THE SOCIO-ECONOMIC IMPACTS OF HIV/AIDS ON YOUTH LIVELIHOOD IN UGANDA: ACASE STUDY OF MAKINDYE DIVISION

BY

MUHUMUZA DAVID MBANGYA

BDS/14131/133/DU

A RESAERCH REPORT SUBMITTED TO THE COLLEGE OF HUMANITIES AND SOCIAL SCIENCES AS PARTIAL

FULFILMENT OF THE REQUIREMENT

FOR THE AWARD OF BACHELORS

DEGREE IN DEVELOPMENT

STUDIES OF KAMPALA

INTERNATIONAL

UNIVERSITY

MAY 2015

Declaration

I Muhumuza David Mbangya, declare that the content of this report is of my original work and has never been submitted or produced for any academic award in any University or institution of higher learning for any academic award.

Signature .....

Muhumuza David Mbangya

BDS/14131/133/DU

Date.....

APPROVAL

This research has been done under my supervision and submitted with my approval to the college of humanities and social sciences of Kampala International University.

Signature .....

Mr. Asiimwe David

(Supervisor)

Date .....

Dedication

I dedicate this research report to my family especially my parents Mr. and Mrs. Mbangya Clovis, my sisters Mrs Tumwesigye Sylvia, Miss Kabahuma Clere, Miss Kobusinge Margret, and my brothers Mr. Alinda Joshua, Mr. Aliganyira Maurice, Mr. Tusiime Laurence who supported me in all ways especially in terms of finance and the good advice and guidance they rendered to me while carrying out my research and during my Academic struggle. I dedicate it to my little sons Mwesigwa Daniel Calvin and Agonza Ryan.

Acknowledgements

Heartfelt appreciation goes to Mr. Asiimwe David who sacrificed his time to mark and supervise this work towards its final approval.

My special thanks go to my dearest Mum and Dad Mr. and Mrs. Mbangya Clovis who gave me all the support and requirements I needed to do my research.

With utmost spirit of gratitude, I would like to express special thanks to my lovely Sister Mrs. Tumwesigye Sylvia and the family for the financial and moral support and guidance she gave me during my academic struggle. God bless you my dearest sister

Not forgetting my best friend Atuhaire Christine and all my friends and relatives for they have been besides me in times of need. Thank you very much my friends.

I would also like to acknowledge the support of the respondents who didn't let me down and made me successful during the interview sessions especially the selected youth.

TABLE OF CONTENTS

APPENDICES

OPERATION DEFINITIONS

For the purpose of this study, the following definitions shall apply to terms/concepts

Aids - refers to Acquired Immune Deficiency Syndrome.

Acquired - means it's caught from some one

Immune – means it's related to body's defense system

Deficiency – means it's weakened and fails to do what it is supposed to do.

Syndrome – refers to a variety of different syndromes and illness.

Aids is caused by a virus called HIV (Human Immune Virus)

Human – means it's only found in people

Immune deficiency – means it weakens the body

Virus – refers to tiny germs

ARVs - Ante retrovirus

List of acronyms

HIV	–	Human Immune Deficiency Virus
AIDS	–	Acquired Immune Deficiency Syndrome
ARVS	–	Antiretroviral Drugs
MD	–	Makindye Division
NGOs	–	Non Government Organizations
STDs	–	Sexually Transmitted Diseases
TASO	–	The Aids Support Organization
ICOBI	–	Integrated Community Based Initiative
JCRC	–	Joint Clinical Research Center
KDNET	–	Kampala District Network of People Living With HIV/AIDS
FPAU	–	Family Planning Association of Uganda
PMTCT	-	Preventing Mother to child Transmission
VCT	-	Voluntary Counseling and Testing

List of Tables

Abstract

The main concern of the study was to investigate the socio-economic impact of HIV/AIDS among youth livelihood in Makindye division – Kampala district. It targeted both the HIV/AIDS infected and affected youth and youth leaders

The research talks about both the areas, the year Aids was known, the approximate number of people affected by the epidemic since it was known by different scholars. It show s the area of study in Kampala district where by a study of 80 people were selected and 10 interviewed.

The objectives of the study were to find out the socio-economic impact of HIV/AIDS, find out the efforts in place in addressing the challenges of HIV/AIDS impact on the youth and sensitize the public and promote positive attitudes towards the people with HIV/AIDS and their families.

The research was based on simple random sampling and instruments of data collection were the questionnaires, observation, interviews, data was analyzed by being edited and tabulated.

The study faced some limitations which include; poor attitudes of local people towards the research, respondents could not release the information, bias from the respondents, and lack of enough transport costs.

The researcher found out that there are problems faced by the youth with HIV which include; social discrimination (are isolated and discriminated in schools, workplace etc) stigmatization where by they looked at negatively experienced constant sickness when with out money to buy medicine, inadequate diet.

From the study, recommendations were made for example the youth should avoid involving themselves in sexual activities since HIV is mainly spread through sexual intercourse, recommend the government to educate people so that they can

be aware about Aids, recommend that education about Aids is one of the tools that should be used to attempt o combat the negative effects on human dignity.

From the study, conclusions were drawn that HIV is the main cause of increasing number of orphans in Uganda, job discrimination and stigmatization in societies today.

The researcher also came out with some of the causes of HIV/AIDS like having unprotected sex with an infected person, blood transfusion, from mother to child at birth and using unsterilized machines such as syringe, razor blades etc.

Also some measures were cited to solve the above causes like providing counseling services provide free and enough ARVS and sensitize people about HIV.

CHAPTER ONE

INTRODUCTION

The study was undertaken to investigate the socio-economic impacts of HIV/AIDS on the youth livelihood with Makindye division in Kampala district as a case study. Makindye is an administrative division of Kampala capital city located in southeastern corner of the city in the central part of Uganda.

1.0. Background of the study

HIV/AIDS is no longer the mysterious and invisible disease it was and there is information on the devastation it has caused in families and communities all over the world. Consequently, the focus has been turned to the impact of the epidemic and particularly the care for the infected population. There are currently over one million orphans in Uganda (Waldehanna et al. 2005) and this number continues to rise annually as the epidemic takes a toll on the population yet there is no clear information on the plight of these orphans in terms of giving care. It is unclear how these affects children to cope with the loss of parents, what channels exist to assist them, how the traditional extended family has coped with the challenge, and what the responses are at the community and family level on what appears to be a humanitarian crisis.

Reports have indicated that the poor and old relatives rather than the well-to-do care for many orphans (Saoke and Mutemi 1994). Within the poor households, orphans are resented for adding pressure onto already depleted family resources. As a result, they suffer differential treatment with regard to access to resources. Reports indicate that most orphans are deprived of education, parental care, nutrition, shelter, clothing, and the legal protection of their parents' property

(Orubuloye et al. 1995). However, in most of the developing countries especially in Africa, the lack of state- provided welfare services means that the orphans have to be taken care of by the extended family as well as the non-governmental institutions.

The HIV/AIDS epidemic has developed during a period of rapid globalization and growing polarization between rich and poor (Castells 1996, 1997, 1998). New forms of social exclusion associated with these global changes have reinforced pre-existing social inequalities and stigmatization of the poor, homeless, landless, and jobless. As a result, poverty increases vulnerability to HIV/AIDS, and HIV/AIDS exacerbates poverty (Parker, Easton, and Klein 2000).

AIDS is no doubt, one of the deadliest diseases of the modern age, and a major threat to global health. UNAIDS (quoted in NASCOP 1999) estimates that about 14 million people worldwide have already died of AIDS. Another 33.4 million are estimated to be infected. Sub-Saharan Africa bears the biggest brunt of HIV/AIDS scourge. Out of the world's total, 22 million HIV positive people are estimated to be living in Sub-Saharan Africa (NASCOP 1999, v).

