EFFECTS OF HIV/AIDS ON WOMEN'S ECONOMIC DEVELOPMENT IN UGANDA: A CASE STUDY OF BUSHENYI DISTRICT

BY

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DECLARATION

I **KAMURUNGI KELLEN** declare that, this Dissertation is from my own findings and has never been produced by anybody else for any award in any institution.

Signature: .....

Date: 04/05/2013

APPROVAL

This is to satisfy that this Dissertation has been done under my supervision and submitted to the faculty of social sciences for examination with my approval.

MR BYAMUGISHA AMBROSE
Supervisor
Signature: .....
Date: 05/NOV/2013

DEDICATION

Dedicated to my parent for educating and guiding me throughout my life which has made me what Iam today

ACKNOWLEDGEMENTS

I am greatly indebted to many people, my husband Magoola Mathias, my parents Patrick Buhenga, Joyce Kobusingye and my children Pecky Viator, Celine more than can be acknowledged by name. None the less the following persons especially deserve to be singled out. My greatest thanks go to my supervisor, Byamugisha Ambrose who tirelessly sacrificed much of his valuable time to provide me with thoughtful and constructive criticism.

He read through the draft of this research paper and made many helpful suggestions that have been incorporated in the final version. I feel greatly indebted to him for reducing the number of errors that would have appeared in this work.

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ABSTRACT

The focus of the research was on the effects of HIV/AIDS on women in economic development in Bushenyi District. Conclusion was made in line with the various themes of the study and was based on the findings of the study. Findings, the HIV/AIDS in the recent phenomenon, AIDS has had devastating effects. It has killed millions of people, and significantly reduced life expectancy· AIDS depletes the country's labour force, reduced agricultural output and food security, and weakened educational and health services. The large number of AIDS related deaths amongst young adults has left behind over a million orphaned children.

Although unanimously recognized on the basis of knowledge gained to date, no public health reason justifies a violation of human rights. Discriminatory measures are common, which, as a result of exclusion, which identified, does not favor a participatory policy on HIV/AIDS. Women are particularly infected by the epidemic because women tend to marry and become sexually active at a younger age than their male counterparts, and often have older and more sexually experienced partners. This (plus various biological and social factors) puts young women at greater risk of infection; in fact, young women are nine times more likely than young men to contract HIV.

The first research question asked were "factors contributing to increase HIV/AIDS in Kyamuhunga subcounty Bushenyi district. ?" The researcher came up with the following results; having unprotected sex 25%, Domestic violence worsens HIV/AIDS 10%, Mother to child during birth 21.6%, Poverty and HIV/AIDS 8.3%, The lack of good governance will 10% and Rape 21.6%.
The second research question was "the effects of HIV/AIDS to the people of Bushenyi district?" The answers to this research question were as follows; Poverty 15%, HIV/AIDS and gender 15%, HIV/AIDS and human rights Parents 10%, Impact on household food security 26.6%, Health and education 5%, Human resources16.6%, Discrimination 11.6%.

CHAPTER ONE
INTRODUCTION

1.0 Introduction

This chapter focused on the background of the study, statement of the problem, objectives of the study, research questions, scope of the study, and the significance of the study.

1.1 Background of the study

At the beginning many people thought AIDS was a disease striking mainly men. A decade ago, women were less affected. But a terrifying pattern has since emerged. All over the world women face higher risks of being infected by AIDS as well as increasingly bearing the brunt of its impact. This is especially true in sub-Saharan Africa, the region hardest hit by HIV and AIDS. In this region, more than half of all adults living with HIV and AIDS are women the map below shows the worst hit countries. Infection rates are much higher than those of men. UNAIDS estimates that 50% of new HIV/AIDS infections in 2003 were in young people 15-24 years of age and that young women in this age group were disproportionally affected (UNADIS, 1996).

In Uganda and many other sub Saharan countries men marry and women are married. Social and cultural systems in many African countries dictate that women have no control over their sex lives or their husband's sex lives outside marriage. Bridal payments, or dowry as popularly known, perpetuate the idea that the woman is her husband's property. Culturally, wives are not allowed to refuse sex from their husbands or to use a condom even when a man may be infected with AIDS. Evidence also suggests that a large share of new HIV infections are due to gender-based violence in homes, schools, the workplace and other social arenas. Forced

or coerced sex renders a woman even more vulnerable to infection, and the younger she is, the more likely it is that she will contract HIV (Topouzis, 1994).

Twenty years of the HIV/AIDS pandemic has shown that women's issues in all spheres are marginal in global response to HIV and AIDS yet they need to be at the centre of the response. Yet, it is evident that women are the resilient force that sustains the continent. Everywhere the epidemic is taking a toll; there are heroic women in groups and cooperatives engaging in prevention, care and support. It is among these women that the real heroes of this war against AIDS are to be found. In sub Sahara Africa, women as mothers, as primary care givers and economic providers will continue to depend on subsistence farming, petty trading and other forms of informal economy to support families and communities (Pickering, 1996).

1.2 Statement of the problem

AIDS has the potential to create severe economic impacts in many African countries. It is different from most other diseases because it strikes people in the most productive age groups and is essentially 100 percent fatal. The effects will vary according to the severity of the AIDS epidemic and the structure of the national economies. HIV and AIDS affects economic growth by reducing the availability of human capital. Women will not only be unable to work, but will also require significant medical care. The forecast is that this will probably cause a collapse of economies and societies in countries with a significant AIDS population. In some heavily infected areas, the epidemic has left behind many orphans cared for by elderly grandparents.

On the level of the household, AIDS results in both the loss of income and increased spending on healthcare by the household. The income effects of this lead to spending reduction as well as a substitution effect away from education and towards healthcare and funeral spending. A study in Côte d'Ivoire showed that households with an HIV/AIDS patient spent twice as much on medical expenses as other households. With economic stimulus from the government, however, HIV/AIDS can be fought through the economy. With some money, HIV/AIDS patients will have to worry less about getting enough food and shelter and more about fighting their disease. However, if economic conditions aren't good, a person with HIV/AIDS may decide to become a sex trade worker to earn more money. As a result, more people become infected with HIV/AIDS. It is against this background that the research intends to find out the impact of HIV/AIDS on women's economic development.

1.3 Objectives of the study

1.3.1 General objective

The study was to establish the effects of HIV/AIDS on women's economic development in Kyamuhunga subcounty Bushenyi district.

1.3.3 Specific Objectives

(i) To find out the causes of HIV/AIDS among women in Kyamuhunga subcounty Bushenyi district.

(ii) To establish the effects of HIV/AIDS on women's economic development

(iii) To find out the solutions to the spread of HIV/AIDS amongst women in Kyamuhunga subcounty Bushenyi district.

1.4 Research Questions

(i) What are the causes of HIV/AIDS on women in Kyamuhunga subcounty Bushenyi district?

(ii) What are the effects of HIV/AIDS on women's economic development?

(iii) What are the solutions to the spread of HIV/AIDS amongst women in Kyamuhunga subcounty Bushenyi district?

1.5 Scope of the study

1.5.1 Contextual scope

The study was on the impact of HIV/AIDS on women's economic development in Kyamuhunga subcounty Bushenyi district, Uganda.

1.5.2 Geographical scope

The research was conducted in Kyamuhunga subcounty Bushenyi district. Sub County is one of the eight Sub counties that make up Kyamuhunga subcounty Bushenyi district. The eight sub-counties are: Kyamuhunga subcounty Bushenyi district. District is a district in Western Uganda. It is named after its 'chief town', Bushenyi, where the district headquarters are located.

The national census in 2002 estimated the population of the district at approximately 379,800. The annual population growth in the district was estimated at 4.0%. In 2011, it is estimated that the population of Bushenyi District was approximately 540,500.

1.6 Significance of the Study

The findings were of great importance to;

(i) To the public in Uganda and policy Makers to realize the causes of HIV/AIDS in Uganda and perhaps identify solutions to the problem.

