

**THE IMPACT OF POVERTY ON INCREASING RATES OF
HIV/AIDS AMONG YOUNG GIRLS AND WOMEN IN
KAMPALA**

A CASE STUDY OF KATANGA REGION

BARIGYE FELEX

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**A RESEARCH DISSERTATION SUBMITTED TO THE DEPARTMENT
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DECLARATION

I Barigye Felex, declare that this Dissertation is my original work and it has never been published or submitted to any University or Institution for the award of a degree in guidance and counselling.

NAME: BARIGYE FELEX

SIGNATURE:..........

DATE:.....11/10/2010.....

APPROVAL

I the undersigned have supervised this piece of work and I am satisfied that it merits an award of the degree of Bachelor of Guidance and Counseling of Kampala International University.

NAME: MR Dr Salami S.O.

SIGNATURE: 

DATE: 11/10/2010.

DEDICATION

This report is dedicated to my parents Mr & Mrs Mugisha Mybrothers Innocent, Rogers , young,Rolanda and My sisters Sight, Syira, Shilla and the entire family whose commitment and support to my education set me off and kept me going.

ACKNOWLEDGEMENT

First of all I will begin by expressing my sincere gratitude, to the almighty God has protected me since I began the Guidance and Counseling course and has enabled me do this piece of work.

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ABBREVIATIONS/ ACRONYMS

HIV:	Human immunodeficiency virus
AIDS:	Acquired Immune Deficiency Syndrome
ARVs:	Antiretroviral Drugs
ART:	Antiretroviral Therapy
ECPAT:	End Child Prostitution, Pornography and Trafficking
GOU:	Government of Uganda
FAL:	Functional Adult Literacy
IDP:	Internally Displaced Person
WB:	World Bank
UPE:	Universal Primary Education
UNICEF:	United Nations International Children's Emergency Fund
PEAP:	Poverty Eradication Action Plan
IGT:	Intergenerational Transmitted Poverty
MFPED:	Ministry of Finance Planning and Economic Development
PMA:	Plan for Modernization of Agriculture
UNDP:	United Nations Development Programme
TASO:	The AIDS Support Organization

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ABSTRACT

The study aimed at accessing the impact of poverty on increasing rates of HIV/AIDS among young girls and women of Katanga region , Kampala District.

The objectives of this research were to find out the causes of poverty in Katanga, to access the impact of poverty on increasing rates of HIV/AIDS among young girls and women and find out alternative ways to reduce poverty other than prostitution that has led to increment of HIV/AIDS among young girls and women.

The study consisted of 30 respondents whereby 15 were women, 10 were young girls and 5 were men. Data was collected using self-administered questionnaires and was analysed and processed using both qualitative and quantitative research methods. Tables were in data presentation and later explained as per the results from the field findings.

The study findings also revealed that the major cause of poverty in Katanga region is low levels of education. In line with the second objective of the study, the major impact of poverty on increasing rates of HIV/AIDS was prostitution and however respondents gave that the most effective prevention to poverty other than engagement in commercial sex that increases HIV/AIDS rates among young girls and women was starting up small scale businesses since the education levels were low.

The researcher therefore concluded that introducing adult learning, sensitization of people about importance of education and educational investment will be useful in reducing the low levels of education the major cause of poverty because though jobs were there people would not have the qualifications for them.

It was also recommended that young girls be counseled and sensitized on the dangers of prostitution. The Government should also fund through the “Bona Bagagawale” project which would help people of Katanga curb poverty that increases HIV/AIDS rates.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Poverty and HIV/AIDS are among the most serious problems humanity has faced in this century.

These have greatly affected most Ugandans leaving them in misery, World vision (2007). Poverty is a multidimensional and a very complicated character and many of its dimensions are often hidden. It is therefore a multi-secteral problem that calls for integrated and sectoral solutions according to the Ministry of Finance, Planning and Economic Development, (1999). It is perhaps the most fundamental social problem because the need to satisfy one's needs so that one have the to survive in the universe. Despite economic increase in world productivity by social and specific groups, poverty has prevailed over mankind up to date.

Although various income generating projects have been put in place by governments and NGO's still there is failure to avert the problem and hence millions of people world wide are still living in conditions of poverty especially in developing countries. For instance in 1995, more than one billion people were said to be living in extreme poverty with the over whelming majority being women. As recorded in the UNDP poverty report (2000), this situation hasn't changed. Instead, the numbers of resources is poor in the developing world since 1998 and is on rise. Uganda, ranked as the 159th out of the 175 poorest countries in the world, has 44%of her population living below poverty line and thus unable to meet their basic needs of food, shelter, clothing, health, education and transport. 48.2% of these poor live in rural areas with agriculture as their main economic activity. However, currently 155 countries were ranked and Uganda is positioned 150 as per the reports of the World Bank, (2008).

In Uganda poverty is defined by the poor as not only “a situation of perpetual need for the daily necessities of life but a feeling of powerlessness to influence the things around you”. Poverty therefore, is perceived as a complex, multidimensional phenomenon in

which the influencing factors are interlinked and often interdependent and include, amongst others, access to natural resources, human factors, financial assets, social capital and physical infrastructure. The interconnectedness of the causes and effects of poverty demonstrate the frustration poor people face in moving out of poverty as the many factors produce vicious cycle of poverty.

Poverty has therefore been defined differently by different scholars but the “catch word” for most definitions is lack of deprivation. Thomas and Anderson, (1995) suggest poverty as simply meaning the state of being poor which is defined as a harsh reality without affluent society. It is therefore the lack of enough income and resources to live adequately by community standards. Although people pursue of poverty as first, the lack of money, but it goes beyond lack of money to include other aspects of life. For instance people who live in slums, overcrowded homes and those who don’t have sufficient food staffs are by all standards poor.

Glewwe and Graag (1990) also defined poverty as an interlocking condition of assetlessness, under employment, low wages, illiteracy and proness to diseases such as HIV/AIDS and other sexually transmitted diseases. It causes suffering among many people as they try to devise means of survival. Poverty also produces feelings of frustration, loss of dignity and people may discriminate against the poor as Lutalo mellifluously sings in a Luganda melody “Batusosola” (2008). Despite the government’s efforts towards poverty eradication, it still remains a wide spread and serious problem that has led to increasing rates of HIV/AIDS.

On the other hand, AIDS is caused by HIV which is spread through blood, semen, vaginal secretions and breast milk. The most common modes of transmission is unprotected sexual intercourse with an HIV infected person and infected blood, organ transplants, use of contaminated needles, syringes or other skin piercing equipment, and mother to child transmission during pregnancy, birth or breast feeding as suggested by Lamptey (2006).

HIV is extremely fragile. It cannot survive for long outside the body's fluids or tissue and it cannot penetrate unbroken skin thus it is anaerobic, Biribwa (2005). HIV kills by weakening the body's immune system until it can no longer fight infection. Opportunistic infections are illnesses such as pneumonia, meningitis, cancer, tuberculosis or parasitic, viral and fungal infections that occur when the immune system is weakened. HIV generally progresses over a decade before developing into AIDS, but there is a long delay after infection before symptoms become evident.

The definition of AIDS has changed over the years as a result of an increasing appreciation of the wide spectrum of clinical manifestations of infections with HIV. Currently AIDS is defined as an illness characterized by one or more indicators of diseases. In absence of another cause of immune deficiency and without laboratory evidence of HIV infection, certain diseases when definitively diagnosed are indicative of AIDS.

HIV/AIDS has become a serious problem faced in Uganda in that it has called for every person's attention. It was first suspected in Uganda the last quarter of the 20th century. According to New Vision (2004), the first AIDS case in Uganda was identified in 1982 in Rakai District, on the western shores of Lake Victoria. Some of these people were fishermen and others were businessmen and women who were looking for means of survival due to poverty. Despite their earnings, some people got engaged in sexual activities. It should be noted that their incomes were still low and resorted to commercial sex so as to increase their income for survival but it is through this that people acquired HIV/AIDS. It was then known as "Silimu" because in the advanced stage of the disease the victim becomes extremely emaciated.

