, linked the high rates to institutions of higher learning, which have seen rising infections among students.

Gumisiriza also cited hotspots such as Kizinda, Butare, Mashonga, Rwentuha, Ishaka and Akashanda, as well as Kabagarama market, where travellers frequently stop, increasing interaction with sex workers.

Other contributing factors include tea plantation workers, especially migrants in Kyamuhunga town council and the Bushenyi-Kasese highway leading to the DR Congo, where truck drivers often engage in risky sexual behaviour.

These concerns emerged during a five-day oversight visit by UAC officials led by board chairperson Can. Dr. Ruth Senyonyi and director general Dr Nelson Musoba. The delegation included commissioner Dr Stephen

Watiti and board members Deborah Kyazike, Dr. Sr. Mary Grace Akiror and Judith Namara.

Namulima also noted that domestic violence is widespread, with men often beating and raping women. This affects adherence to treatment, as some women hide medication or stop taking it altogether. In many cases, victims report physical assault to police but do not disclose rape.

## SEX TOURISM

Mbarara city is also experiencing an influx of young girls from Rwanda and Burundi, transported weekly by “buses to engage in commercial sex. Sources indicate that clients include not only local residents, but also men travelling from Kampala.

Twinabaitu acknowledged the trend and blamed men for sustaining the demand. “The men should stop giving audience/market to the young girls,” she said.

Assistant Resident City Commissioner Polly Karwire confirmed awareness of the influx of girls aged 14 to 25 and criticised older men who target university students for sexual relationships. He called for a multi-sectoral approach to reduce HIV infections and achieve the goal of ending AIDS by 2030.