(ii) It will help to set grounds for the counselors, government officials, HIV/AIDS patients and other stakeholders to see the necessity of initiating policies/laws aimed at addressing causes of HIV/AIDS in Kyamuhunga subcounty Bushenyi district.

(ii) The study will be of great significance in making the public aware of the cause, effect and solutions of HIV/AIDS on women in Uganda.

(iii) The study will be an eye opener to other researchers in making more analyses and critic the problem in the future.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter included looking through the earlier research documents; literature with an aim of identifying a problem of concern eventual number of duplication of early research work is done. Apart from going through other related work. It also involved critically going through other services of materials that are related with the research topic.

2.1 Status of HIV/AIDS in Africa and the world

In less than two decades, more than 65 million people have contracted the HIV virus - globally. Of this, 22 million people have died from HIV related illnesses, mostly from AIDS, and 17 million of them have been from Africa. Africa remains the hardest hit continent: with less than eleven percent of the total global population, the continent has more than 70 percent of all HIV/AIDS related cases in the world. As well as a harrowing catalogue of lives lost, the implications of this human tragedy reach into the structure of economies, the capacity of institutions, the integrity of communities and the viability of families. In the extreme, the survival of some states may even be called into question. Already, communities across large parts of the continent are facing a day-to-day reality of declining standards of living, reduced capacities for personal and social achievement, and an increasingly uncertain future. This in turn profoundly constrains what can be achieved today. Meanwhile, HIV/AIDS is also diminishing the capacity of African states to maintain what has been secured over past decades in terms of social and economic development (Seeley, 1992).

It is sadly the case that across our continent, HIV prevalence continues to rise. Some 2.3 million Africans died of AIDS, while an estimated 3.4

million people contracted the HIV virus. According to UNAIDS, this brought the total number of people living with the virus on the continent to nearly 30 million. Southern and eastern Africa have been the most severely affected regions. Seven countries have an estimated adult (15-49) HIV prevalence of 20 percent or greater: Botswana, Lesotho, Namibia, South Africa, Swaziland, Zambia, and Zimbabwe. In these countries, all in southern Africa, at least one adult in five is living with HIV. An additional six countries, Burkina Faso, Cameroon, Central African Republic, Kenya, Malawi and Mozambique, have adult HIV prevalence levels higher than ten percent (Stoneburner, 1997).

2. 2 Causes of HIV/AIDS amongst women

According to the latest (2008) WHO and UNAIDS global estimates, women comprise 50% of people living with HIV. In sub-Saharan Africa, women constitute 60% of people living with HIV. In other regions, men having sex with men (MSM), injecting drug users (IDU), sex workers and their clients are among those most-at-risk for HIV, but the proportion of women living with HIV has been increasing in the last 10 years. This includes married or regular partners of clients of commercial sex, IDU and MSM, as well as female sex workers and injecting drug users (Tembo, 1994).

Seeley, J (1992) stated that gender inequalities are a key driver of the epidemic in several ways:

Gender norms related to masculinity can encourage men to have more sexual partners and older men to have sexual relations with much younger women. In some settings, this contributes to higher infection rates among young women (15-24 years) compared to young men. Norms related to masculinity, i.e. homophobia, stigmatizes men having sex with men, and makes them and their partners vulnerable to HIV.

Norms related to femininity can prevent women – especially young women – from accessing HIV information and services. Only 38% of young women have accurate, comprehensive knowledge of HIV/AIDS according to the 2008 UNAIDS global figures. HIV/AIDS programmes can address harmful gender norms and stereotypes including by working with men and boys to change norms related to fatherhood, sexual responsibility, decision-making and violence, and by providing comprehensive, age-appropriate HIV/AIDS education for young people that addresses gender norms (Seeley, 1992).

Violence against women (physical, sexual and emotional), which is experienced by 10 to 60% of women (ages 15-49 years) worldwide, increases their vulnerability to HIV. Forced sex can contribute to HIV transmission due to tears and lacerations resulting from the use of force.

Gender-related barriers in access to services prevent women and men from accessing HIV prevention, treatment and care. Women may face barriers due to their lack of access to and control over resources, child-care responsibilities, restricted mobility and limited decision-making power. Socialization of men may mean that they will not seek HIV services due to a fear of stigma and discrimination, losing their jobs and of being perceived as "weak" or "unmanly". Programmes can improve access to services for women and men by removing financial barriers in access to services, bringing services closer to the community, and addressing HIV-related stigma and discrimination, including in health care settings (Toupouzis, 1998).

Worsening poverty: As HIV/AIDS strikes the lifeline of society that women represent, a vicious cycle develops. Most of the world's women are poor and most of the world's poor are women. Women make up almost two thirds of the world's illiterate people and are often denied property rights or access to credit. Women's economic vulnerability and dependence on men increases their vulnerability to HIV by constraining their ability to negotiate safe sex. More catastrophically than elsewhere, the HIV/AIDS epidemic has deepened poverty and exacerbated myriad deprivations in sub-Saharan Africa. As a result of AIDS, poorer women are becoming economically disempowered and less secure. They are often deprived of inheritances or even adequate health services. In rural areas AIDS has caused the collapse of the coping system that has been touted as the redeeming mechanism for mitigating the impact of AIDS on households, families and communities. The responsibility of caring for orphaned children is a major factor in pushing many extended families beyond their ability to cope (Nabalonzi, 1995).

With the number of children that require protection and support soaring – and ever-larger numbers of adults falling sick with HIV/AIDS – many extended family networks have simply been overwhelmed. Grinding poverty, along with a lack of education and productive resources, multiplies the chances that girls and women will sell sex as their only economic option thus fuelling more infections. In AIDS-affected communities, survival sex has become common currency – traded for food, cash, and shelter – even for education.

Lack of education and economic security affects millions of women and girls, whose literacy levels are generally lower than men and boys'. Many

women, especially those living with HIV, lose their homes, inheritance, possessions, livelihoods and even their children when their partners die. This forces many women to adopt survival strategies that increase their chances of contracting and spreading HIV. Educating girls makes them more equipped to make safer sexual decisions (Pickering, 1996).

Many national HIV/AIDS programmes fail to address underlying gender inequalities. In 2008, only 52% of countries who reported to the UN General Assembly included specific, budgeted support for women-focused HIV/AIDS programmes.

2.3 Effects of HIV/AIDS in economic development

By killing mainly young adults, AIDS seriously weakens a country's tax base, and reduces its ability to finance public expenditures, including those aimed at accumulating human capital, such as education and health services not related to AIDS. In this way, the damaging impact of HIV/AIDS on economic growth in the longer run is intensified. As a result, national finances will come under increasing pressure. Slower economic growth means slower growth of the tax base, at the same time as governments face growing demands to treat the sick and care for orphans. Consequently, it is reasonable to hypothesise that HIV/AIDS may pose the greatest current challenge to sustained economic development in Africa (UNADIS, 1996).

Low labor Supply has been associated with HIV/AIDS amongst women given the fact that women do much of the agricultural work in Uganda. The loss of young adults in their most productive years will affect overall economic output. If AIDS is more prevalent among the economic elite,

then the impact may be much larger than the absolute number of AIDS deaths indicates.

The direct costs of AIDS include expenditures for medical care, drugs, and funeral expenses. Indirect costs include lost time due to illness, recruitment and training costs to replace workers, and care of orphans. If costs are financed out of savings, then the reduction in investment could lead to a significant reduction in economic growth (Toupouzis, 1998).

The household impacts begin as soon as a member of the household starts to suffer from HIV-related illnesses:

- Loss of income of the patient (who is frequently the main breadwinner)
- Household expenditures for medical expenses may increase substantially
- Other members of the household, usually daughters and wives, may miss school or work less in order to care for the sick person
- Death results in: a permanent loss of income, from less labor on the farm or from lower remittances; funeral and mourning costs; and the removal of children from school in order to save on educational expenses and increase household labor, resulting in a severe loss of future earning potential (Toupouzis, 1998).

