

**THE CHALLENGES FACED BY CHILDREN AFFECTED OR INFECTED
WITH HIV/AIDS: A CASE STUDY OF KISWA HEALTH
CENTRE IV IN BUGOLOBI, NAKAWA
DIVISION, KAMPALA
DISTRICT**

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REQUIREMENT FOR THE AWARD OF THE
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UNIVERSITY**

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DECLARATION

I, Khakasa Sarah do declare that the work contained in this Report/Dissertation is my own original work and has never been presented to any University or institution for award of a degree.

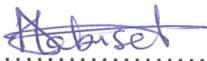
Signature. Sarah.....

Date. 08/09/2010.....

KHAKASA SARAH

APPROVAL

I certify that, Khakasa Sarah carried out research and wrote this dissertation under my supervision and has submitted for examination with approval as a University supervisor.

Signed.......... Date.....8/9/10.....

MRS. TALIGOOLA N. DEBORAH
SUPERVISOR

DEDICATION

This work is dedicated to my parents Mr. and Mrs. Patrick Mukholi, grand mum Miriam Katisi, Aunt Esther, sisters and brothers, and my friends that is Ronnie, Monica, Scola, Fina in appreciation for the great support and encouragement they offered unto me.

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ABSTRACT

The purpose of the study was to examine the challenges faced by children affected or infected with HIV/AIDS that's prevalence of HIV/AIDS, socio-economic and educational challenges faced by children in Uganda with a case study of Kiswa Health Centre IV.

The study was guided by the following objectives:

- *To establish the prevalence of children affected or infected by HIV/AIDS.*
- *To find out the socio-economic challenges which affected or infected children by HIV/AIDS face.*
- *To investigate the educational challenges faced by children affected or infected by HIV/AIDS.*

The study was carried out against the background that many people in and around Kiswa Health Centre IV complain of children being neglected by people or friends, they literal isolate themselves, dropout of school, work for people outside family for money to be used at home among other problems because of HIV/AIDS. The study employed across-sectional survey designed on Kiswa Health Centre IV children (infected or affected) and primary data were collected using qualitative methods which include interview and observation, quantitative data were collected using questionnaire method, secondary data were sought through documentary reviewed method from text books, different libraries such as KIU library and MUK library.

A sample size of (25) twenty-five respondents including staff and operative employees constituted the sample size.

The findings of the study revealed that: the prevalence of HIV/AIDS as mother to child transmission, use of Needles that have not been sterilized, blood transfusions where infected blood is used, sexual abuse and rape, and sexual activity and drug use for older children. The socio-economic challenges were revealed that children become family member income earner, doctors and nurses die, children find it difficult to gain care for childhood diseases, many children loose friends and parents to AIDS, children who have HIV/AIDS in their family are stigmatized and affected by discrimination, and fear among infected children; lastly educational challenges were revealed to be schools loose teachers to AIDS, lack of scholastic materials, school dropout due to financial problems, isolated by friends and teachers at school and poor performance among children affected or infected with HIV/AIDS.

The researcher from the above findings suggested that there should be training for those in the community who interact with HIV/AIDS affected families. The government should increase the provision of antiretroviral treatment or drugs to hospitals and persons living with HIV/AIDS and schools who loose teachers to AIDS should employ more than one teacher for a particular subject like math.

CHAPTER ONE

1.0 Introduction

This area of study contains the background of the study, statement of the problem, purpose of the study, objectives of the study, research questions, and scope of the study limitation and situations of the study.

1.1 Background of the Study

HIV stands for Human Immune Virus which causes AIDS that stands for Acquired Immune Difficiency Syndrome.

Over the past decade, a lot of effort has been put towards reducing the prevalence of HIV infection in the Ugandan population. Recent reports indicate that there has been some success since the HIV prevalence is deterring in some population groups in the country. On the other hand, the number of people living with AIDS is still increasing and the demand for health care and support services still remains very high.

While recent scientific efforts has resulted in a services of discoveries and advances in understanding and controlling the virus that causes AIDS, this progress has had limited impact on the majority of HIV infected people and population living in developing countries. The social and economic conditions that nurture the spread and be confronted as essential elements in local and global efforts to stem its spread and create effective solutions to halt the epidemic.

The current demographics of the epidemic illustrates that this is particularly true of the conditions of human life during childhood.

HIV has found a wealth of opportunities to thrive among tragic human conditions fueled by poverty abuse, violence, prejudice, and ignorance social and economic circumstances contribute to vulnerability of HIV

infection and intensify its impact. While HIV/AIDS generates and amplifies the very conditions that enable the epidemic to thrive.

Just as the virus deplete families and communities of the assets and social structures necessary for successful prevention and provision of care and treatment of persons living with HIV/AIDS. This is demonstrated by the estimated 30 million people living with the virus, as each infection produces consequences which affect the lives of the families, friends and communities surrounding an infected person. The overall impact of the epidemic encompasses effects on the lives of multiples of the millions of people living with HIV/AIDS or those who have died. Those most affected by HIV/AIDS are children.

Therefore this has affected children in that some children born of HIV/AIDS a mother may be innocently born infected, other children in the family with HIV/AIDS victims may be rejected by their friends. These children who are either infected or affected may find it difficult to cope at school and in the community something that affects their education attainments and performance in class. And when their parents die, their future may be uncertain because they find it difficult to continue with their studies. The researcher therefore had to examine the challenges faced by children infected or affected with HIV/AIDS.

1.2 Statement of the Problem

Although the government of Uganda has tried to invest funds to reduce child labour especially among children coming from HIV/AIDS families, the challenges that these affected or infected children face as a result of HIV/AIDS, socio-economic and educational challenges.

This was noticed during the study at Kiswa Health Centre IV Nakawa division, Kampala district and it explains as to why the researcher got interested in having a study on the “Challenges faced by children affected or infected with HIV/AIDS.”

A low level of education among children today is a complex phenomenon resulting from HIV/AIDS. Parents living with HIV/AIDS cannot afford school fees and infected children are being isolated by their friends and some teachers. So it affects their performance hence leading to low levels of education.