It is important to note that the first Ugandan to die of AIDS was Goldiano Kivumbi by then a resident of Magango village, Kyebe sub county in Rakai district. He died on one early morning in April 1982 Goldiano Kigada, son of the late Kivumbi (2007). "People died of a strange disease that left them without hair flesh over their bones" says Glazio Njagala, Kivumbi's nephew (2007).

However, the exact cause of AIDS at that time was not clear because no scientific explanation had been offered at the moment. Although some health workers attributed it to poor hygiene, other community members explained it in sociological terms or witchcraft, New Vision.(2004).

HIV/AIDS later became a problem of concern and it involved prominent personalities like the late Bishop Misseri Kawuma as well as the legendary musician Philly Lutaya who made significant contributions to HIV/AIDS awareness and prevention. Lutaya became the first Ugandan to declare publicly his HIV status in 1989. This was because people with AIDS were heavily stigmatized and discriminated against, even by close family members. Many were abandoned on the door steps of death, alone and frightened. Others were laid on banana leaves in the gardens till they died Sunday Monitor (2008) and Sunday Vision (2007).

It is estimated that 60% of adults infected in Africa are women and they are often infected at a much younger age. The spread of HIV/AIDS is rapidly increasing among young girls and women. In addition to biological reasons, this is caused by inequalities in information, education and empowerment. Economically, many are dependent on men and often they cannot control when and with whom and in what circumstances they have sex. Response must be gender sensitive. Specific strategies and interventions must address women's and girl's vulnerability and social impact on them. A recent study by the World Bank has found that the long term effects of HIV/AIDS could result in economic collapse of the worst affected countries, UNAIDS epidemics update, (2002).

WHO (1993) reports that the most visible and immediate impact of AIDS are the rapidly growing number of orphans. In 1993, Uganda was estimated to have over 784,000 orphans attributed to AIDS. However, the Government's acceptance of the HIV prevalence helped to address stigma and discrimination which led to spontaneous emergence of community and Non Governmental organizations dealing with HIV/AIDS related problems. Such as TASO, Mild may Uganda, Aids information centre and others like world vision which go ahead to eradicate poverty.

It is therefore this concept that the researcher proposed a study on the impact of poverty

on increasing rates of HIV/AIDS in the specified study area of Kampala district and so as to come up with various solutions to overcome this problem.

1.2 Statement of the Problem

The escape from poverty has apparently led to prostitution upsurge in Kampala. The poor people include those who live in slum areas such as Katanga, Katwe, Kisenyi and Bwaise who have poor housing where residents live in single rooms or “Mzigo” with over five children are generally faced by poor standards of living. Despite the fact that the Ugandan government has implemented the “Bona Bagagawale” project which is prosperity for all to eradicate poverty still people opt for prostitution as a source of income. Yet through this HIV/AIDS may be transmitted. The researcher therefore sought to establish how poverty has increased HIV/AIDS and develop more effective ways to prevent it other than the known one commercial sex among the young girls and women.

1.3 Purpose of Study

The purpose of this study was to assess the impact of poverty on increasing rates of HIV/AIDS and find alternative solutions to poverty eradication rather than engagement in commercial sex for the young girls and women in Katanga Region that has greatly increased HIV/AIDS.

1.4 Objectives to the Study

The study was based on the following objectives.

1. To find out the causes of poverty in the specified area.
2. To establish other alternative solutions to prevent poverty other than engagement in commercial sex that may increase HIV/AIDS rates.
3. To assess the impact of poverty on increasing rates of HIV/AIDS in the specified area.

1.5 Research Questions

The study aimed at finding out solutions to the questions below.

1. What are the causes of poverty in the case study area?
2. What could be the other alternatives that people should use to prevent poverty other commercial sex that will increase HIV/AIDS among young girls and women?
3. What is the impact of poverty on increasing rates of HIV /AIDS in the case study area?

1.6 Scope of the Study

- Geographical scope.

The research was carried out by the research in Katanga region in Kampala district.

- Subject scope.

The study focused on the impact of poverty on increasing rates of HIV/AIDS .In this case, poverty is an independent variable whereas HIV/AIDS is a dependent variable.

- Time scope.

The research was covered in a time frame period of months that is to say from December 2008 to June 2009.

1.7 Significance of the Study

The study benefited the general public by providing information on tht impact of poverty on increasing rates of HIV/AIDS among young girls and women.

The study also to equiped Government of Uganda with measures to follow so as to reduce poverty that has increased HIV/AIDS.

It also to added on the available literature on the construction of poverty to increasing rates of HIV/AIDS.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

In this chapter the researcher will highlight various issues concerning the study based on the objectives relating the books read and relevant literature about the study topic and objectives..

2.1 Definitions

Definition of poverty

Poverty is a situation in which persons live below the minimum level of living that the society considers to be decent and reasonable Thomas and Anderson, (1982)

Moore, (1993) also defines poverty as really the situation in which some people are denied what most people normally expect to have.

According to Okwi (2001), poverty is a situation of failure to attain a given standard of living or lack of resources to acquire basic necessities of life whereby people fail to attain food, shelter, clothing, health care, education, and employment. It therefore involves living in a condition in which certain essential material goods are lacking. It also covers the misery and hardships because although people work hard, they are still considered poor. It is because of this that women and young girls may engage in various activities to fight poverty like prostitution to the increase of HIV/AIDS spread.

Michael (2001) says the Human immune virus attacks the body's immune system by weakening it until it can no longer fight infection. Opportunistic infections are illnesses such as pneumonia, meningitis, some cancers, and tuberculosis, parasitic, viral and fungal infections that occur when the immune system is weakened. HIV generally progresses over a decade before symptoms become evident. Early HIV related symptoms include chronic fatigue, diarrhea, fever, weight loss, persistent cough, skin rashes, perhaps and other oral infection , swelling of the lymph nodes and memory loss as suggested by

Dr.Carlowl (1980)

AIDS is almost fatal without treatment, although a few individuals survived with AIDS interacted for 20 years. Currently drug regiment, such as highly Active Antiretroviral Therapy slows down the rival replications in the body. Slower replication rates lessens the burden on the immune system, there by reducing HIV related illness and allowing patients to live longer, high quality life. Although the use of ARVS seems to be a way to treatment accessibility of ARVS is still expensive in developing countries. In this case, not every HIV mother who wish to have children can afford them therefore the virus is passed n to a child thus increasing rates of HIV/AIDS due to poverty as per the HIV/AIDS up to date globally and nationally(2004) in Mild may report.

2.2 Causes of Poverty

Okwi et al (2001) advanced various theories to explain the causes of poverty. However, prior to the 19th century, poverty was conceived to be a God given part of natural order of things. Later in the Victorian times, poverty began to be perceived as an individualistic problem caused by laziness, thriftiness and lack of initiative.

Currently there are various schools of thoughts that have advanced theories and approaches to the causes of poverty which include;

- The culture of poverty thesis suggests that the poor are poor because they have different values and ways of life from the rest of society. It suggests that the poor have a certain culture of their own and this prevents them from achieving success and prosperity.
- The structuralist-institutionalist theory suggests that poverty results from the arrangements and relationships of material resource therefore considered being a result of large structures of inequality created by the stratification system.
- The neo-classical marginal distribution theory postulated that all factors of

production which are land, labour, capital and others, taking account of their quality differences are scarce in supply and their rates of return are set equal to their marginal products in the competitive factor markets. Therefore, differences in the marginal distribution of economic and political power in society are the cause of poverty. For instance, if the marginal product of capital is high but access to capital is limited, then the poverty tends to be severe.

Other causes of poverty may include natural factors, political factors, laziness, differences in educational levels and unemployment as per Okwi et al (2001), Sengozi,(2002)

Pere, (2001). says Henry Bernstein distinguishes the causes of poverty in five dimensions that is; poverty in the sense used by World Bank and others for example, inadequate income or disability, isolation, lack of access to goods and services, ignorance and illiteracy, vulnerability to any insurgency and vicious men within existing social, economic, political and cultural structures has exposed women and young girls to poverty and the eventual HIV/AIDS infection which has increased the HIV/AIDS rate in the Uganda.