An FAO study found that, in the three districts visited, there were more widows than widowers due to HIV/AIDS. Widows faced more difficult economic circumstances because of a variety of factors: inheritance laws that left them with nothing; a lack of cash income previously provided by the husband; and a lack of opportunity due to stigma as the prevailing belief is that women are responsible for transmitting STDs. Most women coped through lengthening their working day to make up for labor shortages and loss of income (FAO, 1998).

In a World Bank study, the economic impact of HIV-related deaths was stronger than other types of death, as households lost much of their savings in order to pay health care and funeral expenditures. Asset ownership declined when the death of an HIV+ member occurred, but remained stable when the death was of an HIV- member.

Women active in the informal sector in the Owino trading market were unable to continue with their trading activities because of caregiver responsibilities. In some instances, their informal businesses collapsed due to the needs of the AIDS patients. After the husband dies, one study found that there are few, if any, assets left after paying medical and funeral expenses. For some households, this means that a food shortage and subsequent malnutrition are experienced. In south west Uganda, one study found that 27 of 30 families had difficulties in providing care for AIDS patients; caring ended up being the responsibility of those with the least support from extended family. The financial costs of caring for patients with HIV/AIDS can be enormous, relative to total household income. In Rakai district, households have reported spending up to a third of their total annual income on medical care for one month, or for one funeral (Hogg, 1998).

Agriculture is the largest sector in most African economies accounting for a large portion of production and a majority of employment. Studies done in Tanzania and other countries have shown that AIDS will have adverse effects on agriculture, including loss of labor supply and remittance income. The loss of a few workers at the crucial periods of planting and harvesting can significantly reduce the size of the harvest. In countries where food security has been a continuous issue because of drought, any

declines in household production can have serious consequences. Additionally, a loss of agricultural labor is likely to cause farmers to switch to less-labor-intensive crops. In many cases this may mean switching from export crops to food crops. Thus, AIDS could affect the production of cash crops as well as food crops (ILO EAMAT 1995).

An early field study of the impact of HIV/AIDS found that, through 1989/90, there was little effect on agricultural production in the 130 households surveyed. The authors hypothesized that certain agricultural systems were most vulnerable to the effects of HIV/AIDS, and the areas with the highest HIV prevalence had different agricultural systems. They projected that there would be a stronger effect once HIV/AIDS had reached the other systems (Kezaala, 1998).

Another FAO study found that members of households where the male head had died of AIDS had increased their average working day by two to four hours in order to make up for both the decreased labor supply and drop in remittance income. They also had to decrease the amount of land under cultivation, and had started to switch to less labor-intensive crops, which also tended to be less nutritious. In fact, the assistant medical superintendent of Uganda's Lacor Hospital observed that, "...severe protein deficiency, which was never a problem in the past, has in the last three years become the main reason for child admission to the hospital."(FAO, 1998).

The macroeconomic impact of AIDS is difficult to assess. Most studies have found that estimates of the macroeconomic impacts are sensitive to assumptions about how AIDS affects savings and investment rates and whether AIDS affects the best-educated employees more than others. Few

studies have been able to incorporate the impacts at the household and firm level in macroeconomic projections. Some studies have found that the impacts may be small, especially if there is a plentiful supply of excess labor and worker benefits are small (Kezaala, 1998).

AIDS deaths lead directly to a reduction in the number of workers available. These deaths occur to workers in their most productive years. As younger, less experienced workers replace these experienced workers, worker productivity is reduced. Solutions to the spread of HIV/AIDS amongst women in Uganda. AIDS has the potential to cause severe deterioration in the economic conditions of many countries. However, this is not inevitable. There is much that can be done now to keep the epidemic from getting worse and to mitigate the negative effects. Among the responses that are necessary are:

3.4 Solutions of the spread of HIV/AIDS in Uganda

Prevent new infections. The most effective response will be to support programs to reduce the number of new infections in the future. After more than a decade of research and pilot programs, we now know how to prevent most new infections. An effective national response should include information, education and communications; voluntary counseling and testing; condom promotion and availability; expanded and improved services to prevent and treat sexually transmitted diseases; and efforts to protect human rights and reduce stigma and discrimination. Governments, NGOs and the commercial sector, working together in a multi-sectoral effort can make a difference. Workplace-based programs can prevent new infections among experienced workers.

Uganda is one of the countries to demonstrate declining trends in HIV infection, although rates are still high. A recent study found that the most likely explanation for this declining trend is behavior change among young men and women in urban areas. Prevention activities have relied on both government and donor (Kezaala, 1998).

Design major development projects appropriately. Some major development activities may inadvertently facilitate the spread of HIV. Major construction projects often require large numbers of male workers to live apart from their families for extended periods of time, leading to increased opportunities for commercial sex. A World Bank-funded pipeline construction project in Cameroon was redesigned to avoid this problem by creating special villages where workers could live with their families. Special prevention programs can be put in place from the very beginning in projects such as mines or new ports where commercial sex might be expected to flourish (Menon, 1998).

Programs to address specific problems. Special programs can mitigate the impact of AIDS by addressing some of the most severe problems. Reduced school fees can help children from poor families and AIDS orphans stay in school longer and avoid deterioration in the education level of the workforce. Tax benefits or other incentives for training can encourage firms to maintain worker productivity in spite of the loss of experienced workers. In the Rakai district, the communities have set up their own programs to help families cope with the impact of HIV/AIDS. They have started informal cooperative production and marketing efforts, which seem to be effective. It is thought that the lack of efficacy is due to the two areas having different types of epidemics and different treatment protocols (Muller, 1990).

Mitigate the effects of AIDS on poverty. The impacts of AIDS on households can be reduced to some extent by publicly funded programs to address the most severe problems. Such programs have included home care for people with HIV/AIDS, support for the basic needs of the households coping with AIDS, foster care for AIDS orphans, food programs for children and support for educational expenses. Such programs can help families and particularly children survive some of the consequences of an adult AIDS death that occur when families are poor or become poor as a result of the costs of AIDS.

Programs such as the "Trickle Up Program" and the UNDP/Uganda "Micro- Projects Programme to Combat AIDS" have provided small grants to support small business start-ups, and activities such as shelter for homeless families, orphan care including education, and other activities relating to women's health and nutrition. In addition to the economic benefits these activities have generated, a strong positive psychological effect on people living with AIDS was observed (Muller, 1990).

CHAPTER THREE
METHODOLOGY

3.0 Introduction

This chapter will include the methodology of the study. It entails research design, geographical location/area and population, sampling design, data collection methods and instruments, data analysis and processing and the limitations of the study.

3.1 Research Design

The research intended to use descriptive and analytical research design. These are selected because they are effective ways of research presentation. It will be survey-based on quantitative and qualitative data analysis.

3.2 Area and population of study

The research was conducted in one area that is in Kyamuhunga subcounty Bushenyi district.

3.3 Sample size

The sample size of 100 respondents was chosen and this will include; 50 community members, 30 women, 10 men, and 10 women rights activists. The responses got from these respondents will be generalized to the whole population of the district.

3.4 Sample size and framework

The researcher used purposive sampling technique since it ensures that the only predetermined and chosen respondents are approached, hence getting relevant, correct and adequate information.

Researchers also regard a sample of 100 as adequate irrespective of population (Bailey, 1994). Also according to Roscoe 1975), sample sizes of between 30 and 500 are appropriate for most studies. However, through this sampling technique is chosen, it has a weakness that inadequate information can sometimes be given because the selected respondents may be less informed on the topic of research.