HIV/AIDS infection is caused by a retrovirus, the Human Immune Virus (HIV) which was discovered in 1983. HIV results in immunological deficiencies that leave the host susceptible to opportunistic infections and cancers.

About 80% to 90% infected persons live for about 10year (Pantelea etal 1970). During this prolonged incubation period, clients have a gradual deterioration of the immune system and can transmit the virus to others. AIDS is the last stage of HIV infection continuum and may result from damage caused by HIV secondary cancer or opportunistic orgasms.

Acquired immune Deficiency syndrome (AIDS) is unique in human history in its rapid spread and the extent and depth of its effects. Since the first AIDS case was diagnosed in 1981, the world has struggled to cope with the extraordinary dimensions of this disease. Early efforts to mount an effective response were fragmented, and vastly under resourced. Few communities recognized the dangers ahead, and even fewer were able to provide an effective response. As of 2009, 28 years after AIDS was first diagnosed, approximately 33.3 million people (range: 31.4–35.3 million) are living with the human immunodeficiency virus (HIV) globally. In 2009, still about 1.8 million people died of AIDS related causes, similar to 1.9 million deaths due to AIDS in 2001.1 The HIV epidemic continues to grow worldwide, destroying people's lives and, in many cases, damaging the fabric of societies.(UNAIDS. 2010 Report on the global AIDS epidemic Geneva)

On the global situation, Aids has killed more than 25 million people since it was first identified in 1981. 31 million died in 2005 alone. The number of those infected rose from 37.5 million in 2003 to 40.3 million, the highest in the history of the epidemic of these, 25.8 million that is 64% are in the sub Saharan Africa an increase of almost a million over the 2003 figure, 4.9 million people were newly infected with HIV in 2005 and there are growing epidemics in eastern Europe, central Asia and East Asia highlighting the need to scale up interventions world wide. (The weekly observer, December 1-7 2005)

In 1982, the centre for Aids control in Atlanta USA decided that enough was about the Aids to provide a provisional case definition. AIDS was defined as the presence of reliably define disease which is due to other unknown diseases such as congenital disease, immune-suppressant drugs or cancer

The World Bank projects that life expectancy in sub Saharan Africa by 2020 will be 43years due to HIV/AIDS rather than 62years without Aids. Projections on excess death in the period of 1990- 2005 have been estimated at 122 million for

some of African countries, it is estimated that while the total population will not declaim, HIV could significantly reduce the rate of population growth by the year 2005. The dependency ratio change with about 500,000 orphans predicted in each of the countries in southern Africa.

Africa disproportionately bears the burden of the HIV/AIDS pandemic. Although only 11% of the world's population lives in Africa, roughly 67% of those living with HIV/AIDS are in Africa. (1,2) In Africa, there were 22.4 million people living with HIV and 1.9 million new HIV infections in 2008. An estimated 14 million children in Africa have been orphaned as a result of HIV/AIDS.(Facts about health in the African Region of WHO)

Africa disproportionately bears the burden of the HIV/AIDS pandemic. Although only 11% of the world's population lives in Africa, roughly 67% of those living with HIV/AIDS are in Africa. In Africa, there were 22.4 million people living with HIV and 1.9 million new HIV infections in 2008. An estimated 14 million children in Africa have been orphaned as a result of HIV/AIDS. (Facts about health in the African Region, WHO)

Recent researchers in Africa particularly that of (Hunter 1994) revealed that preventing HIV/AIDS observed behavior change involving over 4000 women in Nairobi found that most of the HIV sero-positive women were married and reported having had sex with only one partner in the past years. The study concluded that women are at a risk of the infection not because of their sexual behavior but that of their spouses/partners. Therefore changing sexual behavior for such women will not reduce their risk of HIV infection.

The Aids epidemic begun in Uganda during the mid 1970's on the shores of Lake Albert. "Slim" as it was first known there predominantly affected adults who gradually wasted a way and did not respond well if treated for common illness. It

was not until 1984 that slim was diagnosed as Aids, the final and fatal stage of infection with the human immune deficiency virus. In the decade since HIV was discovered and Aids diagnosed, the disease has spread to global proportions. The search for cure presents one of the greatest challenges to modern science, to many, Aids is a problem that affects an individual's health status and poses additional strains on national health care system. But as Uganda and other countries have come to realize, Aids is not solely a health issue and cannot be dealt with such rather the public epidemic will have far reaching impacts on the economic and social fabric of Uganda society.

In Uganda the first cases of Aids were reported in Rakai in 1982 and since then it has spread and is continuing to spread in most parts of Uganda. In Uganda today, people living with the virus are young people aged between 15-45 years and these are the most important resources for the future since they have along life span in future. This virus is largely affecting the productive age hence affecting the productivity, brings discrimination, orphanage and poverty (Pantelea etal 1970).

The very high rate of HIV infection experienced in Uganda during the 1980s and early 1990s created an urgent need for people to know their HIV status. The only option available to them was offered by the National Blood Transfusion Service, which carries out routine HIV tests on all the blood that is donated for transfusion purposes. Because the need for testing and counseling was great, a group of local NGOs such as The AIDS Support Organization (TASO), Uganda Red Cross, Nsambya Home Care, the National Blood Bank, the Uganda Virus Research Institute together with the Ministry of Health established the AIDS Information Centre in 1990 to provide HIV testing and counseling services with the knowledge and consent of the client involved.(UNAIDS/WHO Epidemiological Fact Sheets on HIV and AIDS, 2008)

According to the 2011 HIV indicator survey, HIV/Aids prevalence among sex workers is six times more than the prevalence among the general population.

Prof. Vinand Nantulya, the chairperson of the Uganda Aids Commission, said the prevalence of HIV among sex workers is between 27 and 30 per cent while commercial sex workers are responsible for more than 10 per cent of new infection every year. Whereas the national prevalence of HIV stands at 7.3 per cent, Kampala is at 7.1 per cent. Dr Daniel Okello, an official at KCCA said the findings will guide in planning interventions especially for the high risk groups.

In Uganda, HIV/AIDS has been approached as more than a health issue and in 1992 a Multi-sectoral AIDS Control Approach was adopted. In addition, the Uganda AIDS Commission, also founded in 1992, has helped develop a national HIV/AIDS policy. A variety of approaches to AIDS education have been employed, ranging from the promotion of condom use to 'abstinence only' programs.

To further Uganda's efforts in establishing a comprehensive HIV/AIDS program, in 2000 the MOH implemented birth practices and safe infant feeding counseling. According to the WHO, around 41,000 women received Preventing Mother to child Transmission (PMTCT) services in 2001. Uganda was the first country to open a Voluntary Counseling and Testing (VCT) clinic in Africa called AIDS Information Centre and pioneered the concept of voluntary HIV testing centers in Sub-Saharan Africa.

The Ugandan government through President Yoweri Museveni, has promoted this as a success story in the fight against HIV and AIDS arguing it has been the most effective national response to the pandemic in sub-Saharan Africa. Though equally there has in recent years been growing criticism that these claims are exaggerated, and that the HIV infection rate in Uganda is on the rise.

Despite the successful measurements in lace to curb the spread of HIV/AIDS, it's still a health and social problem in Uganda. The challenge is big threatening the existence of humanity. The infected youth and orphans need support to live despite the place and heavy burden to the relatives, it's a fact that house holds with persons succumbing to Aids face sever economic hardships, they have struggled hard to make ends meat.

In the 1990s there had been limited access to treatment in the form of anti-retroviral for those who are HIV positive. Through the combined effort of US PEPFAR, the Government of Uganda and international agencies (Clinton HIV/AIDS Initiative, the Global Fund, UNITAID) this has improved. The country's HIV-AIDS campaign focuses solely on prevention rather than cure, and that prevention is of questionable success.

