

**POLYGAMY AND HIV/AIDS PREVALENCE IN FORT PORTAL MUNICIPALITY,
A CASE STUDY OF WEST DIVISION, KABALORE DISTRICT,
WESTERN UGANDA**

BY

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**A RESEARCH REPORT SUBMITTED TO THE SCHOOL OF HUMANITIES AND
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OCTOBER, 2016

DECLARATION

I Kisembo Amos declare to the best of my knowledge that this is my original work entitled
Polygamy and HIV/AIDS prevalence in Fort Portal Municipality, a case study of West Division”
and has never been presented to any higher institution of learning for any award.


Signature.....

Date

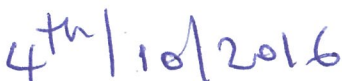
04/10/2016

APPROVAL

This is to certify that this report entitled "Polygamy and HIV/AIDS prevalence in West Division, Fort Portal Municipality" has been submitted for the award of Bachelor in development studies of Kampala international University, Kampala with my approval as the university supervisor.

Signature: 

Madam Barongo Eleanor

Date: 

DEDICATION

I dedicate this report to my beloved dad and mum Mr. Charles Rurihona & Catherine Rurihona, who sponsored my studies throughout the all levels, family members, relatives and friends, May the Almighty God reward them, abundantly.

ACKNOWLEDGEMENT

I am grateful to my supervisor Madam Barongo Eleanor for her intellectual guidance, counseling, encouragement and appropriate supervision that promises the accomplishment of this research proposal. I do not have the right words to appreciate your efforts! Thank you Madam. I also acknowledge the efforts of my lecturers from the Department of Social Sciences. Their lectures formed the basis for enlightenment within which this research falls.

Great thanks go to my parents Mr. Charles Rurihona and Miss Catherine Rurihona who are responsible for my success in studies. Had they not been there to support me through primary to this degree level, I would have not done this course. Dad and Mum, your contribution is a debt that I must pay back through the heart because I cannot pay you in any equivalent terms. Thank you very much.

Sincere gratitude also goes to Mr. Byamugyisha Tanazio for his social, moral and material support while I pursued my studies. I am also grateful to my relatives and friends for their moral support and encouragement May the Almighty bless them abundantly. I also acknowledge my colleagues on the same program, I am very grateful for the cooperation we had together. May they keep up the spirit?

LIST OF ACRONYMS AND ABBREVIATION

HIV - Human Immunodeficiency Virus

AIDS - Acquired Immune Deficiency Syndrome

WHO - World Health Organization

UN - United Nations

PMTCT - Prevention of Mother to Child Counseling and Testing

NGO - Non Governmental Organization

Dr. - Doctor

USA - United States of America

ART - Antiretroviral Treatment

USAID - United States Agency for International Development

CD4-Cluster of Differentiation 4

DNA- Deoxyribonucleic Acid

SSA- Sub- Saharan Africa

UNAIDS- United Nations Agency for International Development

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ABSTRACT

This study intended to find out the relationship between polygamy and HIV/AIDS prevalence in Fort Portal Municipality. Specific objectives were to determine the cause of high HIV/AIDS prevalence, secondary, to determine the effects of HIV/AIDS prevalence in Fort Portal municipality. The research adopted a cross-sectional research approach, questionnaires were used to measure causes and effects of HIV/AIDS prevalence and were administered to 200 people from all the five cell wards of west division of Fort Portal municipality. The findings of the study indicated that There is a strong relationship between polygamy and HIV/AIDS prevalence. Polygamy is the main cause of HIV/AIDS in the municipality. It was recommended that Kampala International University should always facilitate financially students during time for their research fields, the government was also recommended to provide measures to mitigate polygamy in the communities in order to reduce the risk of HIV/AIDS.

CHAPTER ONE

1.0 Introduction

The practice of concurrent sexual partnerships has been considered to be a critical driver of the HIV/AIDS epidemic in sub-Saharan Africa (SSA), Reiner's and Watkins (2009). This study was about the effect of polygamy on HIV/AIDS prevalence in Fort Portal Municipality, Uganda using the West Division as a case study. This chapter contained the background of the study, problem statement, objectives of the study, research questions, and scope of the study both conceptual and Geographical scope and significance of the study.

1.1. Background of the study.

This part covered historical background, conceptual, theoretical and contextual backgrounds of the study.