Jhingan, (1997) highlights that the major cause of poverty are under development, inequality, low per capita income, inadequate growth rate, high growth rate of population, unemployment, regional disparities, low availability of essentials, inflation, low technology, capital deficiencies and social factors.

Daily Monitor ,(2006) quoted Dr William Kalema speaking during PMA meeting said that over 70% of Ugandans are below the poverty line and are engaged in agriculture without much success. He said that of access to finance, business knowledge and inadequate flow of information coupled with poor infrastructure are major obstacles to agriculture development in Uganda which accelerate the poverty levels among people.

Todaro,(1992) argues, that the unequal distribution of income causes poverty because it

implies that the rich individual can dictate the over all pattern of production since his demand preferences carry more weight in the consumer market than those of the poor. He too argues that families with low incomes spend very high proportions of the their income on basic necessities such as food, clothing and simple shelter yet all these are a challenge to poverty eradication since there is no saving.

Nabbumba, (2003). Suggests that the lack of education and illiteracy, particularly for women is a cause of poverty. Although primary education tuition is free UPE, the chronic poor still have difficulties educating their children because they are unable to afford the cost of subsidiary items for example scholastic material, uniforms, sundry fees and charges levied by schools. In other cases, children are removed from school in order to provide labour for the family in that boys carryout productive or income-generating work and girls in domestic chores. For the orphans and street children, particularly in urban areas, not only do they lack support or the means of finance for their education, but also the opportunity cost of attending classes is high.

Okidi, and Mugambe, (2002) urge that in Northern Uganda, and in pastoralist communities, some parents do not value education of the girl child who they view as a solution to their poor standards of living. This is particularly the case for girls who are seen by some ethnic groups as “not belonging to her home of birth so getting last priority to social opportunity” hence girls are seen as of value to their future husband’s families which are to give the parents bride price in turn. such girls are removed from schools so that they can be married off *in* order for the parents to earn bride price which has been considered of as a cause of poverty for the young girls who are denied a successful future trough education hence vicious circle of poverty exposing the girls to HIV/aids as they struggle to acquire the basic needs of life through risky sexual behaviors that predispose them to HIV/AIDS infection thus increasing the HIV/AIDS rate.

Tobias, (1982). States that the unemployed who cannot find jobs, who get fired, whose companies shut down or relocate especially women have been perceived as created to be helpers to men, where as men have been perceived as the central actors in society. In

addition to performing the animalic functions of procreation and nursing, it is women's major responsibility to serve as under labourers to men to manage forth the necessary minutiae that muddy the waters of real creativity. For this function women are ideally viewed as being less intelligent and less rational which exposes them high rates of poverty.

Bhasin, (1980). Claims that Lack of modern technology causes poverty. He argues that poverty exists because the poor lack modern techniques of agriculture, fishing, industry, and others. Farmers lack not only modern equipment, improved seeds, fertilizers and pesticides, but also the necessary knowledge to use these techniques. They lack infrastructure, cooperatives and other support facilities. Fishermen lack motorized boats and equipment. Industry needs modern equipment, electricity, and management to mention but a few.

According to Freire, (1972) bureaucratic stifling of development such as corruption, nepotism, tribalism and regional imbalances is also a cause of poverty. Corruption for example is monster created by greed and institutional bureaucracies. It is estimated that over 60% of funds and other resources do not reach their intended destinations or the grassroots. Welfare programmes are therefore seen as instruments of manipulation and ultimately serve the purpose of dependence and domination. They act as an anesthetic, distracting the oppressed from the true causes of their problems and from the concrete solutions of these problems. A third set of reasons, often proposed by bureaucratic heavy-handedness. Third world governments are, in this view, saddled with overgrown bureaucracies attempting to control all aspects of rural peoples' development. The lack of genuinely representative local government prevents the emergence of local initiatives. Government bureaucrats and politicians are said to be part of an elite who are uninterested in or even worse, antagonistic to the real needs of the poor.

Chambers, (1983) asserts that physical limitations are another cause of poverty. Another set of explanations for poverty relate to the physical limitations of geography. Many areas of the third world countries are subject to long periods of drought; rain, when it comes, tends to come all at once causing flooding and water logging; soils are thin and very delicate; cyclones and earth quakes supplement drought and flooding in a frequent cycle

of natural disasters.

Moore (2001) claims that Intergenerational Transmitted Poverty is yet another cause of poverty. IGT referred to poverty as “stagnant” by the chronically poor– being of long duration and continuing between generations. According to the poor, IGT poverty occurred when children are born into a family that is chronically poor and that does not own productive assets hence poverty is inherited and the fact that when one is born poor, one is likely to stay poor.

More to that Kisarabwe (2001) reports that peri-urban site in Masindi District; a researcher observed that chronic poverty in the community is the kind that stretches from parent to child or broadly from one generation to other. This is the kind of poverty that could be easily traced from one generation backward and can be predicted to another generation ahead. The intergenerational nature of chronic poverty portray a sense a resignation to poverty and disempowerment, which may act as a psychological barrier to moving out of poverty, as exemplified by this young man in Ruwe village in rural Arua District who claimed that “As the heir of my father’s household, I inherited poverty; not anything more than!” In Kampala city, living in the slums was felt to condemn the next generation to a similar life of poverty in the same slums: Children are born in slums, grow up in slums and produce their own children in slums who also grow up in the same environment with no hope of a better life”.

Moore, (2001) states that Children’s health care by parents is also a transmissible cause of poverty. Poor nutrition can have severe effects on the long-term physical and mental well-being of children for the children of the chronically poor in the Ugandan PPA sites, lack of food at school compromised their education. Where food for lunch is not supplied at school, children reported being unable to concentrate and learn in class, or to not attending afternoon classes so they could search for food. A case in point is in Moroto District where food is offered in schools due to the drought, the District Education Officer reported that schools have become feeding centres, when there is food at home, no one goes to school” .This in the long run may lead to poor performance that probably

may result into school drop out for children thus affecting greatly their future lives. (Engel *et al*, (1996).

Ssewaya, (2003) claims that dependency of people living in third world countries is also considered as a cause of poverty as given by. For the elderly, financial and emotional support from their adult children is important to their well-being. When this support is removed, often as a result of the death of the children, the elderly are likely to become poor and over years, chronically poor. This situation was exemplified by a poor elderly woman in Kitende, Wakiso District, who lamented: "I am an old woman and used to get support from my sons and daughters but they have all died of AIDS leaving me with 6 orphans to look after. I have found it very difficult to pay school fees, feed them, cloth and pay their medical bills. This has been worsened by my inability to carry on farm activities due to old age. I just pray for the government to offer some support for my grand children" instead of working hard to fight poverty.

WHO journal (2006) noted that Diseases among the major causes of poverty. Uganda has been afflicted with many diseases which weaken human bodies for example Malaria and HIV/AIDS which has affected the young generation. Thousands have so far died. It is an incurable and expensive disease to the victimized families. Many dead have left thousands of orphaned children into the care of the grand parents. HIV/AIDS is seen as a major factor contributing to chronic poverty of families in Uganda. For example, when the bread-winner of a household becomes ill with AIDS, he or she can no longer engage in productive work, does not earn an income, and spends House hold resources in order to obtain medical treatment leading to poverty in that by the time the person dies, the household is poor, often with little or no means remaining for moving out of poverty. In many cases, both parents in the family will die of AIDS, leaving the children with few financial or material assets, and no parental support as quoted by Ministry of Health, (1998).

Neemia, (2003) claimed that The absence of transfer of productive assets between generations was cited as a major cause of poverty, particularly for male youth in rural

areas Where the father had no assets, such as land or cattle, to pass onto the sons, male youth felt that this locked them into poverty. Some quoted that they would be unable to marry, as they could never afford the bride price. Migration to urban areas in search of work was a coping strategy for male youth. In many rural areas, customary land tenure has lead to fragmentation of land, such that each generation of sons inherits smaller and smaller pieces of land, the soil of which has often been exhausted by poor and intensive agriculture methods.