The study conducted by the (Alliance of Mayors and Municipal Leaders) on HIV/Aids in Africa, NGOs and Kampala Capital City Authority, identified a total of 268 hot spots in the city. The study found that of the 2,148 female sex workers in Kampala, 787 of them are in Kawempe Division, 515 in Central, 492 in Rubaga, 347 in Makindye and 200 in Nakawa. Female sex workers, according to the report are concentrated in Kisenyi in Central Division, Industrial area and Kabalagala in Makindye, and in Kimombasa in Kawempe.

The study also indicates that there are 45 spots hosting male sexual workers and men who have sex with men. Out of the 253 men who confessed working as sexual workers, 106 are from Kawempe Division, 76 from central, 70 from Rubaga, 51 from Makindye and 18 in Nakawa. A total of 21 per cent of sex workers confessed to sleeping with married men, re-confirming the earlier studies that indicated that married men are the biggest clientele for sex workers.

The current numbers of causes and death related to Aids tell a grim story in numbers and human terms. Effects of the epidemic are most visible in areas such as Rakai and Masaka which have been affected by the epidemic effects and are not becoming evident in increasing agricultural productions associated with decreased agricultural exports and less foreign exchange (Amstrong and Hinsworth 1999).

Aids has no respect on boundaries whether educated or rich, it may render previously rich family into poverty and dependency. Actually a house hold with a member with Aids bears the economic cost of health and medical care but also the less measurable cost of family member's time for caring including less time of working in the field. This may cause the family to sell off the assets like land, animals to take care for a family ill member, the burial costs or support for the house hold after the death (Hubley the Aids hand book 1990)

1.1. Problem Statement

The AIDS problem has cut across various parts world all over and in the societies and communities since it existed in Uganda in 1981. Its has caused massive suffering in various age groups of people that are young, adult, poor, the rich of all sexes.

There is no doubt that AIDS has ceased to be regarded as the mysterious and invisible epidemic. By any account, nearly everyone must have shared the suffering of witnessing dying relatives, neighbours, work-mates or acquaintances. All sectors in Uganda have and still now disseminate the changes of the scourge but it is still spreading at the alarming rate

HIV/AIDS has resulted into disastrous socio-economic and physiological effect/impact. The young people are most vulnerable targeted group in the age group of 14-25 years and are the most affected in the sub Sahara Africa.

The impact is expected to increase as the project number of those living with HIV steadily increase especially in the very hard hit countries like Uganda that is if effective measures are not designed and seriously implemented..

However a question to ask is that to what extent has the increased spread of HIV/AIDS impacted the socio-economic livelihood of the youth.

This study therefore aims at examining the impact of HIV/AIDS on the youth livelihood

1.2. Purpose of the study

The research intends to asses, analyze, and find out, gather the socio-economic impacts of HIV/AIDS on youth livelihood in Makindye division - Kampala district of ages between 15- 35.

It also intends to gather information about the problems people affected with HIV face, their main cause and extent. This will help the researcher to suggest solutions to this scourge. In the research, the researcher tries to find out if there existed the socio-economic problems before Aids was known and their relations with HIV/AIDS. This will help policy makers and stake holders to design measures addressing and checking these threats on human survival.

1.3. General objectives

1. The overall objective of the study was to find out the socio-economic impacts of HIV/AIDS on the youth livelihood.

1.3.1. Specific objectives

To find out other forms of HIV/AIDS impact on the youth

To find out the efforts in place addressing the Aids imp

The impact of HIV/AIDS on the youth livelihood, their families and communities they live in.

To sensitize the public and promote positive attitudes towards people with HIV and their families

Act on the youth.

To find out possible solutions which are able to control?

1.4. Research Questions

What are the socio-economic impacts of HIV/AIDS on youth livelihood?

What measures can be taken to solve the HIV/AIDS problem

What are some of the causes of HIV/AIDS spread on youth livelihood

1.5. Scope of the Study

1.5.1. Conceptual scope

The study intends to find out /establish the social economic impacts of HIV/AIDS on youth livelihood in Kampala district. It will involve the youth within the age bracket of 12-25 since they are the most affected groups in terms of relationship and involve in several activities that expose people to the scourge.

1.5.2. Geographical scope

The research was carried out in Makindye division in Kampala district. Makindye is one of the five Administrative divisions in Kampala the capital city of Uganda; it's the biggest division among the five divisions. It is in the southeastern corner of the city and bordering Wakiso district to the south and west. The Easter boundary of the division is Murchison bay a part of Lake Victoria and Nakawa division lies

to the northeast of Makindye division, Kampala central division lies to the north and Lubaga Division lies to the northwest.

The headquarters of Makindye division are located and sits approximately 6 kilometers (3.7 m) by the road, southeast of Kampala's central business district.

1.5.3. Time scope

The research was carried out for a period of three month from January to march 2015

1.6. Population Study

The researcher intends to target or cover the youth leaving with and affected by HIV/AIDS and other households in Kampala district a case study of Makindye division. 80 respondents were reached /covered.

The respondents were identified using random sampling and ten youth leaders were interviewed

1.7. Significance of the Study

The researcher believes that the research findings will be essentially used in various departments and other relevant NGOs to design programs that will help the youth and other parts of the population to come out of difficulties brought about by Aids.

The researcher believes that the study will bring public awareness to the infected people who always have sex. It will provide information and data on social and economic problems faced by families affected by HIV/AIDS

The moral social and cultural sensitization will take place o population prone to HIV.

The research done will assist future researchers to establish the nature or form of problems encountered by families and their relation to HIV/AIDS.

It will contribute to understanding of the extent to which the youth have been affected socially and economically by youth today

The research will also provide up to date literature for academicians at KIU and higher institutions of learning as a basic for future research.

1.7. Conceptual Framework:

The socio- economic impacts of HIV/AIDS include stigmatization, social discrimination, Poor living conditions on the side of orphans, low production due to death of the caregivers and the bread winner and it's associated with socio-economic marginalization