More so, children infected with HIV/AIDS are malnourished due to poor nutrition health and care offered to them. This is evident from the children who come for VCT with parents and those who come during clinic days to check on the files at Kiswa Health Centre IV under VCT unit/department for children.

Therefore it is from this that the researcher sought to conduct a study of the “Challenges faced by children affected or infected with HIV/AIDS.”

1.3 Purpose of the Study

The study aimed at examining the challenges faced by children affected or infected with HIV/AIDS in Uganda with a case study of Kiswa Health Centre IV.

1.4 Objectives of the Study

1.4.1 Specific Objectives

- To establish the prevalence of children affected or infected by HIV/AIDS.
- To find out socio-economic challenges which children affected or infected by HIV/AIDS.
- To investigate the educational challenges faced by children affected or infected by HIV/AIDS.

1.5 Research Questions

- What is the prevalence of children affected or infected by HIV/AIDS?
- What are the socio-economic challenges children affected or infected by HIV/AIDS?
- Identify the educational challenges faced by children affected or infected HIV/AIDS.

1.6 Hypothesis

- A low level of education among children is caused by HIV/AIDS.
- Child labour is accelerated by HIV/AIDS
- A high rate of school dropout is due to HIV/AIDS

1.7 Scope of the Study

Geographically, the study was conducted at Kiswa Health Centre IV that is found in Nakawa Division opposite shell petrol Bugolobi Kampala district. This was because there were many cases of HIV/AIDS among people and it had mainly affected children. The study was also carried out on a sample survey rather than full coverage of the population and the target population included children, parents, counselors, and health workers under VCT section mainly for children department.

The researcher looked at mainly the challenges children affected or infected by HIV/AIDS face, like socio-economic and educational challenges.

The study took a duration of three (3) months to write a proposal, two (2) months collecting data, interpreting and analyzing data and one (1) month writing, editing, printing and binding the report.

1.8 Significance of the Study

The study would help to raise children's awareness about their rights and how they can defend their rights.

The study will deserve high priority because it would enable the health workers and counselors in gathering information to be applied in the management tasks like allocation of resources.

More still, the study would be of importance to the Health Centre since it had to use it for planning and implementation of activities because they would be in position to know the status of children.

With the study, the health centre unit will also be informed on the challenges faced by children affected or infected with HIV/AIDS and they will also be able to know its dangers and how to reduce them.

The study will help the counselors and care takers of the children to learn how to handle or deal with children who are affected by the conditions of HIV/AIDS.

1.9 Limitation of the Study

The researcher was limited from exploring some heights of the study by the following constraints;

Financial constraints was a major problem since much of it was spent on transport, photocopying, printing and phone calls. Therefore in many cases the researcher had to borrow money from friends and other well wishers.

There was also a problem of hoarding of information. This was seen when at some points respondents were not willing to give out some

information. This was seen in this case of children many of them for example felt shy to reveal many aspects they do not know about the some and others completely declined to give information.

1.9.1 Solutions to Limitation of the Study

The researcher got financial support from her parents and relatives purposely for this research. She further avoided unnecessary trips but only made major trips to major areas where she thought she could get important information. This was aimed at maximizing cost.

For the case of hoarding information, the researcher made sure that she interviewed many respondents/a good number of respondents.

Similarly, with the issue of questionnaires, she sent/supplied several questionnaires to respondents so as to compare all the information or data for better results.

CHAPTER TWO

LITERATURE

2.0 Introduction

This chapter presents a review of related literature to the study. It also contains information published and written about HIV/AIDS by different scholars authors and others. The literature review will be reviewed basing on the prevalence of HIV/AIDS, socio-economic and educational challenges children affected or infected by HIV/AIDS face.

2.1 Prevalence of HIV/AIDS

Miriam Lyons in the impacts of HIV/AIDS on children, families, and communities. Risks and realities of childhood and young adults currently between the ages of 15 and 24 where born and grew up as to the first generation to experience childhood during the HIV/AIDS epidemic. Today it is among this same population of 15 – 24 years olds that new HIV infections are concentrated. According to the United Nations estimates, more than 50% of the 16,000 new infections which occur daily are within this age group.

An additional 10% of new infections occur among children under age 15. since the virus was first identified in 1981, more than 3 million children have been born HIV positive and the mothers of over 5 million children have died from AIDS. By the year 2010, it is predicted that as many as 40 million children in developing countries will have lost one or both parents to HIV/AIDS. In some countries this is equivalent to one in every 4 – 6 children.

The effects of HIV/AIDS on children who are orphaned or in families were parents are living with the virus, not only include these calculable loses,

but also the immeasurable effects of altered roles and relationships within families, clearly HIV infection has its greatest impact on the young.

Still Miriam Lyons says that although "Childhood" might differ from every human being and numerous interpretations of the concept exist; common to all is a period in the early years of human life marked by rapid growth and development. During the years of physical growth in which a child is also developing psychologically and in ways that define intellectual, social, spiritual and emotional characteristics.

The circumstances or conditions on which this growth takes place can limit or enhance development, physical and emotional well being and social intellectual development can be permanently limited for a person deprived of the opportunities and time during their childhood.

According to the United Nations expert Report on the impact of armed conflicts on children, prepared by Grasa Machel, more than half of the near 60 millions people displaced by war are children with millions more have been injured, disabled, orphaned, and died in armed conflicts. Children are used as soldiers and forced to kill, raped by soldiers or victimized and trafficked as commodities for sale in local and global sexual prostitution and pornography industries. Estimates are that at anytime, as many as one million children are involved in the commercial sexual exploitation arena everyday. (ESPAAT, would congress against commercial sexual exploitation of children).

Countless others are physically, sexually and psychologically abused in what should be the secured confines of their homes and neighborhood.

Therefore the role that children fill as poor, hungry, exploited and abused human being, increase their vulnerability to HIV infection. This can occur directly through those activities known to be associated with transmission or directly as occurs when earlier harm turns children

vulnerable adults. For example those will have a history of childhood, physical, or sexual abuse have also been found in adolescence or adulthood to be more likely than non-abused peers to engage in behaviors that places them at a high risk of HIV infection.