Hulme, (2001) suggests that polygamy and large families exacerbate poverty. Women of nearly all ethnic groups in Uganda cannot inherit productive assets, such as land, cattle and fishing tools, due to traditional norms and customs. In most cultures, they are not able to own such assets and must rely on access through their spouse or male relatives. Poor women cited this practice as making them vulnerable to chronic poverty.

Lewis, (1959) observes that. the attitude of inevitability of a child being poor because his or her parents were poor, as depicted “poverty is all they have known” as discussed by Negative attitudes, low self-esteem, lack of confidence, feelings of inferiority and exclusion from political and governance processes. This as expressed by the poor and chronic poor in Uganda may also be transmitted between generations limiting socio-political capital.

PEAP Report, (2002), justifies the fact that apathy and resulting laziness in the form of lack of aspirations and motivation also cause poverty he said that the chronically poor also reported that they did not participate in community meetings because they felt they had “no voice” and that “no one listens” or “represents their views”. With regard to IGT poverty, the poor note that their leaders keep them in ignorance. However, in some cases, they recognize that this is how it has always been and will continue. This complacency may also be transferred between generations.

According to Archbishop Mpalany, (1995) Civil Wars are also a cause of poverty. Africa has been established by wars for the past three centuries. Similarly, Uganda has gone

through 30 difficult years since her independence. A lot of resources including one million human lives were destroyed. The majority dead were the able-bodied Youths: the supposed insurance of the elderly. They left many orphans with elderly grand parents.

In addition, insecurity and conflict as in Soroti District caused by cattle raiding that occurred in the late 1980s and early 1990s was blamed for the persistent cause of poverty for many households. Loss of the cattle at that time left many people chronically poor as without their cattle they have no wealth or no assets to be sold for income when needed, no food or milk, and no oxen for opening upland or to plough the earth to plant crops for consumption and market.

2.3 The Impact of Poverty on Increased Rates of HIV/AIDS

Luboga, (2006) claims that some people are too poor to afford a packet of condoms that they have resorted to sterilizing used condoms using steam from cooking food, Luboga said “We are promoting condom use but do people have money to buy them?” in so doing government is called upon to devise more means of survival so as to reduce poverty which will fight against the increasing spread of HIV/AIDS.

Meeks (2001), Suggested that poverty has led to prostitution or commercial sex. He defines commercial sex as a hiring out one’s body for sexual intercourse usually for money or other basic needs. Sex workers face increased risk Infection because of engagement in sex with multiple partners often with no protection as they devise means of survival. It is therefore because of poverty that many women and young girls are forced in risk behaviors that they acquire HIV/AIDS.

New Vision (2009) reported that. The situation is not good at all due to the flowing rubbish in water trenches from Mulago and Makerere. For instance when it rains some people release waste products through trenches and those who do not have latrines release wastes in polythenes. Such an environment cannot enable small scale businesses such as selling eats like chapattis, pan cakes and other food staffs to cherish so that people consume as business owners earn a living hence causing poverty in the specified

area of the study as translated from Bukedde, (2009)

Maluja, (2006) says that the failure of some girls to ask for basic needs like pads, knickers and others from their parents who suffer poverty leads to contraction of HIV/AIDS. It should be noted that always some parents are poor they should try and provide their girl children in order not to force them to get other means of getting basic needs especially through having sexual intercourse with sugar daddies who will later provide for them. In so doing, parents should do their responsibilities fully to avoid the increasing spread of HIV/AIDS due to poverty among young girls. In Monitor (2007) is quoted to say that sex is sold at shs.200 in IDP camps. Girls are forced into selling sex due to poverty. In all the camps visited these under aged girls are forced into this unfortunate situation because of poverty, the report says. Several girls involved in the sex trade were interviewed and some had amazing views “I prefer death by HIV/AIDS than hunger. Through sex I can at least get 200-2000 Shillings. With this they can be able to buy basic commodities like salt, soap, clothes”, the report quoted a 17year old girl in Aleptong camp in Lira district. Thus the impact of poverty on increasing rates of HIV/AIDS.

In addition, most parents think its okay under the camp circumstances for young girls to sleep with men because they are given money which helps the family, says the report. In all five districts surveyed 47.4% of the girls in the camps willingly give to sex before reaching 18years while 21% are forced which is risky for them to acquire HIV/AIDS due to poverty.

ECPAT (2008) urges that the escape from poverty has apparently led to child prostitution upsurge in Kampala. According to Uganda Youth Development Link, apart from slum children, major players of prostitution also include some house girls, students living independently in hostels and those in day schools. The seasoned prostitutes take it upon themselves to introduce the new girls to the practice. The children who live in main slum areas in and around Kampala such as Katwe, Katanga, Bwaise and others to mention but a few. These have poor housing whereby residents live in single rooms “mzigo” with

over five children. Prostitution is therefore one of the worst forms of child sexual exploitation and is linked to and heightened by use of drugs. The girls smoke cigarettes and inhale fuel, paint thinner to be able to make sexual intercourse. Others take alcohol and marijuana to gain confidence. All this is done so as to get money for survival due to poverty thus leading to HIV/AIDS increment among young girls as suggests by End Child Prostitution, Pornography and Trafficking-

Bitamazire, (2007) quoted that Help put a stop to sugar daddies preying on young girls in our communities. Take responsibilities for ending this practice that is jeopardizing the education of our children. In addition, she said that cross generational sex is destroying the lives of young girls in our country. Sugar daddies are taking advantage of our daughters, sisters and nieces. Because of this practice many have been infected with HIV and some have dropped out of school. It's therefore time for people to all take a stand and put an end to cross generation sex which has increased HIV/AIDS due to poverty.

As stated in UNICEF, report (2008), acute poverty, particularly in IDP camps, was cited as a high contributing factor to child sexual abuse which exposes women and girls to HIV/AIDS. Some girls lack access to basic needs such as clothing, food and education as a result of losing their parents due to war and HIV/AIDS and in order to have such, some men would promise them such which increases vulnerability as contested Northern region CID officer Vincent Ouma. Yet through this they are at a risk of acquiring HIV/AIDS due to poverty.

Still in IDP camps people resort to alcoholism to overcome boredom, without land or employment, and regularly turn to alcohol as a means of 'passing time'. A woman said, 'my husband would some times be drinking from as early as 7.30am, 'recalled Auma from Patiko IDP camp in Gulu District. Stories of young girls having been raped by intoxicated older men were frequently expressed. Also, it was pointed out that as parents in IDP camps turn to alcohol, they after fail to provide for them. This may take the form of transactional sex, where the man receives sex in exchange for basic necessities such as clothing and school fees to the young girl. It is therefore because of poverty that young

girls are exposed to high risk of HIV/AIDS thus leading to its increase.

UNICEF reports, (2005) gives that the impact of poverty on increasing rates of HIV/AIDS can also be seen from the sharp increase in child headed families and associated vulnerability to sexual abuse. This is particularly evident among young girls whose parents or war related killings. Often they are left to provide for their younger siblings and have no choice but to leave school. In these cases they are acutely vulnerable to commercial sex. Without their parents, they are also vulnerable to rape and other forms of child sexual abuse thus increasing HIV/AIDS.

2.4 Alternatives to Prevent Poverty other than Prostitution that has increased HIV/AIDS

Nwagaba, (2006) suggests parents and children to invest heavily in education to fight poverty in future while launching the Ndorwa East Student Association at Makerere University. He said people should adopt modern methods of farming to help them improve their agricultural yields and live stock. This will help to acquire their necessities hence prevent poverty rather than going in for risky behaviours which may cause increase in HIV/AIDS.

Daily monitor, (2006) reports that the Ugandan Government has come in to fight poverty which leads to HIV/AIDS. For instance, Kaberamaido district got 113million shillings for education of orphan and vulnerable children. This was after Ebulu's report that 44 communities are poor to afford school fees because their orphans had parents claimed with HIV/AIDS and did not plan for their children left in the world. It is therefore because of poverty that these children are likely to acquire HIV/AIDS if not aided as they devise ways of survival.