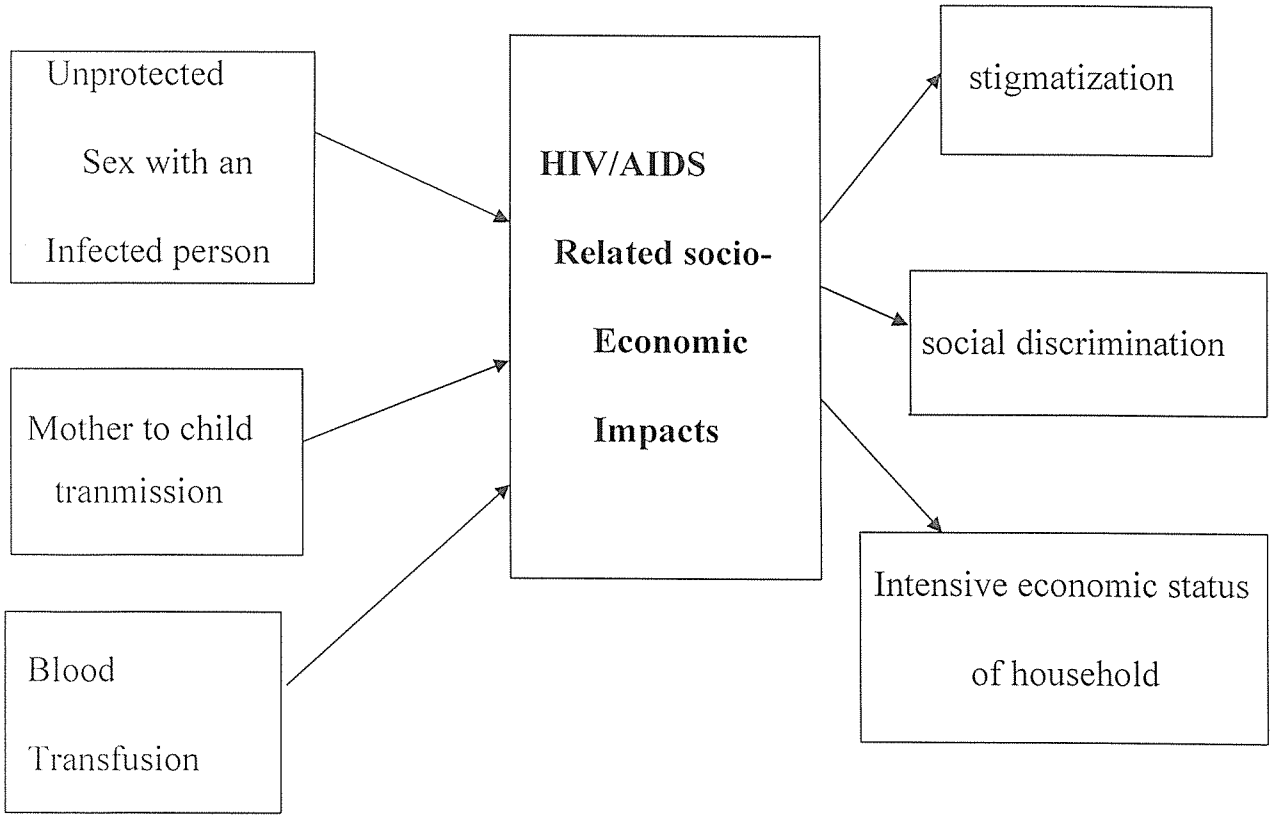

Figure 1. Conceptual framework of the study

The table above shows the relationship between HIA/AIDS and its impacts on youth livelihood. HIV/AIDS is associated with marginalized behaviors and groups, all individuals with HIV/AIDS are assumed to be from marginalized groups and some may be stigmatized in a way that they were not before. For example, in some settings, men may fear revealing their HIV status because it will be assumed that they are homosexual. Similarly, women may fear revealing their serostatus because they may be labeled as "promiscuous" or sex workers and stigmatized as such. HIV/AIDS exacerbates the stigmatization of individuals and groups who are already oppressed and marginalized which increases their vulnerability to HIV/AIDS, and which in turn causes them to be further stigmatized and marginalized

The success of the youth and children depends on the ability of the foster family or foster institution to adequately take over the role of parents. Parental roles are universally institutionalized and serve to prepare a child for participation in the other institutions of society. When these roles are not fulfilled, the child's normal development as well as his/her ability to play adult roles in future is negatively affected.

HIV/AIDS is a life-threatening illness that people are afraid of contracting. The various metaphors associated with AIDS have also contributed to the perception of HIV/AIDS as a disease that affects "others," especially those who are already stigmatized because of their sexual behavior, gender, race, or socio-economic status, and have enabled some people to deny that they personally could be at risk or affected (UNAIDS 2000; Malcolm et al. 1998; Daniel and Parker 1993).

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter reviews literature as an account of the knowledge and ideas that have been established by accredited scholars and experts in the field of study. It is guided by the objectives of the study outlined in chapter one.

2.1 Consensus among the HIV/AIDS Agencies

There is a strong consensus among the HIV/AIDS agencies and researchers stated that number of cases is grossly under reported. The actual number of respondents of persons with Aids got is probably five to seven times higher than reported cases. This is due to the lack of diagnostic facilities and cost of confirmatory testing (UAC, HIV/AIDS situation 1994)

Today there is virtually no one in the country who has been touched by the impact of HIV/AIDS epidemic in one way or the other" we have lost beloved ones, friends and relatives to the epidemic. (Uganda Catholic Secretarial Message for the Aids day 2002)

AIDS is, no doubt, one of the deadliest diseases of the modern age, and a major threat to global health. UNAIDS (quoted in NASCOP 1999) estimates that about 14 million people worldwide have already died of AIDS. Another 33.4 million are estimated to be infected. Sub-Saharan Africa bears the biggest brunt of HIV/AIDS scourge. Out of the world's total, 22 million HIV positive people are estimated to be living in Sub-Saharan Africa (NASCOP 1999, v).

According to Jitta, and Branton 1991, people are not sure of their services or their lives (status of HIV) or their future because of the Aids scourge. Women have a lot

of worries in their lives because of Aids and its impacts for example if their parents' die of Aids, the youth and their children will have social consequence. In Kigali, 11 wives of heads of state held a conference where they promised to advocate and support through intervention that will facilitate the adoption of safe sex practices and developing lives and skills that will help the youth to understand their sexuality to protect themselves from Aids (monitor Thursday the 24th may 2001).

In 1994, it was estimated that 1/10 of the population was infected with HIV and expected to die prematurely of Aids and related illnesses (Branton and Gimeno 1994) this was because Aids was a major health and social economic disaster.

Current statistics suggest that 50% of clinical AIDS cases are aged 15-29 with many of these having contracted the virus in their teens (STDs/AIDS control program 1999)

According to the STDS/AIDS control 1998, the inability to abstain from sex by unmarried young people is associated with grave and wide ranging consequences such as teenage pregnancies, induced abortions, HIV/AIDS and subsequent AIDS, higher maternal and infant mortality for young mothers, prostitution is a significant practice in Kampala city and 72.9% of the commercial sex workers being young women aged between 15-24.

Program personnel from various sectors in districts like Kalangala, Rakia were concerned about the human context of AIDS including vulnerable groups. They are also worried about the behavioral factors affecting transmission and support for persons and families affected by the disease. The groups that are identified as most susceptible to acquiring HIV/AIDS are women, girls and adolescents. Sexual practices in cultural norms articulate to high risk behaviors which make these girls particularly vulnerable.

Lutaya (1985) pointed out that "In Uganda's 50% of Aids victims are women". They get the virus through ignorance caused due to lack of education which is useful to the society, nation and ourselves.

He pointed out the painful experience "dreams will never come true, keep the virus to ourselves" Philly had the feelings of helplessness and loneliness.

In the view of how AIDS spread, (the health Kit 1992) discussed that AIDs through sex since sex is the most method of spreading through the world. In human transmission is by direct blood or seminal contract where virus cells of the immune system engulf bacterial and cell bodies. In the same way, the defense of the body against infection as slowly destroyed. Infected individuals may remain free from symptoms and how HIV antibodies only in the blood.

In the same view, (crystal 1995) highlighted individuals with a history of intravenous dread abuse, suffers from hemophilia who have received many transfusion of blood congulation factor prior to 1986. Persons who have had casual sexual relationships especially in sub Saharan Africa, San Francisco, New York and sexual partner and children. If a man is a carrier, his wife is likely to become infected economically. It is in this way that we can tell that sexual contact is the most important method of spreading aids virus throughout the world. If the blood is with aids virus in its transfusion, it will live in and infect the person getting the blood.

According to the US bureau of standards, 1.7 million children in Uganda have become orphans as a result of HIV/AIDS since the beginning of the epidemic.

HIV/AIDS has far reached the impact that ranges from social, economic and psychological (Kirt world and Fahrmann 2003) that it hinders many lives and future development.

Using UNAIDS' global estimates, there were approximately 1.8 million AIDS-related deaths in 2009. This is about a 5% decrease from 2005, partly attributable to the scaling-up of antiretroviral treatment services. Because of stigma attached to the human immune deficiency virus (HIV) and AIDS, deaths due to HIV may be reported as due to other causes, notably tuberculosis and pneumonia.

2.2 Economic Impact

Aids great effects are insecure on economic status of house hold intensively. The country keeps on borrowing from institutions like World Bank to buy medicine in order to save people's lives. These medical costs are high from the time of diagnosis until death. Costs in terms of costs from work until the time of death, people with Aids are in and outside the hospital and they are unable to work as time passes and many of them face financial problems because they are insecure enough to have enough savings to withstand many days in the hospital thus depending on the levels of care.