2.2 Socio – economic Challenges

2.2.1 Vulnerability to HIV infection and AIDS

Sheikh Ibrahim Niang et-al in impacts of HIV/AIDS on children in a low prevalence contexts, children are affected by HIV/AIDS in ways that can diminish their childhoods and as a result limits chances and opportunities for successful survival throughout their lives. Circumstances of an individual life and their social context in family and community during childhood can increase the probability they will one day be exposed to and infected by HIV children first.

HIV and AIDS are brutal escalators of the cruelties which children endure in today's world; the majority of people living in poverty are women and children. Three quarters of the 24,000 daily deaths (more than 8 million every year related to hunger are among those under the age of five (5). (The Hunger Project) born hundred and twenty million children between the ages of 5 and 14 work on conditions that are hazardous to health, growth and development (ILO).

UNICEF estimates suggests that 10 million children worldwide are homeless, spend most their time surviving on the streets, massive populations of families with children are displaced and often separated because of conflict and natural disasters.

According to Steve Berry, HIV and AIDS have held back development and economic growth in many of the world's poorest communities and have caused practical problems and emotional distress at large networks of

families, friends and neighbors for the children growing up in these uninfected and who have no family members that are infected. Thus HIV/AIDS is negatively affecting their lives.

More so, children are adversely affected by the impact that HIV/AIDS has on a country's essential services. One of the most important services that children need is health care. In areas heavily affected by AIDS, hospitals are often overwhelmed by large number of patients that they have to look after. In many cases these hospitals have lost staff to AIDS making it difficult for them to cope. Providing adequate care for sick children is made all the more difficult with health system heavily burdened by the HIV epidemic.

2.2.2 Child Abuse and Neglect

Riordan A (2005), the experience of the older children who have lost their homes or families to HIV/AIDS related illness and death is insufficiently documented.

However, in a world where millions of children, are neglected, exploited and abused everyday is reasonable to assume that these children can become easily prey to adults who are unconcerned with the child's interest. Some adults might take children into their households to serve an ulterior purposes. Children are easy to intimidate and control. Children can provide extra income or free labour and can be kept from school and given inferior feed and care.

Millions of children suffer neglect and physical and sexual abuses. In the absence of alternatives more and younger girls many early boys and girls trade abusive situation situations for the streets where life and survival are even more difficult. The risk of HIV infection rapidly increase as children are exposed to drug use and engage in unprotected sex (willingly or coerced), exacerbated by the increase susceptibility to infection by

bodies which are still in the process of physical, development and maturation.

2.2.3 Losses for Children that Last a Lifetime

The illness or deaths of parents or guardians because of HIV/AIDS can rob a child of the emotional and physical support that defines and sustains childhood, it leaves void where parents and guardians once provided love, protection, care and support. Since HIV is often (but by no means always) transmitted to sexual partners, children are more likely to lose both parents to HIV/AIDS.

Some one is needed to step into parental roles so that children can survive and develop into healthy and productive adults. Grand parents, aunts, uncles or other caring adults frequently assume responsibilities that enable children to remain in homes or take them into their own families and households. However, where the infection rate is high or harsh, social or economic condition exists, adults may be unable to assume the additional responsibilities of these families and children affected by HIV/AIDS.

Other barriers grew out of ignorance and social attitudes. Fear of discrimination leads to families keeping secret the knowledge of HIV infection and AIDS within the households rather than seeking help.

Others seek help but are rejected and abandoned even by family members when they reveal the nature of the illness, fear, discrimination, ignorance and social stigma associated with HIV/AIDS. In addition to overwhelming demands isolated with their grief and suffering while they watch parents and other loved ones die and their families languish.

UNAIDA (2009), "Repeat on the global AIDS epidemic", one of the harshest effects of the global AIDS epidemic is the number of orphans it

has created and continues to create. By the end of 2007, it is estimated that more than 15 million children had lost one or both of their parents as a result of AIDS, a significant increase on the estimated 8 million in 2001. Some AIDS orphans are adopted by grandparents or other extended family members but many are left without any support. Child headed households as a result of AIDS are commonly in since areas with elder children feeding their siblings and themselves.

2.2.4 Failing to Meet the Goals of a Childhood

Geovanic Andrea Carnia: in many families communities, the environment for healthy growth and well being has been devastated by HIV/AIDS. Instead of receiving special care and assistance, childhood is spent providing care and assistance, children become decision makers, responsible for the social and economic future of the family and fill these roles without the physical and emotional protection, guidance and support that as children deserve. They may act like adults, but it cannot be forgotten that these "Heads of households" are children. But children whose households has been impoverished by HIV/AIDS.

In such households, all children are affected. The care that older siblings can provide for younger children is likely to be inadequate because of the increased poverty of the households and lack of maturity and experience of caretakers, leading to poor health, hygiene, and nutrition, absence from school and developmental delays. The loss of material, emotional and developmental support from an adult exposes children to the distress which results from lack of affection, insecurity, fear, homelessness, grieve and despair. Thus it limits the possibility of a successful childhood which in turn affects the future as adults.

2.2.5 Vulnerability of Childhood

Even when adults intervene and take responsibility for children who are left without parents or guardians because of HIV/AIDS, it cannot always be assumed immaturity (while often to advantage) can also leave children powerless and defenceless. Precisely because they are children in most societies, children have no direct to own or control property nor to take responsibility for important decisions concerning their own future.

While the right to participate in such decisions is confirmed in the UN convention on the rights of the child, this is often ignored. As a result of sickness or death of parents or guardians, children are often made to leave the place that they have known as “home” and sometimes are separated from their closest remaining family members, their siblings or control over their property and decision making about their future life, separated from home, the vulnerabilities of childhood can take on new dimensions.

Since the need for care takers, infants and very young children is obvious and immediate as a matter of basic survival, they are taken into the homes of families members, placed with homes or larger institutions. However, the needs of older children (approximately 8 to 18 years of age) can be more easily under-served, over looked or under estimated, since the risks to their survival are less appropriate. Even good conditions where resources and caring adults are available, it is not easy for a child who has lost everything to recover and adjust.