Education is seen as one of the key interrupters of the cycle of IGT poverty for many of the poor. The GOU's UPE policy provides free tuition for all children and as such has allowed many children from poor households, including girls, to attend. However, access to education for children of the chronically poor, orphans and disabled children is still

compromised.

In addition, GOU came up with the idea of Universal Secondary Education. This came to light with the declaration of this form of education by his Excellency, the President of Uganda Yoweri Kaguta Museveni (2006) election manifesto. Soon this form of education came into being with four main purposes. These are reducing the cost of secondary education, increasing equitable access to secondary education, enhance the sustainability of UPE and achieve millennium development goal of gender parity in education by 2015. With this form of education in place the stake holders such as parents, barriers and society at large have benefited the following.

USE in Uganda has led to the indirect eradication of poverty. That is by being pro-poor or simply against poverty, it has imparted to the learners relevant skills which can enable them reinvest in society requirements. Hence this has led to transformation of society in a fundamental and positive way. Therefore, yet another prospect is that it has helped eradicate

In Ugandan societies, due to the skills that it has given the learners to re-invest and use to better their society and their own selves in the long run.

Neema, (2003), asserts that the poor applauded the GOU for abolishing cost sharing in primary health care facilities in 2001; however this has not unilaterally lead to the chronically poor receiving adequate health care, despite the reported increase of 20-30% in attendance at health centres. The major reason is the lack of “drugs in public health facilities. The poor are either given a free Panadol despite their illness” or referred to private clinics or drug suppliers whose prices are unaffordable. They then resort to self-medicating or traditional practices. Another repercussion of the abolition of user fees has been the disbanding of Village Health Committees, as there are no longer funds for paying the committee members’ allowances. This has meant that there is no quality control of health services by the village, and so service quality has, therefore, reportedly deteriorated which is the Government concern through the Ministry of Health.

Researchers, district officials and the poor themselves suggested that the implementation

of government policies should be more carefully targeted, not simply aiming at the average poor but specifically focused to ensure that the chronically poor also benefit, or specifically benefit. It was also suggested that special programs are developed for the disabled, youth and women that focus on providing income generation opportunities, and training. And there be programs that support orphans to gain an education and the elderly to survive for example food relief in drought-stricken areas.

Implementing “pro-poor policies”. It is important despite the GOU’s pro-poor policies; there is concern amongst District and lower government officials that it is the implementation of the policies that fail the poor. Corruption and limited capacity at local government level to implement programs under Decentralization are the major barriers to effective implementation at lower levels. Building capacity and optimizing transparent and accountable operation of local government will contribute to effective policy implementation. There were suggestions that local L.Cs should be compensated for performing their role, so that they do not siphon off the proceeds meant for development. The LC I Chairman of Baito in Arua: “We are doing voluntary work and are not paid, yet we are also poor; so we have to benefit from the projects”.

In addition, district officials suggested that poverty reduction programs adopt a holistic approach at the district level rather than as is the case now of disjointed sectoral programs.

The poor also suggested that specially targeted poverty reduction programs should be monitored to ensure that the chronic poor actually benefit and are not further impoverished, as has happened in some instances through the LC system (LCs siphoning off benefits meant for the poor) and the introduction of market dues.

World Development Report (2000/1) and World Bank, (2000) emphasizes that 3 areas of focus that will enable poverty reduction to proceed. These areas are particularly pertinent for addressing chronic poverty in Uganda. Key barriers to moving out of poverty were cited as a lack of opportunities for employment, production or income generation- due to lack of productive assets, lack of financial capital, low human capital and ignorance. The chronically poor requested access to credit with favorable terms for instance extended

repayment periods, security guaranteed, low interest and or grants or concessional loans, in the form of cash or kind – start-up capital, farm inputs, improved seeds, and livestock. It was also suggested that special, well-monitored schemes for the chronic poor are established that meet the special needs of different groups. Further provision of teaching on adult literacy, productive skills, life skills and guidance on choices, financial and resource management by the government was also suggested. Improved access to education by removing additional non-tuition charges and improving quality and access, and provision of adequate drugs to health centres and exemptions for all treatment for the chronically poor, or at least certain categories thereof –elderly, disabled, orphans and the terminally ill- would go a long way to improving human capital.

Okidi and Mugambe, (2002) claimed that the major request of the poor was for facilitation of improved agriculture productivity and post-harvest enterprises in rural areas. They suggested effective extension services to provide advice on marketing, improving yields, and riddance of pests. It is unclear from the PPA site reports whether the chronic poor made this request given that they usually do not own land. A suggestion was made to the PMA to extend its mandate to cover off-farm businesses, such as vending of produce or post-harvest processing and value addition. The chronically poor could find employment outside the self-employed agriculture sector, which is the poorest sector. Changing sectors was associated with moving out of poverty. If the chronically poor are expected to benefit from development opportunities, financial barriers such as co-contributions and unfair and regressive taxation must be addressed.

Empowering the chronically poor. The poor stated that they would appreciate being consulted on developing priorities for planning and resource allocation at the local level, as well as on programs and initiatives that are designed to benefit them or that will impact on their lives. The chronic poor requested access to information on development opportunities, government policies, their rights, avenues of redress, income generating activities, credit, sanitation and services. Researchers felt that access to information would lead to empowerment of the chronic poor. It was felt that without consultation and information flow to the poor, government programs would be eradicating poverty in this

country” Kagoma Gate, Jinja. Assistance with forming groups that could access opportunities, community mobilization and co-operation were also mentioned.

Improved security. The chronic poor in sites in Kitgum, Bundibugyo and Moroto requested the government to create conditions that guarantee their safety. Internally displaced people wanted security guaranteed so that they could go home, preferably with a start-up grant from the government. The people in Bura Ward in Kitgum said: “We can only confidently settle in our homes when we hear that Kony is dead, otherwise, any thing can happen any time.

Contribution of forestry to poverty eradication. Forestry is important to the lives of many Ugandans especially those that live below the poverty line. The dependence of poor people on forest resources is explicit in Uganda. The poorest 35% of the population who live below the poverty line are mostly rural, mostly marginalized (unemployed youth, women, elderly), mostly unable to buy or grow fuel wood, mostly without land or productive assets, and therefore depend heavily on forests and forest products. Between 15 - 20% of the population neighbor Forest Reserves, which provide sources of many forest products and services. Another 6 million people live within access of the many private forests in the country (70% of the total forested area of Uganda). Farmers use trees on farm, for firewood, poles or as part of their farming systems. Over three-quarters of all villages in Uganda are involved in selling some tree products, mainly poles, timber, fuel wood and charcoal, and mainly marketed on farm and not in town markets. Forestry thus forms part of the livelihood of the great majority of Ugandans, mainly in the informal economy and not recorded in official statistics.

Government, CSOs and NGOs role in poverty eradication

The GOU has come up with programmes to reduce poverty. For example Poverty Eradication Action Plan is Uganda’s national planning framework. The PEAP was first drafted in 1997 and was revised in 2000. This is the second revision of the PEAP. Revisions are intended to keep the PEAP current in the light of changing circumstances and emerging priorities. The purpose of the PEAP is to provide an overarching

framework to guide public action to eradicate poverty, defined as low incomes: limited human development: and powerlessness. The PEAP provides a framework within which sectors develop detailed plans.

Despite remarkable progress economically, significant reductions in poverty, and the development of a conducive pro-poor policy environment over the past decade, Uganda remains one of the poorest countries in the world. Therefore, a major challenge for the

According to MFPED, (1999), GOU, under the PEAP, will be able to reach the chronically poor, who constitute over 50% of those living below the poverty line, and to enable them to move out of poverty. If the GOU fails to do this then it is unlikely to achieve its Millennium Development Goals as per This section analyses the current policy situation in Uganda and offers recommendations, mainly given by the poor themselves, and also by local government officials and service providers regarding mechanisms of reducing poverty for the chronically poor.