3.4.1 Sample technique

Random sampling technique in which the size of the respondents was predetermined before the research was conducted without bias. A sample size of 100 will be arrived at and will be randomly selected from the sheets of paper spread. This is when using stratified random sampling. After that systematic random sampling was used this later gives the actual sample size. Quantitative data collection was then used which involved editing, encoding, and later tabulation of the collected material.

3.4.2 Sample procedure

Stratified random sampling was employed to determine four respondents from the company and the different categories of respondents was got. This sampling data collection instrument was pre-tested in which the researcher has to first pre-test and find out whether the sampling technique is efficient or not. The determined respondents was consulted and prior information was to be given to them seeking their consent before they are fully involved in the research. Purposive sampling was carried out to the division executive and technical team involved in company management.

3.5 Data collection instruments

The following data collection instruments was be used:

(i) Questionnaire

This was designed in line with the topic, objectives and hypothesis. They included both open and closed-ended questions. This instrument was selected because it is efficient and convenient in a way that the respondent was given time to consult the documents before answering the questions. It was also because the respondent can give unbiased answers since she/he was given to write whatever she/he would like to write which would otherwise be hard for the respondent to write if the researcher is present.

(ii) Focus Group Discussions

The instrument was chosen because the respondents give instant answers and the data collected can easily be edited since the researcher will have heard when the respondent is communicating (answering) the question. The researcher here is saved from misinterpretation of questions since she can rephrase the question if not fully heard or answered so that he can get the relevant information wanted.

(iii) Documentary Review

This included detailed review of already existing literature. The tool was selected because it gives accurate, correct and historical data, which may be used for future aspects. The sources of the information here was be the libraries, data banks, news papers and any other published information that can readily be available for use as regards the topic of research.

(iv) Interviews

This involved face to face interaction between the researcher and the participant through discussion. Babbie (2003) argues that interviews can be in two ways, namely:

Structured interview in which the responses by the participants was a brief and specific. Unstructured interviews, where the responses was long, elaborated and not specific, the interviews will be conducted in group, individual. The researcher was carried out interviews with the selected respondents using the interview guide because it was the most appropriate method which can be used to study the attitudes, values, beliefs and motives of people. It also has an element of flexibility. These persons were interviewed individually so as to get independent answers.

3.6 Source of data collection

The researcher collected data from both primary and secondary sources.

i. Primary Data

This was sourced by physical and visiting of the files and collecting data through variable tools. The respondents were to be got by first determining the number of the respondents and then taking a physical visit to seek for the consent of the respondents to have them answer the set questions in the questionnaire and this was through following stratified random sampling techniques in the respondents are first selected and then approached.

ii. Secondary data

This was sourced by reviewing of documented resources as newspapers, journals, reports, presentations, magazines and online publications. This is done in order to fist identify the existing information on the topic of

research and to understand how much the respondent knows about the research topic in order to avoid lies.

3.7 Data processing and analysis

Audrey J. Roth argues that "data processing is concerned with classifying response into meaningful categories called codes." Data processing starts by editing the schedules and coding the responses. Editing, Coding and Tabulation techniques are used in data processing exercise. Data processing is the link between data collection and analysis.

Nachmas and Nichimas pointed out that it involves the transformation of data gathered from the field into systematic categories and the transformation of these categories into codes to enable quantitative analysis and tabulation; the data collected is classified into a meaningful manner for easy interpretation and understanding. This will involve preparing data collected into some useful, clear and understandable data. The whole exercise will involve editing, tabulation and analyzing the data statistically to enable the researcher draw conclusions in relation to the research variables.

3.7.1 Editing

Editing is the process whereby the completed questionnaires and interview schedules are analyzed in the hope of amending recording errors or at least deleting data that are obviously erroneous. This is aimed at improving the quality of information from respondents. The researcher fills out few unanswered questions. However, answers filed are deducted from the proceeding answers or questions.

3.7.2 Coding

"The purpose of coding in research is to classify the answers to questionnaires into meaningful categories so as to bring out their essential patterns." Coding will be used in this research in order to summarize data by classifying different response given into categories for easy interpretation. For each question, list of probable answers was prepared.

3.7.3 Tabulation

According to Moser and Kalton, "data once edited and coded was put together in some kind of tables and may undergo some other forms of statistical analysis." Data was put into some kind of statistical table showing the number of occurrences of responses to particular questions with percentage to express data in ratio form.

3.8 Ethical procedure

Before going to the field, the researcher got authorization letter from the principal College of Economics and Management Science then take it to the respondents and enabled the researcher attain adequate information from the respondents. During the process of data collection, confirmation gave to the respondents in that the researcher assured the respondents that the reason for the research was be for academic purpose only.

3.9 limitations of the Study

Unwillingness of the respondents to effectively respond to the questions was one of the most notable problems that researcher faced while conducting the research.

Financial constraints was also a notable problems occurred during the process of conducting the research. Transport costs were so high to be

met by the researcher and this fully contributed to the delay of the research because it may become so hard for the researcher to continue with the tight budget.

Hostility among some respondents was also other limitations of the study in the sense that the researcher found that there are hostile respondents who in the long run might turn down the request of the researcher to answer the questions. Many of such respondents may walk away in spite of the fact that the researcher may try to plead for their attention.

The researcher may be affected by the prevailing weather conditions i.e. the rain. It is true that the research may be conducted during rainy season and it may become so hard for the researcher to find the respondents.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION OF THE FINDINGS

4.0 Introduction

This chapter deals data presentation, analysis and discussion of the findings. Data was collected, analyzed and processed to make it useful and understandable. Data was collected, tabulated and then analyzed.

4.1 Social demographic characteristics

4.1.1 Age of the respondents

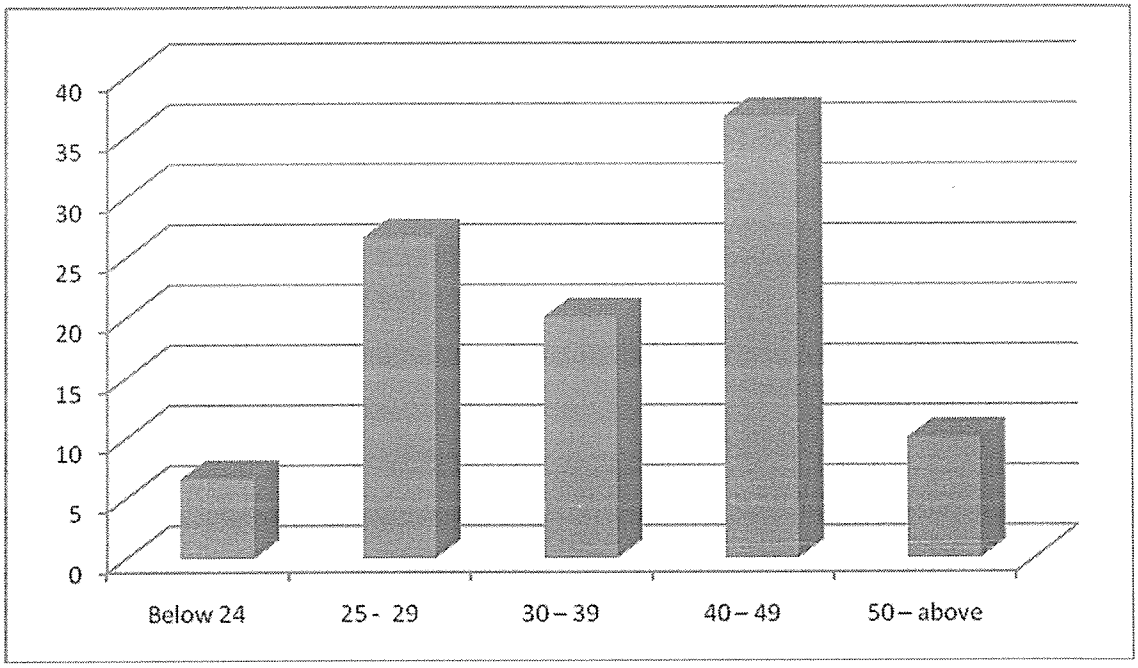
Respondents were asked questions related to their age and the results are shown in the table below:

Table 1 Age distribution of respondent

Age group	**Frequency**	**Percentage**
Below 24	4	6.6
25 - 29	16	26.6
30 – 39	12	20
40 – 49	22	36.6
50 – above	6	10
TOTAL	**60**	**100**

Source: *Primary data*

Figure 1: Age distribution of respondent



Source: Primary data

The Table The figure show that 6.6% of the respondents were below 24 years, 26.6% were between 25-29 years of age, 20% were between 30-39 years of age, 36.6% were between 40-49 years and 10% were above 50 years of age.