2.3 Educational Challenges

Aids results in a poorer schooling system for the children that rely on them in some high prevalence countries teacher mortality and absenteeism has grown as a result of HIV/AIDS – permanent or temporary absence of just one teacher can affect the education of as

many as 100 children. In Switzerland, it is estimated that 7,000 new teachers will have to be trained by 2020 to compensate for AIDS deaths. As well as their general education being badly affected, children may face a higher risk of becoming infected with HIV/AIDS in the future because effective schooling can help children become more aware of HIV and give them the confidence to take responsibility for their sexual choices.

They care for parents and younger siblings who are sick dying from HIV/AIDS. They take charge of the care running of the home for younger children and engaging in income generating work in order to support the family. An many quit school and jeopardize their own health and developmental needs to take on roles as parents, nurse, and provider.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This area of study presents methodological part that include research design, sample size and selection technique used, area of study, study population, methods of data collection that is how they are used in the data collection process and why, data processing and how data was analyzed.

3.1 Research Design

The study was both descriptive and analytical on issues pertaining to HIV/AIDS in relation to child well being and living well with HIV/AIDS with a reference of Kiswa Health Centre.

Descriptively, it elaborates what HIV/AIDS is, the challenges of HIV/AIDS that's the prevalence of HIV/AIDS, socio-economic and educational challenges mainly to children. Here the study was carried out using a simple sample size of (25) twenty five respondents of which five (5) were staff, ten (10) were children, five (5) were parents and five (5) others.

Analytically, the purpose, objectives, and hypothesis of the study based on collecting data from the field using tools or instruments like interviews, questionnaires, observation and documentation method.

3.2 Area of Study

The study was carried out in Nakawa division, Kampala district at Kiswa Health Centre IV opposite shell petrol station Bugolobi. The people found in this area are of different tribes like Acholi, Buganda, Gishu, Basoga, Banyakole among others but at least most of them speak luganda.

3.3 Study Population

The study population comprised of the children living with or without HIV/AIDS, staff from Kiswa Health Centre IV that's health workers and counselors, parents/caretakers at the health centre and others who included cleaners, guards and people around Kiswa Health Centre.

3.4 Sample Size and Selection Technique

Sample Size

The researcher used 25 people or respondents out of 40 to collect data or information of which these involved 10 children, 5 staff, 5 parents/caretakers, and 5 others.

The above sample selection was done using random sampling from which the children were given a high chance since they were the main target population of the study. These can be illustrated or demonstrated in the table below.

3.4.2 Sample Framework

Category of Respondents	No. of Respondents	Percentage %
Children	10 (10/25 x 100)	40
Staff	5 (5/25 x 100)	20
Parents/caretakers	5 (5/25 x 100)	20
Others	5 (5/25 x 100)	20
Total	25	100

3.5 Methods of Data Collection

These were the tools the researcher used in data collection process and these were:

- Interviews
- Questionnaire

- Observation
- Documentation

3.5.1 Interview Method

This is where respondents were asked questions orally without writing down. Here structured and unstructured questions were used.

Structured interviews were having well set (structured) questions and some questions in the same format were used on all respondents. This was used of a checklist in conducting the interview and answers filled by the researcher after interviewing each respondent. This was done to save time and answers that were similar were not repeated.

Also unstructured (informal) questions were employed. This was, a spontaneous interview without any particular order to follow or to pre-set questions to respond to. The respondents determine the shape of the interview and the interviewer asked any question that came into mind according to the context of the study. This mainly helped the researcher to be more conversant with the study when writing the report.

Face to face interviews were employed because;

- Interviews saved time and money since they were done in areas the researcher was not well acquainted with and were done by the researcher herself.
- Interviews were flexible method since first hand information from the subject interest was obtained even non-literates responded.
- Through unstructured interviews, new ideas were initiated as respondents answered the questions and were used to enrich the study.

- Respondents' emotions, reactions, and passion towards the study were known and recorded. This helped the researcher in data analysis.

However, these shortcomings were met with interview method of data collection.

- Some staff members never wanted being informally interviewed, they preferred well set questions and interviews.
- Listening attentively and taking down notes were some how confusing as some respondents wanted to be asked non-stop to the end.

3.5.2 Questionnaire Method

These questions were set and distributed to respondents for answering/to answer. These questions required the researcher personal identification without revealing their names they were both open and close ended questions, which were brief and concise.

This method of data collection was also flexible and convenient because it encouraged openness and ensures confidentiality. Information could not be distorted.

3.5.3 Observation Method

This method was used as a supplement to the above methods. It required the researcher's physical involvement and presence of data collection process to get information from events through physical viewing, listing and recording down the data. This method was used because;

- There was need to reveal hidden information and false data from the respondents and helps to capture events as they are.
- It enabled the researcher to clarify some questions on the spot after understanding the respondents' emotions.

- Data got by this method was used to cross-check data given by other methods like questionnaire and it helped to clarify and elaborate them more.
- There was need to record the findings on spot to save time where it was not biasing.

However, observation method had these challenges to the researcher;

- Some important facts were forgotten this was fear of biasness by researcher from respondents.

3.5.4 Documentation Method

This is where data derived from written materials like books, Newspapers, Pamphlets, Reports among others. These were gotten from different libraries like KIU library, Makerere University library and others.

This method was used because of the following reasons:

- Data from this method acted as evidence to the researcher's assumptions (hypothesis).
- This method made the study more realistic and applicable as it got support from other renowned writers, authors, and publishers.
- People who could have developed bias in this study could refer to the documents from which this study got the references.

3.6 Data Processing and Data Analysis

Data Processing

Entailed editing and coding of data in that:

Editing was done to detect and eliminate errors from collected data and it was done carefully in order not to distort the message.

Here the researcher had to read through the collected data before submitting it to any other person or the public or before printing in order to correct mistakes and delete unnecessary information.

Coding was also done where by answers were classified according to questions into a meaning category so as to bring out their essential pattern. This is where the researcher had to make sure answers given are arranged in order according to the questions being answered by different respondents.

Data Analysis

This was done in that after editing and coding, data was tabulated to make a meaning out of the data in order to derive information to prove the stated hypothesis.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.0 Introductions

In this chapter, the results of the study are presented, analyzed and interpreted in the context of the purpose, objectives and research questions as formulated at the beginning of the study.