Reaching the chronically poor. The chronically poor have proved difficult to reach and to include in development in Uganda despite pro-poor policies and dedicated resource allocation to priority poverty areas such as education, health, agriculture, provision of clean water, and rural feeder road rehabilitation. The reasons for this include their being unable to participate in development, policies target the remoteness, ignorance due to lack of information, and the inferior social position of, for example, women, the disabled, orphans, ethnic minorities and the elderly demonstrate some of these difficulties and call upon the GOU to better target the chronically poor.

Okwi et al, (2001) argue that the governments' focus on PEAP with the need to raise family incomes. However, they noted that the main constraint in raising family incomes especially in the agriculture like roads. In this regard, PEAP suggests that infrastructural development is the key while other factors such as human resource development providing good governance military. Political and economic stability are as far for the development for the development of welfare in the country. However, the PEAP mainly sets out a framework within which Ugandans can tackle this complex, causes and

dimensions of poverty.

Francis Wilson et al raise it that in our increasing globalised environment, the importance of global institutions has grown with a wide, spectrum of supranational institution such as the EU, UN and NGOs, attempting to influence social policies at the national and international levels. Definitions and strategies for social development continue to be a locus for political and ideological struggles, although there has been marked shift away from the neo-liberal emphasis on economic growth and trickle down to reduce poverty. They also argue that, there is growing evidence that organization have provided a voice for people living in poverty as well as supporting their immediate needs for livelihoods. However, a single emphasis on disaggregating and understanding the huge variation in organizations of CSOs might only produce a cheap and safety net oriented substitute for effective public policy.

Francis et al (1995), also says that UNDP declared the death of poverty alienation programmes and inaugurated poverty eradication programmes which emphasize the role of poor themselves in the process. This change of paradigm had already been anticipated by some of the UN agencies notably ILO and IFAD. In taiting what it called the new paradigm IFAD declared in it 1992 world rural poverty. “the new development paradigm conceives of poverty alleviation not just as a mechanism to get the poor to cross a given threshold of income or consumption but as a sustained increase in productivity and an integration of the process of growth”. For this the poor must have access to resources, and the policy and institutional frame work should be such as enable them to utilize resources effectively.

According to Jhingan,(1999) broad categories have been adopted by the governments in stages for poverty alleviation which include a long others, resources and income development programmes for the rural poor. In these categories many programmes like microfinance, farmers associations have been operational zed which aim at improving the economic conditions of the rural poor. He talks of special area development programmes like NUSAF in Uganda. These programmes aim at optimum utilization of land, water and

livestock resources and development of subsidiary occupations to raise the income of the income of the weaker sections of the society. Third to that, he points out works programs for creation of supplementary employment opportunities and last he talks of minimum needs programmes which aim at improving the consumption levels of the power sections in order to raise their productive efficiency. This includes the provision education, health, water, roads and nutrition and so on which may also generate employment and income to the poor which the government of Uganda is implementing.

IDA(1993), reports that Uganda's objectives is to reduce poverty by maintaining macro-economic stability, further diversifying and accelerating growth, and increasing the provision of public services especially to the very poor .NGOs are acting more as intermediaries between government and the poor as the status changes. Governments are increasingly aware of the role of NGOs in poverty reduction and under taking collaboration activities. NGOs are working to promote the well being of the poor for example; they have pioneered participatory methods in project design and implementation and are strong advocates of strategies that view the poor as economic and social factors rather than recipients of welfare World Bank ,(1997)

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter focused on the various methods and instruments which the researcher used to collect and analyze data. These include the following.

3.1 Research Design

The researcher used both quantitative and qualitative research methods. Through this the data will be collected and translated to numerical forms and thereafter be analyzed qualitatively for the impact of poverty on increasing rates of HIV/AIDS among young girls and women.

3.2 Area of Study

The study was conducted in Katanga, Kampala District. Katanga is located in between Makerere University and Mulago hospital. It has a population with an estimate of more than 2000 people. It is a slum area with all sorts of evil. These include drug and substance abuse, high levels of theft, defilement, rape, prostitution, poor sanitation and others to mention but a few. The major businesses in this area include bar attendance, shop attendance, selling food stuffs like matooke, tomatoes, onions and others, small sized hotels where some people can assess cheap without incurring costs.

3.3 Study Population

The target population of the study was young girls and women in Katanga region of Kampala district.

3.4 Sample Population

Simple random sampling was used to select respondents from the chosen area of Kampala. This is because sampling technique gives equal chance to all the members of a finite population to be included in the sample. Every person in the population is chosen on a chance basis. This removes the possible biases that may arise as the researcher

favoring some members of the population.

3.5 Sample Size

A group of 30 people was used as the sample size whereby 10 were young girls, 15 were women and 5 men comprising the Local Council members

3.6 Data Sources

The data was got from primary and secondary sources. Primary sources collected from live events through observation and from the respondents who will be selected and offered to questionnaires. Secondary sources were data collected from the work of others that will not directly be related to the topic under investigation. These included relevant text books, journals, research reports and the news papers and others.

3.7 Data Collection Method and Instruments

The following data collection method were used by the research during the study.

Questionnaires

Self administered questionnaires were formed by the researcher. These contained close and open ended questions. The respondent were put a tick in the appropriate boxes when answering the questions. Questionnaires were used to increase the response because of their simplicity.

3.8 Procedure to Data Collection

The instrument was taken to the supervisor for approval and ascertained its face validity there after he clarified and made changes where necessary. The researcher then obtained an introductory letter from the Dean of the respected Faculty that is to say faculty of Education which she used to introduce herself to the area of study. In the field, permission was sought from the L.Cs to the study respondents through use of the authority letter from the University. The same letter explained the purpose and benefits of the study. Permission was granted and the researcher accepted to issue to the respondents the instruments for the data collection.

3.9 Pilot Study

A sample of five students was selected by the researcher to test the questionnaire. Four were females and one was a male who were students of Kyambogo University offering Guidance and counseling.

3.10 Data Processing, Presentation and Analysis

Data processing was carried out during the study in form of editing and coding where by this was used to ensure completion and consistence of questionnaires. In coding numbers were assigned to responses to get statistical information which was coded in numerical terms for easy presentation and analysis. All data to be collected was classified, analyzed and edited to come up with systematic and well organized data so as to facilitate the analysis and interpretation of data

Editing This was done using simple statistical tables that were used to present data after being obtained from the respondents.

3.11 Data Quality Control

The researcher used instruments of data collection that provided validity and reliability of the information and data studied for accuracy

3.12 limitations to the Study

The finances to facilitate the research were inadequate; however the research overcame that by minimizing expenditures to affordable limits. These included transport costs, photocopying, typing, binding, accessing internet, making phone calls and paying some respondents who may ask for money in exchange for their information gathering and research.

Limited time to carry out the research. This was due to pre occupation with other activities such as class work and encountered hindrances as traffic jam which consumed a lot of time of research. The research exercise was quite tedious to the research s it was

coupled but she used the availability time to carry out her study promptly.

Lack of cooperation from some respondents was also limitation. This was reflected in their poor response because some knew that the GOU had gotten concerned of their poor state only to hear it was a student conducting research. Thus they didn't see the benefit.

Language barrier especially due low levels of education which hindered data collection. This eventually led to the inappropriate and unreliable information due to failure to understand each other.

However the researcher used all possible means to overcome the above mentioned limitations to ensure that research is completed effectively and efficiently.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.0 Introduction

This chapter indicated all the results of the study showing the causes of poverty in Katanga region, the impact of poverty on the increasing rates of HIV / Aids among young girls and women and the preventions to poverty among young girls in Katanga rather than the common known way prostitution that has increased HIV /Aids

Table 1: Showing the Sex of Respondents

$\Sigma = 30$ Respondents

Sex	Frequency	Percentage
Male	5	16.7
Female	25	83.3
Total	30	100%

Table1 above shows that 83.3% of the respondents were female and 16.7% were male. Implying that females were the most respondents of the study

Table 2: Showing the Age of the Respondent

$\Sigma = 30$ Respondents

Age	Frequency	Percentage
10-17	11	36.7
18-25	14	46.7
26-35	3	10
Over 35	2	6.7
Total	30	100%

Table 2 shows that 46.7% of the respondents were under the age of 18-25 years, followed by 36.7% under the age of 10-17, then 3% were under 26-35 years and lastly 6.7% were

over 35years.