4.1.2 Marital status

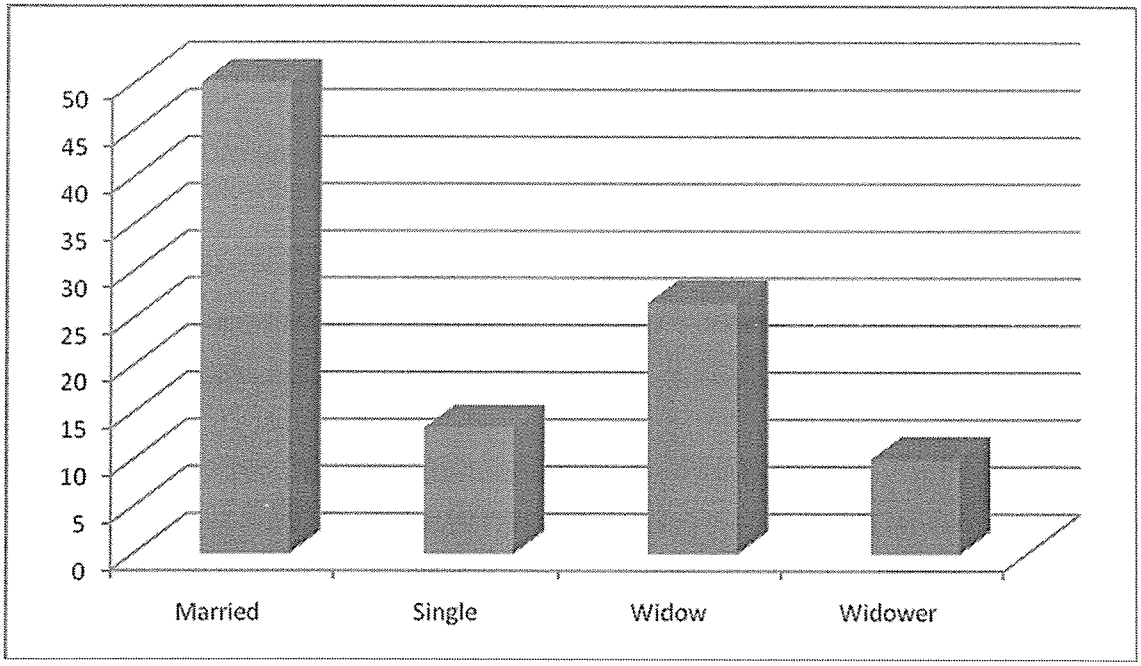
Another variable which was important in respect to the situation of the people in the area was marital status. Information regarding marital status of the respondents was obtained by asking them whether they were married, single, widowed or widowers.

Table 2 Marital status

Marital Status	**Frequency**	**Percentage**
Married	30	50
Single	8	13.3
Widow	16	26.6
Widower	6	10
TOTAL	**60**	**100**

Source: Primary data

Figure 2: Marital status of the respondents



Source: Primary data

Table and figure 2 above shows that 50% of the respondents were married, 13.3% were single, 26.6% were widows and 10% were widower

4.1.3 Sex of the respondents

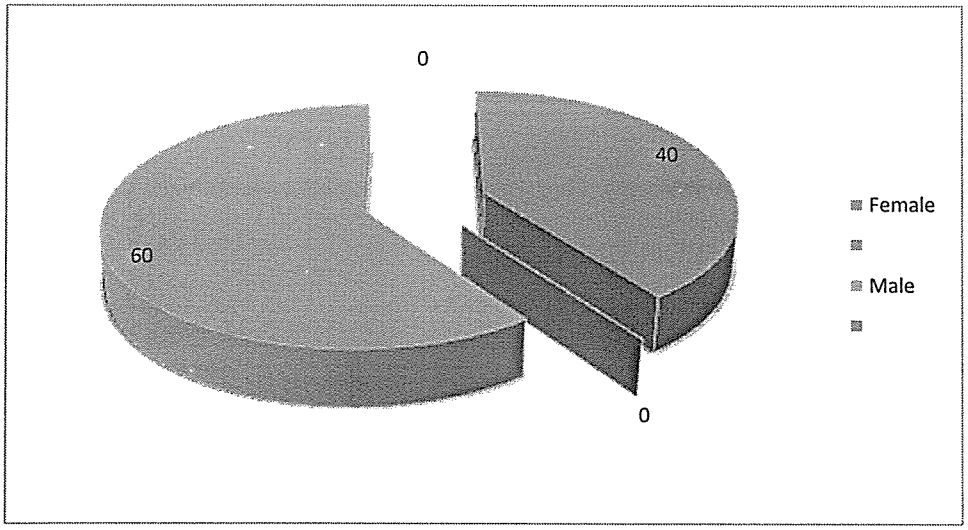
Sex was also another factor which was considered during the study. This is because the researcher was interested in finding out the number of females and males in the whole of the population, and compares the percentage composition of the two.

Table 3: Sex of the respondents

Sex	**Frequency**	**Percentage**
Female	40	60
Male	20	40
Total	**60**	**100**

Source: Primary data

Figure 4: Gender of the respondents



Source: Primary data

Table 3 and figure 4 above show the gender of the respondents and it was found that 40 out of 100, representing 40% of the respondents were

females and 60 out of 100, representing 60% of the respondents were males. This therefore means that the majority of the respondents are male and the male dominate the respondents with over 60%.

4.1.4 Educational status

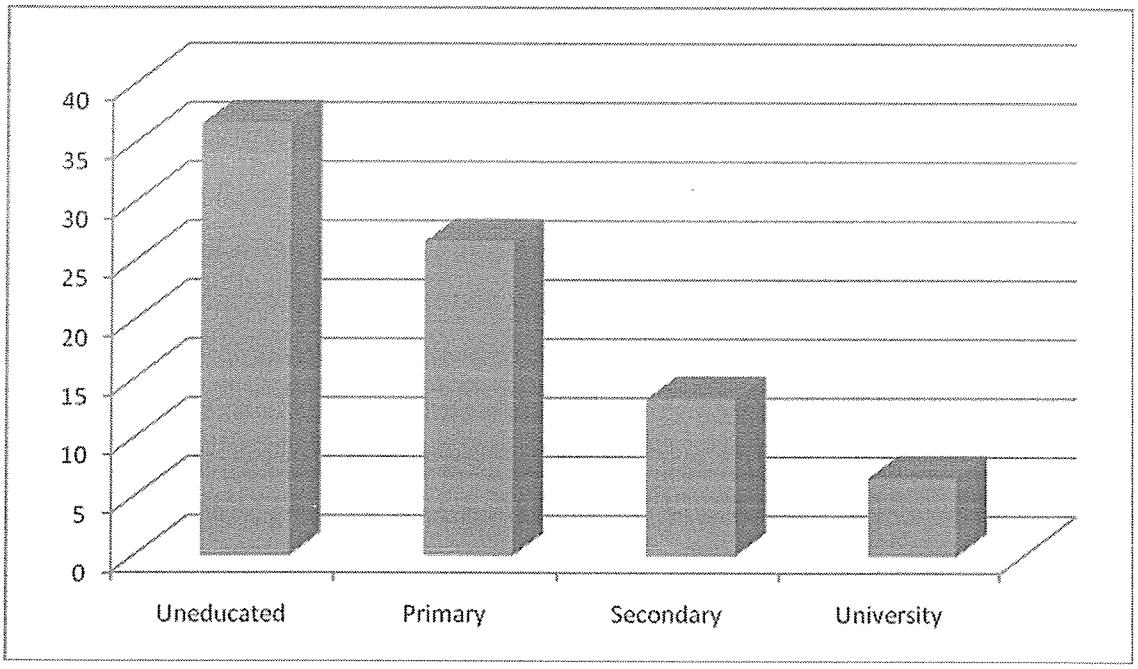
Respondents were asked questions related to their educational status and their responses are shown in the table below;