The following objectives guided the study;

- Prevalence of HIV/AIDS
- Socio-economic challenges children affected or infected by HIV/AIDS face.
- Educational challenges faced by children affected/infected by HIV/AIDS.

4.1 Prevalence of HIV/AIDS

From the field study, it was found out that the four groups of respondents that is the staff, children, parents and others gave the following as the prevalence of HIV/AIDS: mother to child transmission, use of needles that have not been sterilized, blood items, fusion where infected blood is used, sexual abuse and rape, sexual activity and drug use for older children.

Table 1: showing the prevalence of HIV/AIDS

Prevalence of HIV/AIDS	Respondents								Total	
	Children		Parents		staff		others			
	No	%	No	%	No	%	No	%	No	%
1	1	4	2	8	3	12	1	4	7	28
2	1	4	1	4	2	8	1	4	5	20
3	1	4	1	4	2	8	1	4	5	16
4	1	4	1	4	1	4	1	4	4	16
5	1	4	1	4	1	4	1	4	4	16
Total	5	20	6	24	9	36	5	20	25	100

Source: Field data 2010

Out of the 25 respondents who participated in the study, seven (7) respondents reported that mother to child transmission is a prevalence of HIV/AIDS of these. I was a child who was a girl, 2 were parents that is 1 male and 1 female. Three (3) were, Staff of which 2 were female and 1 male, and 1 from others who was a male.

Five (5) respondents reported use of needles that have not been sterilized as prevalence of HIV/AIDS among children. Of these 1 child responded and it was a boy, 2 staff that is male and 1 female, (1) was a parent who was a male and 1 was others and one was a female.

Five (5) respondents reported blood transfusion where infected blood is used. Of these I was a child and was a girl, 1 parent was female, 2 staff who both were male, and 1 from others who was a female.

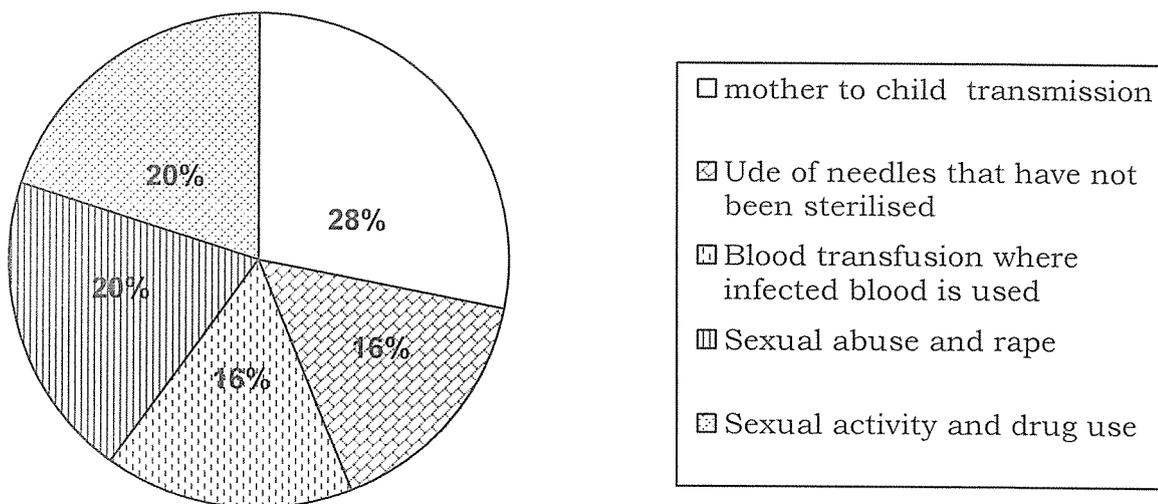
Four (4) respondents reported sexual abuse and rape as prevalence of HIV/AIDS. These participated equally where there was 1 child who was

a boy, 1 parent and was a male, 1 staff who was a female and 1 others. Making the ratio of 1:1:1:1 that is Child: parents: staff: others.

Lastly four (4) respondents reported sexual activity and drug abuse for older children as prevalence of HIV/AIDS. Of these 1 was a child and a girl, 1 was a parent who was a male, 1 staff and 1 was female, and one was from others who was female.

This can be presented in the figure below:

Figure 1: showing the prevalence of HIV/AIDS:



4.2 Socio-economic challenges

From the field study, the respondents reported the following as the socio-economic challenges children affected or infected with HIV/AIDS face:

- Children become family members' income earner
- Doctors and nurses dies, children find it difficult to gain care fore childhood diseases.
- Many children loose friends and parents to AIDS.

- They are stigmatized and affected by discrimination
- Fear among children infected

Table 2: Showing the socio-economic challenges children affected or infected with HIV/AIDS face

Socio-economic challenges	Respondents								Total	
	Children		Parents		staff		others		No	%
	No	%	No	%	No	%	No	%		
1	1	4	1	4	2	8	1	4	5	20
2	2	8	2	8	1	4	1	4	6	24
3	2	8	1	4	1	4	1	4	5	20
4	1	4	1	4	2	8	1	4	5	20
5	1	4	1	4	1	4	1	4	4	16
Total	7	28	6	24	9	36	5	20	25	100

Source: Field data 2010

Out of 25 respondents who participated in final study, five (5) respondents reported children become family members' income earner, of this I was a child who was a boy, 1 staff and was a female and 1 male, and 1 was others who was a female.

Six(6) respondents reported that Doctors and nurses die, children finds it difficult to gain care for childhood diseases, of these 2 were children that is 1 boy and 1 girl, I was a parent and was a female, 2 were staff of which 1 was female and 1 from others who was from others who was a male.

Five(5) respondents reported that many children loose friends and parents to AIDS as socio-economic challenges they face of the (2) were children that is 1 boy and 1 girl, 1 staff and was a female 1 was a

parent who was a male , and 1 was a male, and 1 others who was a female.

Four (4) respondents responded fear among infected children/ children infected with HIV/AIDS. These participated equally where there was 1 child and was a girl, 1 staff who a female, parent and was others who made a male.

Findings showed that socio-economic challenges faced by children affected or infected with HIV/AIDS are children become family members income earner, Doctors and nurses die, they find it difficult to gain care for childhood diseases, many children loose friends and parents to AIDS, they are stigmatized and affected by discrimination and fear among children infected with HIV/AIDS.