Aids has an impact on caring practices, caring capacity, household, food security and provision of basic services in households where the bread winner is affected by Aids, food security is affected due to decreased engagement in reproductive activities. (Monitor 2000 report, an article "Malnutrition in Uganda")

The increasing number of persons with symptomatic HIV infection (exhibiting symptoms) and AIDS and AIDS-related diseases have in many areas of the world dramatically increased the demand for care and treatment, putting extreme pressure on health services.

In Sudan, the cost of caring for an HIV-infected patient with tuberculosis was 50% higher than caring for an HIV-uninfected patient with tuberculosis. As the number of HIV-tuberculosis co-infections increase in the country, this cost difference likely will have a significant impact on tuberculosis control activities.

Not only are physically more vulnerable to infection with HIV, but also mothers, caregivers, and the economic man of the house hold will bear a great portion of the burden of the aids epidemic of non infected children born to HIV/AIDS positive mothers. 18% will be orphaned or will themselves die in the early childhood of causes. Aids respect no boundaries whether educated, poor or rich. It may render a previously rich family into dropouts with poverty and more dependants

Nearly 80% of these infected with HIV/AIDS fall under the economically productive and reproductive age of 15-45 years thus a great loss of bread winners and parents. (STDs/AIDS control program 1993)

Over 65% of the AIDS affected house holds are obliged to sell their property to pay for the care before the victims die making children drop out of school. (Monitor 14th may 2001)

Economic wealth in the form of gross national product could drop in some areas of the world by as much as 40% by 2020. Such losses could be economically significant if HIV continues to spread. This is due to the fact there are indirect costs which include; Absenteeism, Loss of productivity, the need to train and replace skilled workers, increasing benefits payments.

According to (the World Bank discussion paper 1995), Aids will affect the productivity of the labor force as a debilitating and recurring episodes of various HIV related illness impair productivity through reduced functional capacity. In the housed holds, other family members (including children) will re-allocate some of their time to care for the patient, potentially reducing over all house hold allocation. For productive activities in the home, school field or market. At the work place, other workers may be required to assume responsibilities of ill co-workers, in addition to mobility, the premature death of persons with Aids affects productivity by robbing economy of experience workers many of whom are

difficult and expensive to replace. The loss of women who are a key to production in both home, food preparation and child rising and also in agriculture will be particularly devastating because they are infected at critical ages that is when their children are young.

2.3. Social impacts

The epidemic currently does and will continue to affect the economic and social fabric of Uganda life at macro and micro levels, "Aids is a problem because we are leaving our future learned sons and daughters who would be leaders of tomorrow" (Masindi interview, equity and vulnerability 1994)

According to (Jitta 1991) it's said that people are not sure of themselves or their lives or future because of the Aids scourge. People have a lot of worries especially because of Aids and its sexual behavior but that of their spouse or partners die, the children will be abandoned hence leading to child headed families and an increase in number of street children. Uganda has been noticed as one with the highest rates of Aids cases per population in Africa and the world (2314per person per million by June 1993). HIV/AIDS is now one of the leading cases of death of youth in Uganda.

HIV/AIDs promote discrimination, stigmatization, and anger and school dropout and as a result orphans will not get good upbringing and support required for continuing with school.

The wellbeing of children affected with Aids depends on a great part on the capacity of the community that raises them. (Hunter and Williamson 1997) states that the first and most important responses to the problem of HIV/AIDS come from the affected children, families and community themselves. The effort of the government, NGO s and donor are significantly largely to the extent that they have children, families and community cope more easily with those children yet few

programs have focused on preparing and supporting willing guardians to take additional child care responsibilities.

Fear of AIDS lead to unwillingness to work alongside persons with HIV or allow children to come to school. This can be very stressful to the HIV antibody positive persons. Thus negative reaction is due to misconception about the transmission of HIV unfounded fear and then stigma attached to disease.

Aids epidemic is having devastating effect through out the entire society. Virtually all people young and old have been affected either directly or indirectly or through loss of family members, friends, relatives' teachers, colleagues and neighbors. The social and economic impact is already signified and will increase. (Master Plan Uganda and UNICEF 1995)

The finding suggests that the adolescents have peer that support the idea of abstaining from sex is likely to exhibit higher intensions to abstain than those peers are less supportive. (The prime timer, volume 2, Issue 1 August, September 2006)

The World Bank projects that life expectancy in sub Saharan Africa by 2020 will be 43years due to HIV/AIDS rather than 62years without Aids. Projections on excess death in the period of 1990- 2005 have been estimated at 122 million for some of African countries, it is estimated that while the total population will not declaim, HIV could significantly reduce the rate of population growth by the year 2005. The dependency ratio change with about 500,000 orphans predicted in each of the countries in southern Africa

Recent researchers in Africa particularly that of (Hunter 1994) revealed that preventing HIV/AIDS observed behavior change involving over 4000 women in Nairobi found that most of the HIV sero-positive women were married and reported having had sex with only one partner in the past years. The study concluded that women are at a risk of the infection not because of their sexual

behavior but that of their spouses/partners. Therefore changing sexual behavior for such women will not reduce their risk of HIV infection.

The Aids epidemic has changed the status of profile of families in Uganda and youth in particular. They are no longer the healthiest population category as can be seen from the accompanying figure which depends on the rate with which people in different age and sex group are affected with Aids. The elderly are lamenting that they are now burying the very people who under normal circumstances should have buried them.

Aids threatens people with social positions that make them access to a multiplicity of sexual partners or those in high status. In other wards it is inherent in our social structure that social positions carry them to access different desirable scarce resources including sexual partners. There are specific cultural practices that facilitate the transmission of HIV in particular areas once the virus has been introduced. Such circumstances like the male circumcision or rather than the lack of it sharing the wives by age mates or close relatives has been incriminated as facilitating HIV transmission in some parts of Africa. In urban areas, HIV has been explained in terms of loss of norms and morals governing pre marital sex luck of realistic negative sanctions against promiscuity.

In Ugandan data from the ministry of health and Aids information center shows that girls are 3-6 times more likely to be infected than boys among the age 15-19 years and most of the HIV/Aids case fall in the age of 18-35 years with the majority being women.

However, as the prevalence of HIV increase and the number of orphans grow, this system is being challenged. Although most experts do not believe that African family structure has collapsed the wait of Aids, there is no doubt that care givers are increasingly burdened. Some adults refuse to take in orphans while others

continue to have them in despite their own poverty. Advanced age or ill health cases of grandmother or uncles inheriting several orphans are common in place. Increasingly orphans find themselves heading a household or belonging to a house hold headed by an older sibling under the age of 18 or by elderly grand parents with no source of income.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter describes the procedures that were used in conducting the study. It presents the research design, study area, data collection methods, sampling techniques, data management and analysis among other important procedures necessary for gathering and analyzing information, data processing and limitations of the study

3.1. Research Design

The research is in form of the sample survey that is a sample of targeted population was selected to represent all the population in the study area and draw conclusion with the period of study.

The research follows a general survey research survey design in which the following variables were important interviewing, sampling and use of secondary data. Both female and male were studied.

Both qualitative methods of data collection and presentation were employed in that in quantities the text at which the youth are affected by HIV was shown.

Qualitative showed the communities, youth knowledge and experience with the epidemic of HIV, its related socio-economic problems and established their causes.

3.2. Area and population study.

3.2.1. Study area

The research was focused on Makindye division in Kampala district to find out the socio-economic impact of HIV/AIDS on youth livelihood. The area of study is both slums and suburbs centers.

3.2.2. Population study

The research was conducted using 80 respondents; the researcher employed a stratified sampling on the youth in the study area whereby some were students and other doing some small businesses.

3.3. Sampling techniques

3.3.1. Sample design

Random sampling, stratified and purposive sampling was used in a way that all targeted population of 80 people get an equal chance of being selected to fully represent the population.