Table 4: Educational level of the respondents

Education levels	Frequency	Percentage
Uneducated	22	36.6
Primary	14	26.6
Secondary	8	13.3
University	4	6.6
Tertiary	6	10
Others	4	6.6
Total	**60**	**100**

Source: Primary data

Figure 4: Educational level of the respondents



Source: Primary data

Table and Figure 5 above shows educational levels of the respondents and it revealed that 36.6% of the respondents were uneducated, 26.6% were of primary level, 13.3% had secondary education, 6.6% received university education, 10% had tertiary education and 6.6% fell under other levels of education.

4.2 What are factors contributing to increase of HIV/AIDS in Kyamuhunga subcounty Bushenyi district?

Table 5 what are factors contributing to increase of HIV/AIDS in Kyamuhunga subcounty Bushenyi distric ?

Response	Legal bodies	Political leaders	Local population	Medical bodies	Total	%
Having unprotected sex	10	0	5	1	15	**25**
Domestic violence worsens HIV/AIDS	3	0	3	0	6	**10**
Mother to child during birth	5	4	4	0	13	**21.6**
Poverty and HIV/AIDS	2	2	0	1	5	**8.3**
The lack of good governance will	4	0	0	2	6	**10**
Rape	6	4	3	1	13	**21.6**
Total	**30**	**10**	**15**	**5**	**60**	**100**

Source: primary data

Having unprotected sex

The prevalence of HIV/AIDS among women and girls involved in commercial sex in Kyamuhunga subcounty Bushenyi district. is on the rise. Cases of other sexually transmitted diseases like Syphilis and Gonorrhea are also high among the sex workers. 25% of the respondents indicated that the HIV prevalence among the sex workers was as high as 47.2 per cent compared to the national rate of 6.7 per cent, to enhance access to HIV/AIDS services among sex workers in Kampala. Furthermore, the respondents indicated that amongst young sex workers who are between 25-29 years, the prevalence of HIV is as high as 60 per cent and 59.6 per cent are infected with other Sexually Transmitted Diseases (STDs). Mulago department of midwife Kampala Uganda

Domestic violence worsens HIV/AIDS

Domestic violence was identified as one of the factors contributed to increase HIV/AIDS in Kyamuhunga subcounty Bushenyi district. . The respondents noted that Uganda government failure to protect women from domestic violence and discrimination increases women's risk of contracting HIV, 10% of the respondents further, identified that Domestic Violence and Women's Vulnerability to HIV in Uganda," they said that the widespread of rape and brutal attacks on women by their husbands in Kampala, where a specific domestic violence law has not been enacted and where spousal rape is not "The Ugandan government's failure to address domestic violence is costing women their lives," said executive director of the Women's Rights Division of Human Rights Watch. "Any success Uganda has experienced in its fight against HIV/AIDS will be short-lived if the government does not address this urgent problem cause the increase of HIV/AIDS in Kyamuhunga subcounty Bushenyi district.

Mother to child during birth

Mother to child during birth is considered as one of the causes of HIV/AIDS in Kyamuhunga subcounty Bushenyi district. . The total of 21.6% of the respondents discovered that mothers who deliver in their homes without nurses with prier advice on how to cut the umbilical cord with the sharp instrument like laser blade has been identified as among other factors that contribute the increase of HIV/AIDS according to (Mulago Maternity word department)

Poverty and HIV/AIDS

Poverty was the major were discovered as one of the factors influencing women to practice commercial sex thus increasing HIV/AIDS in Kyamuhunga subcounty Bushenyi district. About 8.3% of the respondents said that sex workers like any other women have not yet been empowered in negotiating safer sex. Sex workers who go in for unprotected sex are paid more money than those who opt for protected sex. Dr Peter Ibembe the National Program Manager, Reproductive Health Uganda, responded that women and young girls are becoming more infected with HIV due to social economic and cultural factors that deny them access to HIV prevention and treatment services. In his quotation said that "A poor woman or girl may not be able to deny a man sex because she needs money. Because of their lack of decision-making power in matters of sex, as well as other factors like poverty, they become more exposed to the risk of becoming infected than men", he said several men take advantage of poor women and girls and exploit them sexually.

The lack of good governance will

The lack of good governance were one among other factors causes increased HIV/AIDS in Kyamuhunga subcounty Bushenyi district. The total 10% of the respondents high lighted that there is no effective policies and laws that can address gender inequality so as to bring about more democratic and stable social relations and enhancing the possibilities of social change to address HIV/AIDS. They said that if there is Good governance that have political will and commitment that manifest in strong public voices on the epidemic, an effective government based on the rule of law, freedom from corruption, commitment to respecting, protecting and fulfilling human rights and human security, and the participation of a strong and active civil society, particularly the Greater Involvement of People Living with HIV/AIDS (GIPA) at all levels of policy formulation, program implementation, monitoring and evaluation. They noted that an absence of good governance, increases social and political insecurity, which increases the vulnerability of the population to HIV/AIDS.

Rape

Rape was yet another factor causing increase of HIV/AIDS in Kyamuhunga subcounty Bushenyi district. The total of 21.6% of the respondents lamented that the country facing armed conflict and political instability, women and girls may face systematic rape and other gender-specific war crimes. Young women and girls face special risks because of the erroneous but widespread belief that sex with a virgin can cleanse a man of infection. The respondents further noted that AIDS orphans, who are often forced to feed for themselves, are also easy prey for sexual abuse and violence. The threat of violence, physical violence, and abandonment are some of the consequences faced by women who have to negotiate the

use of a condom, discuss fidelity with their partners, and leave relationships that they perceive to be risky or disclose their HIV status.

4.3 What are the effects of HIV/AIDS to the people of Kyamuhunga subcounty Bushenyi district?

Table 6 what are the effects of HIV/AIDS to the people of Kyamuhunga subcounty Bushenyi district?

Response	Legal bodies	Political leaders	Local population	Medical bodies	Total	%
Poverty	8	1	0	0	9	**15**
HIV/AIDS and gender	3	3	2	1	9	**15**
HIV/AIDS and human rights Parents.	4	0	2		6	**10**
Impact on household food security	5	4	5	2	16	**26.6**
Health and education	2	1	0	0	3	**5**
Human resources	6	2	1	1	10	**16.6**
Discrimination	2	4	0	1	7	**11.6**
Total	**30**	**15**	**10**	**5**	**60**	**100**

Source: primary data

Poverty

Poverty was one as a result of HIV/AIDS in Kyamuhunga subcounty Bushenyi district. It affects people of all income and education levels. However, the poor are more vulnerable to its consequences. They are less likely to recover from the shock that the loss of a productive adult and the loss of the resources to take care of him or her cause to the household. According to the total number of effects, 15% of the respondents noted that HIV/AIDS creates a risk environment that contributes to poverty; this is linked to low levels of human capital, limited productive assets and low income levels in access to resources. The epidemic in turn exacerbates rural poverty. This vicious circle is of particular concern in the rural areas, where most of Africa's poor live. Whole communities thus become food insecure and impoverished. The epidemic may have a significant effect on formal institutions and their ability to carry out policies and programs to assist rural households.