Table 3: Showing the marital Status of Respondents

$\Sigma = 30$ Respondents

Marital Status	Frequency	Percentage
Single	13	43.3
Married	17	56.7
Total	30	100%

Table 3 shows that 56.7% of the respondents were married and 43.3% were single.

Table 4: Showing the level of Education of Respondents

$\Sigma = 30$ Respondents

Level of Education	Frequency	Percentage
Primary	12	40
Ordinary	9	30
Advanced	1	3.3
Diploma	0	0
Degree	0	0
Not educated	8	26.7
Total	30	100%

Table 4 indicates that 40% of the respondents had primary level of education and ranked most, followed by 30% under the Ordinary level of education, then 26.7% were not educated and lastly 3.3% had attained advanced level and none of the respondents had a Diploma or degree level of education.

Table 5: showing the responses of Respondents as per Causes of Poverty in Katanga region

$\Sigma=30$ Respondents

Response	Frequency	Percentage
Low levels of education	5	16.7
Unemployment	4	13.3
Lack of innovative skills	2	6.7
Poor infrastructure	3	10
Limited Resources	3	10
Corruption	2	6.7
Cultural Ties	2	6.7
High Birth rates	2	6.7
Poor hygiene & health conditions	2	6.7
Illiteracy	3	10
Laziness	2	6.7
Total	30	100

Table 5 shows that 16.6% of the respondents stated that the highest cause of poverty in Katanga region is low levels of education, in the same note 13.3% said it was unemployment. Similarly 10% stated its poor infrastructure, limited resources, illiteracy respectively and lastly 6.7% stated that its lack of innovative skills, corruption, cultural ties, high birth rates, poor hygiene and health conditions.

Table 6: Showing the Responses as per the impact of poverty on increasing rates of HIV/AIDS

$\Sigma=30$ Respondents

Responses	Frequency	Percentage
Prostitution	10	33.3
Lack of money to access ARVs	3	10
Failure of parents to provide basic needs	4	13.3
Illiteracy	2	6.7
Homosexuality/lesbianism	2	6.7
Accepting favors from bosses who need sexual payment	4	13.3
Cross generational sex	5	16.7
Total	30	100%

Table 6 shows that 33.3% of the respondents stated that greatest impact of poverty on increasing rates of HIV/AIDS among women and young girls of Katanga region was prostitution, followed by 16.7% who said it was cross generational sex. In the same way 13.3% stated its failure of parents to provide basic needs for children and accepting favors from bosses who in turn want sexual payment, in the same related way 10% of the respondents suggested it was lack of money to access ARVs and lastly 6.6% stated it as homosexuality or lesbianism and illiteracy.

Table 7: Showing the Responses as per alternative Preventions to poverty among young girls and women rather than the common way prostitution that has increased HIV/AIDS

Responses	Frequency	Percentage
Management of health conditions	1	3.3
Infrastructural development	2	6.7
Sensitization on education importance	3	10
Introducing adult learning	4	13.3
Advertising employment opportunities	1	3.3
Starting up small scale business	9	30
Women investment	6	20
Educational investment	3	10
Proper management of natural disasters and calamities	0	0
Provision of technical institutions to increase the number of job creators	1	3.3
Total	30	100%

From table 7 above 30% of the respondents stated that the most effective alternative prevention to poverty among young girls and women in Katanga rather than prostitution that has increased HIV/AIDS is starting up small scale businesses, followed by 20% who stated women empowerment, on the same note 13.3% suggested that introducing adult learning would be of importance to poverty prevention, sensitization of people on importance of education and educational investment ranked followed with 10%. More

still 6.7% said by infrastructural development, 3.3% was suggested by respondents of management of health conditions, advertising employment opportunities and provision of technical institutions to increase the number of job creators. Lastly proper management of disasters and natural calamities ranked with 0%.

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATION

5.0 Introduction

This chapter presents the discussion of the findings against the objectives of the study aimed at accessing the impact of poverty on increasing rates of HIV/AIDS among young girls and women in Katanga region, Kampala District. The study involved 30 respondents where by 15 women, 10 young girls and 5 men. The chapter also presents conclusion and recommendations. However, the following were the study objectives as already stated in chapter one; To find out causes of poverty in Katanga region, to establish alternatives to prevent poverty among young girls and women other than the common one prostitution that has increased HIV/AIDS and to access the impact of poverty on increasing rates of HIV/AIDS.

5.1 Discussion of Results

5.1.0 The Respondents Bio data

According to the field findings, it showed majority of the respondents were females represented by 83.3% while the minority were male represented by 16.7%. This explains that the study was basically for young girls and women for the assessment of the impact of poverty on increasing rates of HIV/AIDS. Through this, they may give in to commercial sex easily than men due to poverty and hence increasing HIV/AIDS.

From the findings, the study revealed that most of the respondents were of the age 18-25 with 46.7%, followed by 10-17 with 36.7%, 25-35 with 10% and respondents over 35 years had 6.7%. This may be viewed that probably at the age of 18-25 years members of age group may have started to develop and want to live independently which is faced with many challenges including financial ones as Erickson, (1930) stated in his psycho-social stages of development.

Still from the research findings the majority of the respondents were married with 56.7% and singles were 43.3%. This indicates that the married face high levels of demands compared to the singles which leads to the higher percentage for the study. Also as per the findings the highest level of education of the respondents was the primary level with

40%, followed by 30% of the Ordinary level, 26.7% who were not educated at all and 3.3% in the Advanced level. This was in line with major cause of poverty in Katanga which was low levels of education.

5.1.1 Causes of Poverty

The first objective of the study which was to find out the causes of poverty in Katanga region, the findings also revealed that the major cause of poverty was low levels of education with 16.7%. This was in line with Nabbumba's findings (2003) that suggested lack of education and illiteracy particularly for women a cause of poverty. However other causes included unemployment with 13.3%, followed by poor infrastructure, limited resources, illiteracy that ranked third and lastly lack of innovative skills, corruption, cultural ties, high birth rates, poor hygiene and health conditions and laziness ranked forth with 6.7%.

5.12 The Impact of Poverty on increasing Rates of HIV/AIDS

Further findings gave that the major impact of poverty on increasing rates of HIV/AIDS among young girls and women in Katanga was prostitution with 33.3% of the respondents. This was in line with Kawooya, (2006) who stated that women are vulnerable to HIV/AIDS because of economic factors. He said some women are forced to enter into sex work and with multiple temporary partnerships in hope of bartering sex for economic gain or survival, including food, shelter and safety. It was also related to ECPAT, (2008) and Meeks (2001) that poverty has apparently led to prostitution upsurge more so child prostitution. Other impacts included cross generational sex that ranked second with 16.7%, followed by failure of parents to provide basic needs, accepting favors from bosses who need sexual payment with 13.3%, 10% of the respondents for lack of money to access ARVs in the forth rank and lastly 6.7% stated illiteracy and homosexuality or lesbianism. This was based on objective two which was to access the impact of poverty on increasing rates of HIV/AIDS among young girls and women in Katanga.

5.13 Alternatives to prevent Poverty other than engagement in commercial sex that has increased HIV/AIDS among young girls and women

Basing on objective three, to establish other alternatives to prevent poverty other than engagement in commercial sex which may greatly increase HIV/AIDS, the major alternative as per the findings was starting up small scale business with 30% followed by 20% which was women empowerment as in connection to Matembe's speech (2009) while addressing the public on women emancipation during women's day celebrations. In addition, 13.3% suggested introducing adult learning, 10% were in support of educational investment and sensitization on education importance. This is in line with Bitamazire's education empowerment to people. However, 6.7% suggested infrastructural development, 3.3% were for management of health conditions and provision of technical institutions to increase the number of job creators and 0% was for proper management of disaster meaning no respondent was in support of it.