3.3.2. Sample size

Sample size consists of 80 respondents of different categories, those living with HIV/AIDS (youth) and the uninfected ones. They were involved in answering questions provided to them in the questioners as ten youth leaders were interviewed.

3.4. Sources of data collection

Both primary and secondary data collection sources were mainly used in trying to get the data required

3.4.1. Primary data

Primary data was collected through direct interview with the target population in the study area as well as the responses from the self-administered questionnaires.

3.4.2. Secondary data

The researcher got used secondary data that was collected from written published books, magazines, newspapers, text books, operating reports, health institution reports, the global concern on HIV/AIDS and other written materials

3.5. Data collection methods.

Data collection was mainly carried out using four methods namely; questionnaire, interviewing, observation and interviewing. Structured interview techniques was mainly the basis of data collection as this aided the researcher in gathering adequate information and encouraged in depth analysis of financial management.

Questionnaire

The researcher used well selected questions to acquire information and these were more of closed ended questions and less opened questions were used as well. The questions were related to the topic, objectives and hypothesis of the study. Questions were printed on a paper and answers helped the researcher in analyzing the data during the follow up.

3.5.2 Interviewing

The researcher used interview method with the youth leaders whereby the face to face questions were administered. The researcher asked questions following the questionnaire that was approved by the researcher's supervisor.

3.5.3. Documentation

Here secondary data or sources were used to collect data on the socio-economic impact of HIV/AIDS among the youth. It involved use of the already existing data and records for example text books about Aids, newspapers research reports, clinical reports.

3.6. Data processing and analysis

3.6.1. Data analysis

The researcher used editing which involve the review of the data collected. Tabulation of frequency of each item, number of respondents and distribution of respondents was covered.

For safety purposes of data collected, the researcher stored the information both in hard and soft copies in safe locations as multiple copies would help in times of recovery if the information got misplaced .this helped the researcher to draw conclusions in relation to the variables of the study.

3.6.2. Data processing:

After data collection from the source, it was carefully reviewed and cleaned at the end of field of activity day. The researcher went through all pieces of work for any gap filling and correction that deemed necessary. The researcher also identified any other questions that were not answered in the field and make follow ups. For clarity purposes, the interviewer contacted respondents again if need be.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS, INTERPRETATION AND DISCUSSION

4.0 Introduction

In this chapter, the researcher presents the information gathered from the respondents. The study aims at examining the socio-economic impacts of HIV/AIDS on the youth livelihood. To achieve the above objectives, data was from different categories of respondents from the various departments in Makindye division Kampala district through questionnaires and interviews and analyzed using different age groups in the tables.

4.1. Gender of the respondents

From the research carried out, respondent's gender included both males and females. For the males it was 37 and females 43 and this totaled to 80 respondents in table 1 below.

Table 2 showing the respondent's gender

Variable/sex	No of respondents	Percentage
Male	37	46.25%
Female	43	53.75%
Total	**80**	**100%**

Source: primary data

The researches found out the majority of respondents were female who took a percentage of 53.75% and the male respondents were 37 out of 80 and took a percentage of 46.25%. This wide difference between male and female can be attributed to the fact that most respondents approached by the researcher were

found in their homes since majority of people who stay at home are women than men who are usually out of their home and women are the ones who take care of domestic affairs. This is in line with (Paul. H Etal 1995) who reported that ladies are obliged to take care of the house hold while the men are in the field working.

4.1. Data presentation

The research comprised of 80 correspondents in four age groups of 12-14-15-18-19-21-22-25. Within 12-14, the numbers of respondents within 15-18 were 25, within 19-21 they were 29, within 22-25 they were 11. A more detailed explanation is given in table 2 below.

Table 2. Showing the number of respondents.

Age bracket	**No of respondents**	**Percentage**
12-14	15	18.75%
15-18	25	31.25%
19-21	29	36.25%
22-25	11	13.75%
TOTAL	**80**	**100%**

Source: Primary data

As shown in the table two above, the age of respondents was grouped into four age groups of which the majority of the respondents who had 36.25% were aged between 19-21 years. This was followed by another age between 15-18 years which had 31.25 % the third category was of the age group of 12-14 years which had a percentage of 18.75%. The least one was of the age group of 22-25 years which had a percentage of 13.76%.

4.3 Respondents according to religions

The respondents with whom the researcher dealt with were Protestants, Catholics, and Muslims with in M.D.K as shown in the table below.

Table 3 showing the number of respondents of particular religion

Religion	No of respondents	Percentage
Protestants	33	41.25%
Catholics	32	40%
Moslems	15	18.75%
Total	**80**	**100%**

Source: primary data

Out of the 80 respondents from table 3 above, Protestants took the highest percentage of 41.25%, Catholics took the second with 40% and the Moslems had 18.75%

The researcher has found out that in the study area, there are many Protestants as they are the ones mostly involved in answering and filling the questionnaire followed by Catholics who are also second to Protestants.

4.4. Knowledge about Aids Organization:

From the research carried out, the researcher found out that there are people who have knowledge about some AIDS organizations and others don't know about some of those AIDS organization. This is presented in table 4 below.

Table 4 showing the number of respondents who have knowledge about some organizations working with Aids patients

Variables	No of respondents	Percentage
Knowledge facts about Aids organization		
Yes	67	83.75%
No	13	16.25
Total	80	100

Source: Primary source

From the above table, out of 80 respondents, 67 had knowledge about some organization working with Aids patients and have a percentage of (83.75%). only 13 respondents out of 80 did not have knowledge about Aids organizations and they are of (16.25%)

The respondents who did not know some of the Aids patients' organizations were found that they live in periphery areas which have never had any sensitization and awareness meetings about HIV/AIDS by the organization.

Those who had some knowledge mentioned the organizations they knew which include TASO, ICOBI, JCRC and the following are the services people get from these organizations.

They get medication from TASO which gives free ARVs to infected people and ICOBI which offers free blood testing to all the people who want to test and know their status.

They also receive counseling services mostly from JCRC and ICOBI

Also that some organizations provide clothing and food to infected people especially orphans and this is from JCRC in order to make them not feel isolated and worried.

Create awareness and provide sensitization among people in the villages.

4.5 Patient's Organization

From the research carried out in Makindye division, it was found out that there are people who belong to patients organization and there are others who belong no where as shown in the table 5 below

Table 5 showing the number of respondents who belong to any patients group or organization

Variables	No of respondents	Percentage
Yes	55	68.75
No	25	31.25
Total	80	100

Source: Primary data.

For the above table put of 80 respondents, 45 belong to any patients' group taking 68.75% and 25 respondents did not belong to any patients group having a percentage of 31.25%

The researcher found out that those who belong to the patient's organization are not necessarily the infected ones but they are both the affected and infected ones.

Those who belong no where said they fear to join, others said they don't mind about it and some said they fear to join because they see all the patients organizations for only the infected people with HIV/AIDS.

The respondents who belong to any patients group said they get some form of benefits from these organizations and they include the following.

They get moral support in that they are taught how to live in well coordinated manner. They are given counseling and guidance about how they can live positively, plan for their future and prevent infecting their partners or children. Encourage moral behaviors following Christian doctrine.

They also receive medication (health support) from these organizations in that they provide drugs such as Septrine, ARVS for the infected ones, treatment of any diseases like malaria syphilis etc.

Provide material to orphans like clothes, food (rice posho, powder milk, beans) and some other assistance done especially by Joint Clinical Research center.

Encourage them to avoid non health behaviors such as smoking and drinking alcohol.

4.6 Education level of the respondents.

Considering the education level of the respondents with in the study area, it ranges from those who have never gone to school to those who have attained University level, 5 have never gone to school, 20 had reached primary level,31 had reached secondary level and 15 University level as presented in the table six below.