1.1.1 Historical background of the study

According to the World Health Organization (WHO), there were approximately 36.9 million people worldwide living with HIV/AIDS at the end of 2014. Of these 2.6 million were children (15 years old). According to WHO an estimated 2.0 million individuals became newly infected with HIV in 2014. This includes over 220,000 children (15 years old), most of which live in Sub-Saharan Africa and were infected by their HIV positive mothers during pregnancy, childbirth or breastfeeding.

The UNAIDS report shows that of 36.9 million people living with HIV globally, 17.1 do not know they have the virus and need to be reached with HIV testing services and around 22 million people do not have access to HIV treatment including 1.8 million children and sub

Saharan Africa is the most affected region.

According to the UNAIDS Gap report 2014, sub Saharan Africa has the most serious HIV and AIDS epidemic in the world, in 2013 an estimated 24.7 million people were living with HIV, accounting for 71% of the global total in the same year there were an estimated 1.5 million new HIV infections and 1,1millions AIDS related deaths. The prevalence for the region was 4.7% but varies greatly between the regions with in sub Saharan Africa.

According to the UNAIDS Gap report 2016, an estimated 1.6 million people were living with HIV in Uganda and an estimated 63,000 Ugandans died of AIDS related illness. As of 2013, the estimated HIV prevalence among adults aged 15-49 stood at 7.4%.

Conceptual background of the study.

According to the WHO (2007), Human immune deficiency virus (HIV) is a virus that attacks the immune system, the body's natural defense system. Without a strong immune system the body has trouble in fighting off diseases, white blood cells are an important part of the immune system. HIV infects and destroys cer'ain white blood cells called CD4+cells. If too many CD4+cells are destroyed, the body can no longer defend itself against infections.

The last stage of HIV infection is AIDS (Acquired Immune Deficiency Syndrome). People with AIDS has a lower number of CD4+ cells and get infections or cancers that rarely occur in healthy people. These can be deadly. But having HIV does not mean you have AIDS. Even without treatment, it takes a long time for HIV to progress to AIDS usually 10-12 years.

According to Merriam Webster, polygamy is a marriage in which a spouse of either sex may have more than one mate at the same time.

Robison. B.(2013) defined polygamy as a plural marriage (having many wives), he said the husband is the polygamist and the wives are monogamous to him, he further more said that it is neither a group marriage which has communal basis nor polyamory (many loves) which consists of multiple relationships.

Dr. Badawi.J. (2011) defined polygamy as a system of marriage where one person has more than one spouse. He further said that polygamy has two types; polygyny where a man marries more than one woman and polyandry where a woman marries more than one man.

The dictionary.com defined polygamy as the practice or condition of having more than one spouse especially wife at the same time.

It also defines polygamy as the habit or system of mating with more than one individual either simultaneously or successively.

According to the researcher's opinion, polygamy is a practice or system of having multiple sexual partners especially wives at the same time.

According to the researcher also, HIV is a virus that destroys the body's immune system by weakening the white blood cells and giving a chance to opportunistic infections to attack the body. AIDS can also be defined as a disease that is caused by HIV.

Theoretical background of the study

The social cognitive theory; this theory by Parajes (2002) and it states that the adoption of behaviors as a social process is influenced by interactions with a person and others in the environment, two components of this theory are;

1. Modeling of behaviors we see others performing.

2. self-efficacy, person's belief that he/she is capable of performing the new behavior in the proposed situation.

SCT explains how people acquire and maintain certain behavioral patterns while also providing a basis for intervention strategies (Bandura 1997). Evaluating behavioral change depends on factors; environment, people and behavior. Environment refers to factors that can affect a person's behavior; these are social and physical environments. Social environment includes family member's friends and colleagues; physical environment is the size of the room, the ambient temperature or availability of certain foods. Environment and situation provide a frame work for understanding behavior (parraga 1990).

1.1.4. Contextual background of the study.

According to UN Political Declaration on HIV/AIDS (2012) Sub-Saharan Africa had high HIV prevalence and AIDS epidemic in the world. In 2012, roughly 25 million people were living with HIV, accounting for nearly 70 percent of the global total. In the same year, there were an estimated 1.6 million new HIV infections and 1.2 million AIDS-related deaths. As a result, the epidemic has had widespread social and economic consequences, not only in the health sector but also in education, industry and the wider economy.