5.2 Conclusion

From the results, it clearly shows that poverty is greatly influenced or caused by low levels of education among people of Katanga. This is because even though jobs were there people would not have the qualifications required to do them. Hence introducing adult learning, sensitization of people about education importance and educational investment would be of help to handle the problem of low levels of education and provide people with skills and knowledge as an empowerment to start off business. This further may control women and young girls from getting involved in risky sexual behaviors like prostitution in this case that get them exposed to HIV/AIDS infected partners hence increasing the rates due to poverty.

5.3 Recommendations

I recommend that women empowerment be done to the members of Katanga. This will help women formulate productive projects that will be of use to reduce poverty other than prostitution that has greatly increased HIV/AIDS.

According to the findings of the study prostitution was found to be the highest impact of

poverty in Katanga. Therefore it is recommended that young girls and women should be counseled and made aware of the dangers of prostitution such as acquiring HIV/AIDS and other STDs. This is because they may be ignorant of its dangers as they perceive prostitution as being advantageous to prevent poverty since they device means of survival. This should be done by the community leaders. The Government should offer funds through the “Bona Bagagawale” project to help members of Katanga eradicate poverty. Such income from this project may act as a starting point in form of capital to start off businesses. However members need to be explained to clearly and empowered on its use.

By encouraging people to start up petty or small scale businesses. For example the women should be encouraged to sell matooke or other food stuffs, frying pan cakes and many others that can generation income for them.

By encouraging people especially the young girls to develop their talents. This is because once developed they can help them earn a living in the future.

The Government should also encourage organizations such as Functional Adult Literacy (FAL) to introduce adult learning to Katanga community. This is because probably if low levels of education are dealt with poverty could be minimized too.

Government should provide community health knowledge through community health seminars and posters on the impact of poverty on increasing rates of HIV/AIDS.

People should lastly be encouraged to practice family planning in order to control their family sizes since high birth rates was one of the cause of poverty in Katanga region.

However, if all these are put in place in Katanga region probably poverty could be minimized and thus reducing its impact on increasing rates of HIV/AIDS among women and young girls in this region.

REFERENCES

- 1..Action for Youth: HIV/AIDS & STDS . Internal Federation of The Red cross &Red Crescent societies(2000) Kampala. Adler, M,E(2001).ABC OF AIDS(5th ED)London:BMJ Publishing Group, BMA house.
- 2.Appleton, S (1999). Changes of Poverty in Uganda, 1992-1997. Centre for Study of Economics Chambers, R. (1997). Whose Reality Count? Putting the first last. London. Intermediate Technologies Publications
- 3.Daily Monitor, Friday , September 28,2007,Sex Sold at shillings 200 in IDP camps, Kampala city, Monitor publications ,Ultimate media.
- 4.Daily Monitor,Wednesday April5th ,2006.
5. Daily Monitor,Friday September 28, 2007.
- 6.Daily Monitor Tuesday April 4th 2006
- 7.Engle, PL, Castle, S and Menon, P. (1996). Child development: vulnerability and resilience. IFPRI, FCND Discussion paper No. 12.
- 8.Electoral Commission, (2004).2(2)9
[Http://www.asiator/prostitution.htm](http://www.asiator/prostitution.htm) accessed 25th March 2006
- 9.Hulme, D, Moore, K and Shepherd, A (2001). Chronic Poverty: meanings and analytical

frameworks. CPRC Working Paper 2, Institute of Development Policy and Management, University of Manchester, UK (ISBN-1-904049-01-X)

10. Lewis, O. (1959). Five families: Mexican case studies in the culture of poverty. New York, Basic Books.

11. Lwanga-Ntale, C. (2003). Interim findings from the field on chronic poverty and disability in Uganda. Chronic Poverty Research Centre-Uganda

12. McClean, K (1999). Draft Uganda Participatory Poverty Assessment Report.

McClean, K and Lwanga-Ntale, C. (1998). Desk Review of Participatory Approaches to Assess Poverty in Uganda. UPPAP Report (MFPED)

13. Ministry of Finance, Planning and Economic Development. (1998). Poverty trends in Uganda. 1992-1996. Discussion Paper no. 2.

14. Ministry of Finance, Planning and Economic Development. (1999). Uganda Vision 2025. A strategic framework for national development.

15. Ministry of Finance, Planning and Economic Development. (2000a). Learning from the poor. Uganda Participatory Poverty Assessment Report. Republic of Uganda.

Ministry of Finance, Planning and Economic Development. (2000b). Uganda Poverty Profile: What we know about the poor. Discussion Paper 3

Ministry of Finance, Planning and Economic Development. (2002a). The Poverty Eradication Action Plan (PEAP)

Ministry of Finance, Planning and Economic Development. (2002b). Participatory Poverty Assessment – Phase II.

Moore, K. (2001). Frameworks for understanding the intergenerational transmission of poverty and well-being in developing countries. Chronic Poverty Research Centre Working Paper 8.

Nabbumba, R. (2003). Landlessness and Chronic Poverty in Uganda. Chronic Poverty Research Centre-Uganda

Najjumba-Mulindwa, I. (2003). Chronic poverty among the elderly in Uganda: perceptions, experiences and policy issues. Chronic Poverty Research Centre-Uganda

Neema, S. (2003). Chronic Poverty and Health in Uganda- Evidence from existing data sets. Chronic Poverty Research Centre – Uganda

Okidi, JA and Mugambe GK (2002). An overview of chronic poverty and development in Uganda. Chronic Poverty Research Centre Working Paper 11.

Robb, C. (1999). Can the poor influence policy? Participatory poverty assessments in the developing world. Washington. World Bank.

Ssewaya, A. (2003). Chronic poverty in remote rural Uganda: Research findings from Kisoro District. Chronic Poverty Research Centre-Uganda
World Bank. (2000). World Development Report 2000/2001. Attacking poverty. Washington, World Bank.

Sunday vision 1st December, (2007) World AIDS Day. Kampala city, New Vision printing and Publishing Co. Ltd.

Sunday Vision, May 8th, 2005.

The New Vision, Tuesday, October 3, (2006)

Lamptey R P, Johnson JI, Khan M, March 2006, The Global Challenge of HIV/AIDS. 61, 1 Population Bulletin.

Thomas and Anderson.(1995), Sociology and the study of Human Relationships.
Uganda AIDS Commission.(2005)

UNICEF-IRC(www.unicef-icdc.org), Florence,June (2006)

Watshein, S.B,& Straton,S.E(2003). The Encyclopedic of HIV/AIDS,2nd Edition

QUESTIONNAIRE ON THE IMPACT OF POVERTY ON INCREASING RATES OF HIV/ AIDS AMONG YOUNG GIRLS AND WOMEN IN KAMPALA.

Dear respondent

I am carrying out an academic research on the impact of poverty on increasing rates of HIV/ AIDS among young girls and women in Kampala.

You have been randomly selected to participate in this study and therefore I kindly request you to provide option a write the correct answer in the space provide

Please do not write your name anywhere on this paper and your answer will be treated with almost confidentiality

SECTION ONE

Background information

a) what is your sex

Male ☐

Female ☐

b) Age

10- 15 ☐

11 -20 ☐

21- 25 ☐

22-30 ☐

c) What is your educational level

(a) Not sure ☐ (b) Primary ☐ (c) Secondary ☐

(d) Collage ☐ (e) university ☐

2. What do you think are some of the causes of poverty in your society.

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3. Explain some of the ways how poverty has led to the spread of HIV/AIDS in our society.

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4. How often do you use the media to listen to the programmes educating people about HIV /AIDS

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5. Suggest some of the measure which should be taken to solve the problem of poverty in our society.

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6. Outline some of the ways how HIV/AIDS can be prevented in our society.

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7. What is the impact of poverty on increasing rate of HIV/AIDS?

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