HIV/AIDS and gender:

The effects of Gender inequality is one of the driving forces behind HIV/AIDS in Kyamuhunga subcounty Bushenyi district. . Access to productive resources including land, credit, knowledge, training and technology, is strongly determined along gender lines, with men frequently having more access to all of these than women. With the death of her husband, a wife may be left without the access she had gained through him or his clan, and her livelihood and that of her children is immediately threatened. About 15% of the respondents said that HIV/AIDS are thus, worsens existing gender imbalances. DR Joan Brokoman who said that Biological and social factors make women more vulnerable to HIV,

especially in youth and adolescence. In many places HIV infection rates are three to five times higher among young women than young men.

HIV/AIDS and human rights:

According to Dr. Livingston Sewanyana the director for the Foundation for Human Rights Initiative (FHRI) said HIV/AIDS-affects household and communities often face considerable difficulties when adapting themselves to the devastating effects of the epidemic. The total of 10% of the respondents stressed that extended families are generally better able to cope with AIDS-related morbidity and mortality due to the presence of more productive adults to offset the loss of adult labor. Uganda Human rights authorities further however, noted that the coping strategies are largely dictated by the availability and access to key assets (land, income, technology, know-how, etc.), and secondly on the availability of such resources as extended families or a community security net.

Access to these assets and resources depends partly on factors such as gender, socio-economic status, age, marital status, and life-cycle stage, among others. For example, AIDS widows (many of whom infected with HIV have no legal rights to land and property after their husband's death, due to customary or even formal inheritance laws. Impoverishment may force them to send some of their children away (who also infected with HIV, the stigma associated with HIV/AIDS may not enable an infected person to disclose this information without facing social exclusion, thus deterring any attempt to cope with the consequences of the disease in Kampala district. The access and availability factors that affect the capacity of rural households to cope with HIV/AIDS are thus intrinsically linked with the question of human rights. Therefore, in order to support

productive adaptations of affected households and communities to the consequences of HIV/AIDS in Kyamuhunga subcounty Bushenyi district.

Impact on household food security:

Effects of HIV/AIDS on the house hold food security was identified as one major effect of HIV/AIDS in Kyamuhunga subcounty Bushenyi district. , about 26.6% of the respondents asked said that HIV/AIDS diminishes the household's ability to produce food because it takes its death toll mostly among productive adults. In fact, the impact on the agricultural labor force, which makes up most of the labor force of the affected countries, has been enormous. HIV/AIDS also affects food security by impoverishing affected families and hence reducing their ability to produce and buy food. The cost of caring for an AIDS patient, and meeting the subsequent funeral expenses, exceeded the average annual farm income. As a result, poor rural households sell their productive assets, including their livestock, to care for the sick or pay the funeral expenses, and with those assets go their only savings, compromising their future livelihoods. Traditional safety nets, which contribute to food security in times of need, are breaking down in the worst affected communities, where families and neighbors become too overburdened to help each other with food, loans, a hand in the fields, or care of orphans.

Health and education

The social cost of the epidemic is staggering. Providing drugs for HIV infected individuals has exorbitant costs; these expenditures are beyond the reach of the government and most individuals. The total of 5% of the respondents noted that there has been increased burdens on government diverts funds from productive investments. The cost of treatment of

HIV/AIDS. They further said that there has been added cost of assisting orphans and destitute households. The permanent secretary in the ministry of finance and economic planning said that Dealing with the epidemic increasingly obliges governments to compromise on the quality of the services they provide. The capabilities of the future labor force are jeopardized by reductions in education. In the first 10 months of 2008, Kyamuhunga subcounty Bushenyi district. , has lost 200 teachers due to AIDS. The equivalent of two-thirds of all new teachers trained annually. Training of primary school teachers had to be reduced from 2 years to 1 year to be able to cope with the loss of teachers.

Human resources:

Human resources were identified as one other effect of HIV/AIDS to the people in Kyamuhunga subcounty Bushenyi district. . About 16.6% of the respondents noted that, because of HIV/AIDS, Ministries and Departments are losing large numbers of their staff, leading to delays and disruptions in policy and plan implementation. According to Mrs Saida Bbumba the Ministry of labor and social development said in the report that estimated 58 per cent of all staff deaths are caused by AIDS, while some 16 per cent of staff dies of other killer diseases. Without the necessary institutional support services, many agricultural and rural development institutions can no longer achieve their planned program outputs and production targets. Many Institutions suffer considerable loss in human resources when staff and their families are infected with the HIV virus. The disruption in services further aggravates the difficulties in reducing poverty in AIDS-affected populations

Effect of stigma and discrimination

The respondents noted that stigma and discrimination are yet another effect of associated with HIV and AIDS also mean that people living with HIV and AIDS are much less likely to receive care and support. The total of 11.6% of the respondents said that those not actually infected but associated with the infected, such as spouses, children, and caregivers, suffer stigma and discrimination. This stigma and discrimination needlessly increase the personal suffering associated with the disease. The shame associated with AIDS a manifestation of stigma that has been described by some writers as 'internalized' stigma may also prevent people living with HIV from seeking treatment, care and support and exercising other rights, such as working, attending school, etc. Such shame can have a powerful psychological influence over how people with people see themselves and adjust to their status, making them vulnerable to blame, depression and self-imposed isolation.

4.4 The solutions to the spread of HIV/AIDS amongst women in Kyamuhunga subcounty Bushenyi district.

Table 8 The solutions to the spread of HIV/AIDS amongst women in Kyamuhunga subcounty Bushenyi district.

Response	Frequency	Percentage
Medical treatments	14	23.3
Adopt healthy behaviors	10	16.6
Focusing on preventing preterm	17	28.3
Human Security	13	21.6
Female economic power	6	10
Total	**60**	**100**

Source: primary data

The real tragedy is that women are often better economic stewards of capital than men. Research has shown that women are more likely to reinvest profits back into human capital than are men. Abut 23.3% of the respondents said that when women have economic power - defined as control of income and capital (land, livestock, etc.)-they gain more equality and control over their own lives, while contributing directly to their children's development (nutrition, health and education) and thereby indirectly to their nation's income growth.

Women's economic empowerment could ease corruption and violence, promote greater environmental sustainability, and through education, contraception, and lower fertility rates, help lower HIV/AIDS rates. If this kind of process is accepted by society, then it should be apparent that women's education and economic empowerment is not only a matter of human rights but also human security. On this specific issue, Nobel Prize winner Amartya Sen writes;

Human Security is integrally connected with securing human capability, and thus applies directly to the contribution of education in removing the "downside risks" among the general class of objectives included under the broad hat of human development. About 21.6% of the research findings Human Security stands, thus on the shoulders of human development with a particular adaptation of rich vision and perspective, and this applies especially strongly to the critical role of elementary education.

Over 10% of the research findings shows that female economic power also enhances the "wealth and well-being of nations." Women who control their own income tend to have fewer children, and fertility rates have shown to be inversely related to national income growth. Women are also more able and generally more willing than male counterparts - to send daughters as

well as sons to school, even when they earn less than men. In turn, a woman's level of education affects her decision-making process when it comes to questions about contraception, age of marriage, fertility, child mortality, modern sector employment and earnings.

But women's economic empowerment must not be examined in a vacuum. Unfortunately, widespread cultural and economic practices work to prevent empowerment. To fully assess the opportunities and obstacles that exist, the intersection of political, social/cultural and environmental conditions must be analyzed alongside traditional economic indicators.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.0 Introduction

This chapter was concerned with the summary of the study, conclusion and recommendation.

5.1 Summary of the study

In the research findings, the HIV/AIDS in the recent phenomenon, AIDS has had devastating effects. It has killed millions of people, and significantly reduced life expectancy· AIDS depletes the country's labour force, reduced agricultural output and food security, and weakened educational and health services. The large number of AIDS related deaths amongst young adults has left behind over a million orphaned children.