4.3 Educational challenges

From the field study, respondents reported the following as the educational challenges faced by children affected of infected with HIV/AIDS:

- Schools loose teachers to AIDS
- Lack of scholastic materials
- School drop out
- Isolated by friends and teachers at school
- Poor performance

Table 3: showing Educational challenges faced by children affected or infected with HIV/AIDS.

Respondents	Educational challenges										Total	
	A		B		C		D		E		No	%
	No	%	No	%	No	%	No	%	1	4		
Children	1	4	2	8	2	8	2	8	1	4	8	32
Staff	2	8	1	4	1	4	1	4	1	4	6	24
Parents	2	8	1	4	2	8	1	4	1	4	7	28
Others	1	4	1	4	1	4	0	0	1	4	4	16
Total	6	24	5	20	4	24	4	16	4	16	25	100

Source: Field data 2010

Out of the 25 respondents who participated, (6) reported schools loose teachers to AIDS, of these 1 was a child and was a girl, 2 were parents that is 1 female and 1 male, 2 were staff with the ratio of 1:1 that is male: female and 1 others who was a female.

(5) Reported lack of scholastic materials as educational challenges. Faced by children affected or infected by HIV/AIDS, of these 2 were children that is 1 boy and 1 girl, 1 was staff and was a male, 1 parent who was others who was a male.

(6) respondents reported school dropout as educational challenge of these 2 were children that is 1 girl and 1 boy, 1 was staff and was a female, 1 parent who was a male, and 1 others who was a female.

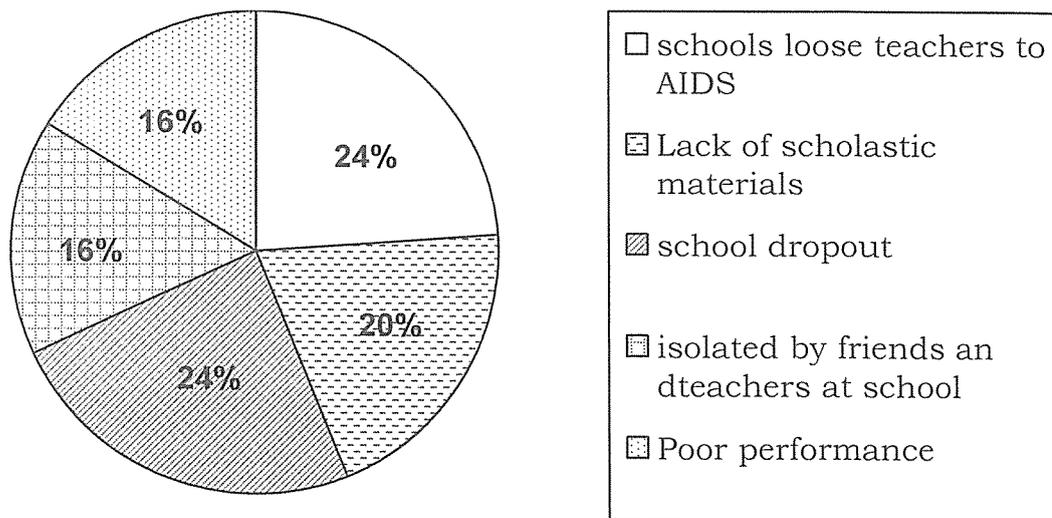
(4) reported isolated by friends and teachers at school, of these 2 were children and 1 boy and 1 girl, 1 staff who was a female and 1 parent who was a male.

(4) respondents reported that poor performance is educational challenge faced by children affected or infected built HIV/AIDS, these participated

equally where there was 1 child who was a boy, 1 staff who was a female, 1 parent and was a female and 1 others who was a male.

Findings showed the educational challenges faced by children affected or infected with HIV /AIDS as schools loose teachers to AIDS, lack of scholastic materials, school dropout, isolated by friends and teachers at school, and poor performance of 25 respondents who participated, 8 were children, were staff, 7 were parents and 4 were others. This can shown in the figure below:

Figure 2: Showing Educational challenges faced by children affected or infected with HIV/AIDS



Source: Field data 2010

CHAPTER FIVE
DISCUSSION, SUMMARY, CONCLUSION AND
SUGGESTION/RECOMMENDATION

5.1 Introduction

In this study of the challenges faced by children affected or infected with HIV/AIDS a case study of Kiswa Health Centre IV, aimed at examining the challenges children affected or infected with HIV/AIDS face in Uganda. The study was based on objectives such as to establish prevalence of children affected or infected with HIV/AIDS, to find out socio-economic challenges children affected or infected with HIV/AIDS face. To investigate the educational challenges faced by children affected or infected with HIV/AIDS. Here the researcher gives her suggestions/recommendations about the study and the general summary from the field study.

5.2 Summary of findings

The study examined the challenges children affected or infected with HIV/AIDS face. The researcher based on objectives like to establish prevalence of children affected or infected with HIV/AIDS, to find out the socio-economic challenges children affected or infected with HIV/AIDS face, and to investigate the educational challenges faced by children.

From these objectives the researcher formed the questions as what is the prevalence of HIV/AIDS, what are the socio-economic challenges, children affected or infected with HIV/AIDS face, and identify the educational challenges faced by children affected or infected with HIV/AIDS.

Findings of the study were got from the field basing on the research questions above and these where as prevalence of HIV/AIDS were as

follows: prevalence involved the wide spread of HIV/AIDS and it included:

Mother to child transmission, use of needles that have not been sterilized, blood transfusion where infected blood is used, sexual abuse and rape, sexual activity and drug use for older children. Making mother to child transmission as a major prevalence of HIV/AIDS.

The socio-economic challenges were children become family member's income earner, doctors and nurse die, they find it difficult to gain care for childhood diseases, many children loose friends and parents to AIDS. They are stigmatized and affected by discrimination, and fear among children infected with HIV/AIDS. Making doctors and nurses die, children find it difficult to gain care for childhood diseases as major socio-economic challenge.