Table 6 indicating the education level of the respondents.

Variable	No of respondents	Percentage
Never gone to school	5	6.25%
Primary	20	25%
Secondary	31	38.75%
Tertiary	9	11.25%

University	15	18.75%
Total	80	100%

Source: Primary data

Turning to the education levels of the respondents, only 38.75% of them had reached secondary, 25% primary level, 18.75% university, 11.28% Tertiary level, 6.25% had never gone to school. This show that the biggest percentage of the respondents had attained secondary level followed by the primary level then the university level followed by the tertiary and lastly those who have never gone to school. This indicates that most of the respondents in the study area have attained some basic education which helps them in many aspects of life including the Aids scourge.

4.6.1. For the youth who were interviewed by the researcher about why AIDS rate is high, they gave the following reasons which include the following:

Poor upbringing of the youth at family level, parents and guardians lack enough time for counseling them about the dangers of AIDS thus end up engaging in sexual relationships thus acquire Aids

Pornography influence for example television, films, news papers and internet. Youth are involved in watching and reading things which are above their level and in the end they start practicing what they see.

The illiterate and literate resist using condoms in that for them they say they feel uncomfortable when having sex with condoms.

They pointed out that the youth desire for material things especially money, clothes and end up going in for sex with victims of AIDS most especially girls and the process they acquire AIDS. Most of these fall under adolescence age where they

feel independent in making decisions and they can't take in parents and guardians advice seriously and can't stop themselves from engaging in sex related activities.

Too much desire for sex where by some like sex too much

High rate of rape and defilement among the youth. Girls are raped and defiled by the people whose status is not known.

Per influence where by some take a lot of alcohol looses their senses and they thus end up engaging in sex

Some want to taste whether they are sexually active.

4.7. How the respondents meet their medical expenses.

The respondents said they met their medical expenses as follows.

The majority said its largely by relatives

The infected ones said its by TASO and relatives.

For those who are working said, it's by their organization they are working in especially NGO's.

For the infected said they often go for medication weekly and for the affected say they go there when seriously sick.

4.7.1. How easy is it to the family to meet the medical expenses.

From the research, the respondents said the cost of their families to meet their medical expenses is not easy, some said it's difficult, others that it's very difficult but none said it's very easy. This is explained more in the table 7 below.

Table 7 showing how easy it is to family to meet medical expenses.

Level	No of respondents	Percentage
Easy	14	17.5%
Very easy	-	-
Difficult	28	35%
Very difficult	38	47.5%
Total	80	100%

Source: primary source

From the above table, 17.5%said it's easy for the family to meet the medical expense, 35% said it's difficult for their families, 47.5% said it's very difficult for the family to meet medical expense and none said its very easy.

4.7.2. Why it's difficult for the family to meet medical expenses

For those who said it's very difficult they gave the following reasons;

The medicine is too expensive for the relatives to buy

It's not easy to coordinate and convince relatives to meet these medical bills

Some said their relatives are not rich to meet the transport costs weekly to go for TASO treatment in Mulago.

Families incomes are too law

At times there is no one to provide money for treatment and this was given by orphans

The source of income is mainly informal activities which provides less for survival

Some of these people have reached an extent of selling off property to get money for medicine.

Some one said at times, the amount of money she gets monthly is too low than the medical expenses/bills

4.8. Causes of HIV/AIDS as given by the respondents.

Having unprotected sexual intercourse with an infected person

Using unsterilized piercing instruments like syringes, razorblades, knives and safety pins.

Transmitted from mother to child at the time of birth and breast feeding if the mother is infected

Blood transfusion with HIV infected blood

Failure to use condom when in sexual act

Getting in touch with a person's blood that is infected with the virus

4.9. Problems faced by the youth with HIV/AIDS

The respondents pointed out the following;

Social discrimination in that the infected ones are isolated from others who are not infected especially at school, workplace and even their families by their family members and in community they live in.

They are stigmatized in a way that they are looked at as useless and nothing by their age mates, friends, and people have a negative feeling towards them as immoral.

They are unable to get married or marry due to the fact the infected ones are rejected

They also experience constant sickness for example when their medicine is finished and have no one to provide.

Inadequate diets whereby the orphans find themselves without enough food to support the family because they don't have some one to provide. They also do not take food that is required to balance their diet.

They have lost their jobs due to the scourge hence becoming unemployed causing poverty.

4.9.1 They pointed out the following factors that cause the above problems.

Lack of social support whereby the infected youth do not socialize with people because of the being isolated. They do not socialize with their friends, teachers discriminate them in class.

Ignorance of people who think that they are the ones who contracted the disease willingly and therefore should not be talked about by any one.

Unemployment whereby they have no job / work to do and then be paid so that they can be able to buy medicine, food and pay school fees.

Loss of parents by some people. When their parents die leaving them at an early age, it becomes difficult for them to afford money for buying their drugs and adequate food, pay their fees and other bills like house rent etc.

4.10. Measures that can be taken to solve the problem of HIV/AIDS

The respondents gave out the following measures to be taken to solve the problem of HIV/AIDS

The HIV positive people should accept their status at which they are and parents, guardians should take care of them as normal people

The HIV/AIDS infected people should be provided with the counseling from different organizations and the movement should put up enough counseling centers.

Community members should show love to the victims of AIDS, people should not discriminate them, isolate and stigmatize them.

NGOs, government should provide free and enough ARVS for the infected people.

Government should set up policies protecting AIDS victim from being chased from work and paying their benefits

Provide income generating activities like poultry, piggery and other economic activities.

4.11 How the government has assisted/helped people infected with and affected by HIV/AIDS.

The respondents pointed out the following ideas about how the government has assisted people infected with and affected by HIV/AIDS.

By proving them with medicine (drugs) free health services. It has even reduced on the cost of ARVS so that every one can access the drugs cheaply. Even now they are getting them for free

Provides counseling and has even increased and extended counseling services to every government hospital a system that has encouraged people to live a safe life

Carrying out sensitization programs about AIDS at all levels.

Help in organizing mobilization programs about HIV/AIDS, community development

Helps the youth financially by giving them Entandikwa money and the youth fund to start small scale business to earn income for better standards of living

Provide social services like schools, free education, government health units.

Sensitization programs on using ABC strategy through radio programs, talk shows etc.

4.12. People who believe HIV/AIDS is a problem.

From the study carried out, some respondents said HIV/AIDS is a problem, others said no, they don't believe it's a problem. The yes variables are 62 and no variables were 18 and this is shown in table 8 below;

Table 8 below showing people who believe HIV is a problem

Variables	No of respondents	Percentage
Yes	62	77.5%
No	18	22.5%
Total	80	100

Source: primary source

Looking at the table above, 77.5 % believe that HIV/AIDS is a problem and 22.5% believe it's not a problem.

They give the following reasons as to why they believe HIV is a problem

Everyone fears it since it has got no cure

It has led to death of many youth who would be useful and productive for the future generation

AIDS has claimed many people's lives without considering any boundaries

It has killed people with potential which would be used in development projects like doctors, teachers and young children who would have a great impact in the future of the nation

People are loosing their mentors and orphans are increasing in numbers.

For those who are not infected, both losing their relatives or friends and thus leaving big number of orphans to be catered for.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONLUSIONS AND RECOMMENDATIONS

5.0 Introduction

The chapter gives a concise summary of major findings of the study, conclusion, policy recommendations and suggestions about the study in. These were based on the research's findings while others were drawn from the past studies.

The purpose of the study is to examine the socio-economic impacts of HIV/AIDS on the youth livelihood in Makindye division. The study is to examine the impacts of HIV/AIDS and the study ably achieved its objectives the researcher proudly summarizes as follows.