Although unanimously recognized on the basis of knowledge gained to date, no public health reason justifies a violation of human rights. Discriminatory measures are common, which, as a result of exclusion, which identified, does not favor a participatory policy on HIV/AIDS.

Women are particularly infected by the epidemic because women tend to marry and become sexually active at a younger age than their male counterparts, and often have older and more sexually experienced partners. This (plus various biological and social factors) puts young women at greater risk of infection; in fact, young women are nine times more likely than young men to contract HIV.

The study involved both qualitative and quantitative methods of data collection in which questionnaires, interview guides and focus group discussions were used to collect the data from the respondents.

The major objective was to examine the role of human rights in fighting HIV/AIDS; the study was conducted in Kyamuhunga subcounty Bushenyi district. Religious leaders, political leaders, police officers and the community participated in the study.
A total of sixty (60) participants, 5 political leaders, 30 legal bodies, 15 local population and 10 medical bodies participated in the study.

The findings were based on the research questions that were given to the respondents. After that, the findings were drawn according to the following questions of the study;

The first research question asked were "factors contributing to increase HIV/AIDS in Kyamuhunga subcounty Bushenyi district?" The researcher came up with the following results; having unprotected sex, Domestic violence worsens HIV/AIDS, Mother to child during birth, Poverty and HIV/AIDS, The lack of good governance will, Rape

The second research question was "the effects of HIV/AIDS to the people of Kyamuhunga subcounty Bushenyi district?" The answers to this research question were as follows; Poverty, HIV/AIDS and gender, HIV/AIDS and human rights Parents, Impact on household food security, Health and education, Human resources, Discrimination

5.2 CONCLUSION

The conclusion was made in line with the various themes of the study and was based on the findings of the study.

The first research question asked were "factors contributing to increase HIV/AIDS in Kyamuhunga subcounty Bushenyi district ?" The researcher came up with the following results; having unprotected sex 25%, Domestic violence worsens HIV/AIDS 10%, Mother to child during birth 21.6%, Poverty and HIV/AIDS 8.3%, The lack of good governance will 10% and Rape 21.6%

The second research question was "the effects of HIV/AIDS to the people of Kyamuhunga subcounty Bushenyi district?" The answers to this research question were as follows; Poverty 15%, HIV/AIDS and gender 15%, HIV/AIDS and human rights Parents 10%, Impact on household food security 26.6%, Health and education 5%, Human resources16.6%, Discrimination 11.6%

5.3 RECOMMENDATIONS

The recommendations were made in relation to the findings and conclusions. The researcher therefore came up with the following recommendations in an attempt to address the role of human rights in fighting HIV/AIDS in Kyamuhunga subcounty Bushenyi district.

Increase access to HIV/AIDS testing and counseling services

HIV testing and counseling is essential for an effective global response to HIV, and is both a public health and a human rights imperative. Scaling up access

to HIV testing and counseling and providing appropriate provider-initiated HIV testing and counseling, in addition to scaled-up client-initiated voluntary counseling and testing (VCT) services, is likely to have many benefits, as long as people who test HIV positive: can benefit from treatment, care and support, including antiretroviral treatment (ART) have access to evidence-based prevention measures that enable them to reduce the risk of transmission to their partners, and are protected from stigma, discrimination and violence through a supportive social and legal environment.

National governments should ensure that efforts to increase access to HIV testing and counseling include efforts to increase access to client-initiated VCT services and that these efforts form an essential part of achieving universal access to HIV prevention, care and support.

National governments should devote particular efforts to ensuring that members of most-at- risk populations are not left out of, or adversely affected by, efforts to increase access to HIV testing and counseling, and should ensure that they have easy access to innovative, client- initiated VCT services.

The need for serious and much greater investment in protection from discrimination and abuse.

Increasing HIV testing and counseling must also go hand in hand with much greater investment in real protection – in practice, and not just on paper from HIV-related discrimination and abuse, particularly for women, children and adolescents, sex workers, men who have sex with men, people who use drugs, and prisoners. WHO and UNAIDS should recognize that "equal efforts must be made to ensure that a supportive social, policy and legal framework is in place to maximize positive outcomes and minimize potential harm to patients". Furthermore, where stigma and discrimination are high, efforts to address

these issues and build necessary capacity should take place before, as a precondition, to efforts to expand provider- initiated HIV testing and counseling. Yet in general, there have been few efforts to cost, budget and implement national programs that would secure legal and human rights protections for people living with, affected by, or vulnerable to HIV and AIDS.

Invest in legal reforms and support services of right campaign against violence of discrimination, stigma and other human rights abuses

Despite vastly increased funding for global AIDS programs, there has been little investment in legal reform and legal support services, know your rights campaigns, campaigns against violence against women, and other initiatives to provide protection from stigma, discrimination and other human rights abuses. Nor does it appear that in the context of expansion of provider-initiated testing and counseling governments are assessing their situations in terms of levels of stigma and discrimination and health-worker capacity, and where problematic, taking steps to address any problems before expanding testing and counseling.

Need to address economic, social and cultural rights within the context of HIV/AIDS

There is a need to address economic, social and cultural rights within the context of HIV/AIDS as this is primarily a disease affecting the poor and the powerless; it is important to examine the issue of HIV/AIDS and human rights in a comprehensive manner, taking into account all human rights, economic, social and cultural as well as civil and political; there is a need to focus on the protection of civil and political rights of persons living with HIV/AIDS and other vulnerable population groups. Reference can be made to *Article 25* of the ICCPR on political rights and the fact that Governments often fail to heed the advice of international organizations or NGOs, and continue to introduce discriminatory

and repressive measures based on fear of the spread of the disease in Kampala District

5.4 Areas for Further Research

More research should also be done on the grave dangers of discrimination and stigma as result of the impact HIV/AIDS in developing countries.

Finally, further research should be carried on why the HIV/AIDS victims have not realized their rights

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APPENDICES

APPENDEX I

QUESTIONNAIRE TO TEACHERS

I KAMURUNGI KELLEN a student of Kampala International University pursuing a Bachelor's Arts in Development studies. I request you to answer these questions in utmost faith as a partial fulfillment of the award. I therefore affirm that this information is purely for the academic purpose.

SECTION A

Tick where necessary

SECTION A

1) Sex

(a) Male ☐ (b) Female ☐

2) Age

(a) 20-25 ☐ (b) 25-30 ☐

(c) 30-40 ☐ (d) 41-50 ☐

(e) 50-60 ☐ (f) 61-70 ☐

3) Marital Status

(a) Married ☐ (b) Single ☐

(c) Widower ☐ (d) Widow ☐

4) Religion

(a) Catholic ☐ (b) Protestant ☐

(c) Muslim ☐ (d) Others (Specify) .....

5) Educational Level

(a) None ☐ (b) Primary ☐

(c) Secondary ☐ (d) Post Secondary ☐

(e) Others (specify).....

SECTION B

1) Do you know about HIV/AIDS?

(a) Yes ☐ (b) No ☐

(c) If yes, what do you know about it?

.....

.....

2) Do you know of women with HIV/AIDS?

(a) Yes ☐ (b) No ☐

(c) If yes, how did you know?

(a) .....

(b) .....

(c) .....

(d) .....

SECTION C

(i) What do you think are the causes of HIV/AIDS amongst women in Kyamuhunga subcounty Bushenyi district?

(a) .....

(b) .....

(c) .....

(d) .....

(e) .....

APPENDIX II

RESEARCH BUDGET

The study is estimated to cost 500,000/= arrived at as follows:-

ITEM	COST (UGHS)
Stationary and other related costs	150,000
Transport	200,000
Communication	50,000
Photocopy	20,000
Typesetting and binding	50,000
Internet	20,000
Subsistence	25,000
Miscellaneous	35,000
Total	500,000