Finally the educational challenges included schools loose teachers to AIDS, lack of scholastic materials, school dropout, isolated by friends and teachers at school and poor performance where schools loose teachers to AIDS and school dropout became the major educational challenges faced by children affected or infected with HIV/AIDS.

Therefore the findings were written in that manner for simplicity, matching the research questions and making recommendations/suggestions to the challenges faced by children affected or infected with HIV/AIDS.

5.3 Conclusions

The study examined the challenges faced by children affected or infected with HIV/AIDS that is prevalence of HIV/AIDS, socio-economic and educational challenges. The findings as mentioned in the summary above were agreed by other researchers after reviewing.

However factors that was unable to control was transport costs because the researcher had to still move or travel different places collecting data and meeting with other researchers in comparing and reviewing the collected data or findings.

In conclusion, therefore, the study was successful because it changed the lives of people (children) affected or infected with HIV/AIDS since the challenges were identified and advice or recommendations were given.

5.4 Recommendations/Suggestions

From the study that aimed at “Examining the challenges children affected or infected with HIV/AIDS face.” Case study of Kiswa Health Centre IV basing on objectives which were to establish prevalence of HIV/AIDS, find out socio-economic challenges faced by children affected or infected with HIV/AIDS.

The problems/challenges that these children have put forth are monumental but so the HIV epidemic which weaves through them all. This social context cannot be ignored or neglected in efforts to contain the virus if success is prevention, treatment and cure is ever going to reach the majority of the population of the world affected by HIV/AIDS than the elimination of conditions which nurture and strengthen individuals and communities and which provide obstacles to prevention and care must be zealously sought.

Prevention is usually easier than cure and recovery not only in matters of physical health but in all ways that affect the total well-being of persons opportunities that foster the well being of a person begin in the virus and depend on long term support must exist. Through out childhood only diminishing as the child approaches adulthood equipped with the

strength and skills for independence and self-sufficiency. The life long well-being of a person depends on opportunities for development of strength and skills during childhood.

Therefore the following should be done in order to control and prevent challenges faced by children affected or infected with HIV/AIDS.

Building on existing strength and human assets. Here the provision of sustainable conditions which will decrease the vulnerability of all people of HIV infection requires co-operative efforts on all levels of society to development of children. Children by necessity require continued support but they also possess enormous potential for growth and sustainability.

Successful approaches should be developed focusing on increase of the ability of families and communities of care for their children. Examples of such approaches are community support groups, for children and family members who are living with HIV/AIDS and for uninfected family members and affected others which can provide:

- Emotional support
- Forum where family members including children can discuss concerns and ask questions.
- Opportunities for sharing information about available services.
- Platform for speakers to discuss prevention, cure and treatment.
- Focus for educational activities
- And focus for material support and income generating projects.

There should be services and assistance offered to support families affected by HIV/AIDS in ways that enable them to stay together and maintain their homes such services can be offered by a combination of formal and informal services providers including government or privately supported agencies and these might include child care or day care, health and nutritional support, home health care providers and income

generating projects or direct financial support (living well with HIV/AIDS).

There should be training for those in the community who interact with HIV/AIDS affected families. This can allow more people to contribute to prevention and the provision of quality care, and to offer support to dying parents and their children in planning for the future. Such training can also reduce the fear and discrimination which result from misunderstanding and misinformation.

Peer education programmes should be conducted in various parts of the world involving children and adolescents in age appropriate peer education and education of others in design projects, create educational materials and educate through drama, and talks in schools and community meetings places, such approaches not only provide a mechanism for educating about HIV/AIDS. But also encourage confidence and self-esteem in those children and young people who are involved.

Efforts to remove and protect children and adolescents from high risk situations. Such programs or activities need not necessarily be focused primarily on HIV/AIDS but may include activities which children address their rights and diminish neglect and abuse, through contact with caring adults, access to education, protection, health care, and by fostering self-esteem and confidence. These could include alternative education, school drop out prevention, skills training for older children especially those out of school, peer drug counseling, education of children such as street children and child laborers.

There should be also school based prevention effort for youths to provide young people with the skills and support they need to keep from initiating risky behaviors and to adopt healthy ones.

Health education and risk reduction activities should be conducted including individuals, groups and community level programs to provide the skills and support necessary for reducing risks of HIV infections.

Schools that loose teachers to AIDS should make sure that they employ more than one teacher for a particular subject say math such that when one dies, the other will continue teaching to maintain the standard and performance of children and the school at large.

The government should increase in its provision of antiretroviral treatment drugs. This should be provided to HIV positive adults in order to work and live relatively a normal lives because it can allow those in position where children are still depending on them whether parents, nurses, doctors or teachers to fulfill their responsibilities.

The government under the ministry of Health should implement public information programs to ensure that knowledge and awareness of how to prevent HIV remain high among the entire public.

Lastly, there should be an HIV prevention technical assistance assessment and plan to ensure that programs keep pace with prevention technologies and an evaluation of major program activities, intervention and services to ensure efforts of prevention are effective.

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APPENDIX A

INTERVIEW SCHEDULED FOR KEY INFORMANTS

(Health Workers, Counselors and Parents).

RESEARCHER: KHAKASA SARAH

TOPIC: The challenges faced by children affected or infected with HIV/AIDS (A case study Kiswa Health Centre)

PURPOSE OF THE STUDY: To examine the challenges faced by children affected or infected by HIV/AIDS.

I am a third year student of Kampala International University pursuing a degree in Bachelors of Guidance and Counseling. The results of this study are meant for academic purpose and will be confidentially treated.

Instructions: Be precise and concise when answering these questions.

1. Marital status

(i) Single (ii) Married (iii) Divorced

(v) Other

2. Age

(i) 25 – 31 (ii) 31 – 40 (iii) 41 – 45

(v) 45 and above

3. Working experience

(i) 1 year (ii) 2 – 3 years

(iii) 3 – 5 years (iv) 5 and above

4. Number of children you have

(i) One (ii) Two (iii) Three

(iv) Four (v) Five and above

5. Number of wives you have

(i) One (ii) Two (iii) Three

(v) Four (v) Four and above

6. In case of monogamy, do you have any other lover?

Yes No

7. What is HIV?

.....
.....

8. What do you know about AIDS?

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.....
.....