5.1 Summary of the findings.

From the research carried out in the area of study (Makindye division),it was mainly found out that HIV/AIDS is the majorly caused by unprotected sex with an infected person, from mother to child during the time of birth, failure to use condoms although other factors can also be taken part like using unsterilized instruments, blood transfusion etc.

Also the levels of illiteracy and ignorance can add on the major causes of HIV/AIDS. In relation to this, many youth have dropout from school at an early age due to lose of their sponsors/ parents who provide for their education. This is due to the fact that their parents die because of AIDS at an early age and they leave them with their relatives who eventually take their properties and leave them with nothing and helpless in their families.

Considering the effects of HIV/AIDS has on the youth, it's found that the effects are many and are mainly social and economic in nature and they include the following;

- School dropouts on the side of girls and also boys but to a small extent

- Poor living conditions on the side of orphans (inadequate diet)

- Social discrimination

- Stigmatization, loss of property on the youth who lost their parents and elders to their relatives.

All this is coupled with mistreatment by their relatives where they are being taken care of which brings psychological trauma to the youth mostly orphaned ones.

Its found out that when these youth are sick, their parents/guardians tend to take care of them and thus agricultural activities lag behind and lowers the income levels in the home and poor living standards in general.

5.2. Conclusion from the study findings

Fro the study findings, the researcher concluded that the AIDS pandemic which has been majorly caused by socio-economic, cultural factors in Uganda needs much attention because the death toll is rising time and again. Importantly emphasis should be put on addressing the plight of youth ladies because the disease has greatly affected females more than males.

Although Uganda has been praised having a success in the fight against AIDS still a lot needs to be done to bring the mortality rate at minimum figures.

Also the effect of the disease on the youth has been enormous. The number of orphans is ever increasing and NGOS working on orphans are simply treating the

symptom rather than the disease. There is therefore need to address the real problem if AIDS scourge is to be eliminated completely.

The researcher concludes that the victims face a number of problems. The victims are under mined by the HIV negative people. They are looked at as immoral and discriminated from the society.

5.3. Recommendations

Since HIV/AIDS is mainly spread through sexual intercourse, the researcher recommends that the youth should avoid involving themselves in sexual activities. If they can't avoid it, they should condoms or they should be faithful to their partners when they marry or abstain from sex.

The researcher recommends the government should educate people so that they can be aware about the AIDS since most victims are illiterate.

The researcher also recommends the government the government to put policies and measures like sensitizing people to live positively, accept their status and provide enough counseling to the HIV positive people in order to overcome the problems the HIV victims face.

The government should also address the problems of AIDS on both the positive and negative people by encouraging the use of condoms, provide free testing services among the youth to know their status, counseling them and setting up policies about the illegal sex practices to make the people aware of AIDS. This will minimize or reduce the spread of the infection.

The researcher also recommends that education about AIDS in one of the tools that should be used in order to attempt to control the negative effects on human dignity.

The researcher recommends the government and non-government organizations/institutions to set up strategies to reduce infection among health workers by educating all health care workers about the risk of HIV transmission. Should provide barrier methods to tradition and modern health care workers with direct exposure to blood.

The health departments should set up ways to reduce transmission by blood through reducing the use of transfusion and injections. Choose low risk donors, provide sterile needles and syringes. Still they should reduce prenatal transmission by testing and counseling HIV-infected women, reduce transmission by breast milk.

Areas for further research

Effects of HIV/AIDS among people's livelihood

Causes of HIV/AIDs and the possible solutions that can try to curb down the rampant spread of the disease

References

Douglas fountain (2006), Health and wholeness, student Work Book, Matovu Francis Unique Designs Ltd.

Dr. Patrick Dixon, (1990), The Truth about Aids, Revised International Edition (2nd edition) kings way publication limited pg49.

John.Hubley, Shanker Chowdhury, V.Chnadramouli, (1998). The Aids Handbook. A guide to the understanding of Aids and HIV. Academic press.

Stanhope Lancaster (2002), Foundation of community Health Nursing (Community Oriented Practice) Mosby Inc

UNAIDS/WHO Epidemiological Fact Sheets on HIV and AIDS, 2008

The monitor 14th may 2001.

Westercamp, N; Bailey, RC (2007). "Acceptability of male circumcision for prevention of HIV/AIDS in sub-Saharan Africa: A review". *AIDS and behavior*

Branton and Gimeno (1994), STDs/AIDS control program

The Weekly Observer, December 1st 2005.

Y.K. Museveni, First the president of Uganda at the Medical Institute for Sexual Health's "Common Ground: A Shared Vision for Health" Conference, Washington, D.C., June 17–19, 2004.

APPENDICES

APPENDIX I

QUESTIONNAIRE

Dear respondent,

I am MUHUMUZA DAVID MBANGYA, a student of Kampala International University carrying out an academic research on the SOCIO - ECONOMIC IMPACTS OF HIV AIDS ON THE YOUTH LIVELIHOOD, a case study of Makindye division Kampala District and you have been selected in the study and therefore you're requested to provide an appropriate information which will help me complete my research.

Kindly tick correctly where applicable

1. Respondent's number/contact.....

2. Name of the respondent.....

3. Sex

(a) Male ☐

(b) Female ☐

4. Age

(a) 12 – 19 ☐

(b) 20 – 25 ☐

5. What is your education status

(a) Primary ☐

(b) Secondary ☐

(c) Tertiary ☐

(d) Others ☐

6. What is your marital status

(a) Single ☐
(b) Married ☐
(c) Divorced ☐

7. What is your religion

(a) Moslem ☐
(b) Catholic ☐
(c) Protestant ☐
(d) Others ☐

8. What is your occupation

(a) Self – employed ☐
(b) Unemployed ☐
(c) Civil servant ☐
(d) Student ☐
(e) Others ☐

9. What is your source of income

(a) Subsistence farming ☐
(b) Business person ☐
(c) Shop keeper ☐

10. How many people do you stay with?.....

11. **Do you know anything about some organizations working with Aids patients?**

(a) No ☐
(b) Yes ☐

12. If yes, which organization?

(a) TASO ☐

(b) JCRC ☐
(c) ICOBI ☐
(d) OTHERS ☐

13. What services do you get from such organizations?

(a) Medication ☐
(b) Food ☐
(c) Clothing ☐
(d) Counseling ☐
(e) Money ☐

14. How do you meet your medical expenses?

(a) Organization ☐
(b) Relatives ☐
(c) TASO ☐
(d) Government ☐
(e) ICOBI ☐
(f) Others ☐

15. **How often do you go for medication**?

(a) Once ☐
(b) Weekly ☐
(c) Monthly ☐
(d) When seriously sick ☐

16. How far is the nearest health center from your home?

(a) 1km ☐
(b) 2.5km ☐
(c) 6km ☐

17. How easy is it to the family to meet these medical bills?

(a) Very easy ☐
(b) easy ☐
(c) very difficult ☐
(d) difficult ☐

18. **Do you belong to any patient's organization?**

(a) Yes ☐

(b) No ☐

19. What form of benefits does this group have for you?

(a) Finance ☐

(b) Moral support ☐

(c) Material support ☐

(d) Others ☐

20. What work do you do?

21. If not, when did you stop working.....

22. What do you think are the causes of HIV/AIDS?

23. Do you think social problems exist among the youth livelihood with HIV/AIDS?

(a) Yes

(b) No

24. What is the major problem faced by the youth with HIV/AIDS?

(a) Social discrimination ☐

(b) Inadequate diet ☐

(c) Constant sickness ☐

(d) Stigmatization ☐

25. What are the factors causing the problem?

(a) Unemployment ☐

(b) Ignorance ☐

(c) Loss of parents ☐

(d) Lack of social support ☐

26. How has the government assisted these people infected with HIV/AIDS?

27. Do you think HIV/AIDS is a problem affecting everyone in Uganda?

(a) Yes ☐

(b) No ☐

28. If yes, how?

Thank you very much