9. Is HIV/AIDS a common problem in your area /community?

(i) Yes (ii) No

(iii) Not very common

10. If yes, why?

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.....
.....

11. How is HIV/AIDS spread from one person to another?

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.....
.....

12. Can unborn babies get infected with HIV/AIDS?

Yes No

I don't know

13. If yes, how?

.....
.....
.....

14. How do HIV patients behave in a community/society?

.....
.....

15. How does the community handle these people (HIV/AIDS posture)?

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.....

16. How is HIV/AIDS a leading/contributing factor to poverty?

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.....

17. In which ways has HIV/AIDS affected the economy of your community/area?

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.....

18. How are children from families with HIV/AIDS victims affected/ behave?

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.....

19. What effects do HIV/AIDS epidemic has on academic performance of the children affected or infected by it?

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.....

20. What strategies is the health centre administration putting in place to curb the challenges of HIV/AIDS?

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21. What role has the different institutions such as churches and NGOs put in place to combat the challenges got from HIV/AIDS?

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22. What has the government done in controlling and preventing HIV/AIDS?

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23. What recommendations can you suggest to solve the problems resulting from HIV/AIDS?

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APPENDIC B
QUESTIONNAIRE FOR CHILDREN

I am a third year student of Kampala International University pursuing a Bachelors degree in Guidance and Counseling. The results of this study are meant for academic purpose and will be confidentially treated.

The title of this study is the challenges faced by children affected or infected by HIV/AIDS taking Kiswa Health Centre IV as a case study. Its purpose is to examine the challenges faced by children infected or affected by AIDS in Uganda.

You are kindly asked to answer these questions honestly for the success of this study. The information given will be treated confidentially and the results will be meant for academic purpose.

Instruction: Answer the following questions as requested in each section.

SECTION A

(PERSONAL IDENTIFICATION)

[Please Tick to the correct answers in the box provided]

1. What is your Gender?

a) Male b) Female

2. What is your marital status?

a) Single b) Married c) Divorced

3. What is your educational status?

a) Primary b) Secondary

c) Post secondary d) None

4. How old are you?

a) 5 – 10 years b) 15 – 20

c) 20 – 25

5. What family do you come from?

a) Single parental family

(i) Headed by mother

(ii) Headed by father

b) Headed by friend

c) Headed by relative

d) Any other specify

SECTION B

6. What do you understand by HIV/AIDS?

.....
.....
.....

7. Have you ever heard about HIV/AIDS?

Yes No

8. What was the source of information?

i) School ii) Community

iii) Family member

9. How do you think one gets the virus (HIV/AIDS)?

i) Sexual Intercourse ii) Sharp instruments

iii) Needles in the hospital v) I don't know

10. Are all your parents alive?

Yes No

11. If no, did they die of HIV/AIDS

Yes No

12. How has this death affected your life?

.....
.....
.....

13. What is your level of education?

a) Lower primary b) Upper primary

c) Middle secondary d) Secondary level

14. What was your position in class last term?

i) Between 1 – 10 ii) Between 10 - 20

iii) Between 20 – 30 v) 40 and above

15. Do you have siblings aged (5 – 12) years not going to school?

Yes No

16. If yes, have they ever gone to school

Yes No

17. When back home, what kind of work do you do?

.....
.....

18. Do you work for any members outside your family?

Yes No

19. Have you ever experienced any of the following

- i) Defilement
- ii) Neglect
- iii) Dumping
- iv) Rape
- v) Beating
- vi) Kidnap
- vii) None

20. Are cases of defilement common in your community?

Yes No

21. What has your school and community done to prevent and control problems resulting from HIV/AIDS?

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.....
.....

22. What role should parents/guardians play in solving problems/challenges resulting from HIV/AIDS?

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23. In what ways do you think the institution like Non Government Organizations (NGOs) help people who are affected or infected by HIV/AIDS?

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.....

24. What are your suggestions that can be adapted to solve the challenges/problems of HIV/AIDS in the society/community?

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.....
.....

APPENDIX C
QUESTIONNAIRE FOR STAFF (HEALTH WORKERS AND
COUNSELOR), AND PARENTS/CARE TAKERS.

I am a third year student of Kampala International University pursuing a Bachelors degree in Guidance and Counseling. The results of this study are meant for academic purpose and will be confidentially treated.

The title of this study is the challenges faced by children affected or infected by HIV/AIDS taking Kiswa Health Centre IV as a case study. Its purpose is to examine the challenges faced by children infected or affected by AIDS in Uganda.

You are kindly asked to answer these questions honestly for the success of this study. The information given will be treated confidentially and the results will be meant for academic purposes.

Instructions: Answer the following questions as requested in each section.

SECTION A

1. What is your Gender?

a) Male b) Female

2. What is your marital status?

a) Single b) Married c) Divorced

d) Widow/widower

3. What is your religion?

.....
.....

4. What is your working experience?

(i) 1 year (ii) 2 – 3 years

(iii) 3 – 5 years (iv) 5 and above

5. How many children do you have?

(i) One (ii) Two (iii) Three

(iv) Four (v) Five and above

SECTION B

6. What does the term HIV mean?

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.....
.....

7. Differentiate HIV and AIDS.

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.....

14. In your own opinion, do you think children whose parents have died as a result of HIV/AIDS dropout of school?

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.....

15. How is HIV/AIDS a contributing factor to low levels of education among children?

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.....
.....

16. How do these children affected or infected with HIV/AIDS associate/cope with other children/people in your society?

.....
.....
.....

17. Do families with HIV/AIDS victims suffer financial problems or low income generation in all ways?

.....
.....
.....

18. What have your health centre and community as a whole done to help children and people affected or infected by HIV/AIDS?

.....
.....
.....

19. What roles have the government done in controlling and preventing the challenges resulting from HIV/AIDS?

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.....
.....

20. What roles have the Non Government Organizations (NGOs) done in helping and supporting people (children) affected or infected with HIV/AIDS?

.....
.....
.....

21. What are your recommendations on the challenges/problems that arise as a result of HIV/AIDS?

.....
.....
.....

A MAP SHOWING DIRECTIONS OF KISWA HEALTH CENTRE