According to the UNAIDS report (2013), Uganda had an estimated 1.6 million people living with HIV. And an estimated 63,000 Ugandans died of AIDS related illness. The estimated HIV prevalence among adults aged 15 to 49 stood at 7.4%. Promising signs were shown between the years of 2005 and 2013 as the number of AIDS related deaths in the country was reported to

have decreased by an estimate of 19%. Nevertheless at the end of 2013, Uganda had 140,000 new cases of HIV infections, accounting 7% of the world's total increase, the third largest increase in any country.

According to the research made by Rubaihayo, Akib and Mughusu on a population-based HIV sero-survey (2013) shows that Fort-Portal municipality continued to show a persistent high HIV prevalence despite the various interventions in place. The overall HIV prevalence in the general population was 16.1 %, (95% CI, 12.5-20.6). Prevalence was lower among women (14.5%; 95% CI, 10.0-19.7) but not significantly different from that among men (18.7%; 95% CI, 12.5-26.3). Having more than 2 sexual partners increased the odds of HIV by almost 2.5 times.

1.2 Problem statement.

In spite of the fact that government and partners have played a leading role in fighting against HIV/AIDS in west division community in Fort Portal municipality, HIV/AIDS was believed to be increasing. A population-based HIV sero-survey 2013 show that the overall HIV prevalence in the general population of Fort Portal municipality is 16.1, an issue that remains under researched is polygamy and HIV/AIDS. Halperin and Epstein (2004) argued that the cultural practice of concurrent sexual partnerships was responsible for Africa's high HIV prevalence. Also Georges Reiner's and Susan Watkins (2011) argued that the practice of concurrent sexual partnerships was considered to be a critical driver of HIV/AIDS in high prevalence countries in sub Saharan Africa. However, other writers have the contrary view. For instance Van Dyk (2001) and C. Tabane argued that polygamy helps to prevent and reduce HIV infection. This unsettled debate has led to the minimization of policy programming around polygamy and HIV/AIDS in Uganda.

Thus, this research study was under taken to empirically find out the impact of polygamy HIV/AIDS prevalence in Fort Portal municipality, Uganda.

1.3 Purpose of the study/ Main objective

The purpose or main objective of the study was to investigate the impact of polygamy and HIV/AIDS prevalence in Fort Portal municipality.

1.3.1. Specific objectives

The research study was guided by the following specific objectives

1. To determine the causes of high HIV/AIDS prevalence in Fort Portal municipality.
2. To determine the effect of high HIV/AIDS prevalence in Fort Portal municipality
3. To determine the relationship between polygamy and HIV/AIDS prevalence in Fort Portal municipality.

1.4 Research questions

In order to achieve the objectives of the study, the research was guided by the following research questions.

1. What are the causes of high HIV/AIDS prevalence in fort portal municipality?
2. What are the effects of high HIV/AIDS prevalence in Fort Portal municipality?
3. What is the relationship between polygamy and HIV/AIDS prevalence in Fort Portal municipality?

1.5 Scope of the study

The study analyzed polygamy and HIV/AIDS prevalence found out the causes and suggest possible solutions and the recommendations aimed at solving this epidemic were put forward.

1.5.1conceptual Scope:

The study focused on only two variables i.e. polygamy practices and HIV/AIDS. Polygamy practices was the independent variable while HIV/AIDS was the dependent variable of the study

1.5.2Geographical scope of the study:

The study was carried out in the West Division Fort Portal Municipality coverage (all the cell wards of west Division) located in Fort Portal Municipality which is located in the mid-western Uganda. This was because fort portal municipality is believed to have a high HIV prevalence amongst other towns in Uganda according to the HIV sero survey report (2013) by Akib , Rubaihayo and Mungushu.

1.5.3. Content scope.

The study generally focused on polygamy and HIV/AIDS prevalence in fortportal, specifically the study investigated the causes of high HIV/AIDS prevalence. Additionally the effects of HIV/AIDS on the community were investigated.

1.5.4. Theoretical scope.

The study adopted the social cognitive theory by parajes (2002) which states that the adoption of behaviors is a social process that is influenced by interactions with a person and others in the community, SCT explains how people acquire and maintain certain behavioral patterns while also providing a basis for intervention strategies (bandura 1997)

1.5.5. Time scope

The study was a cross-sectional study, starting from May – September 2016. The study was cross-sectional because data was collected at one point in time.

1.6. Significance of the study

The research findings generated significant benefits to the following persons and organizations.

To the government.

- The Government of Uganda, since the epidemic of HIV/AIDS is a contentious issue. This research may be used as a basis for future interventions where necessary.

To the community.

- Religious organizations may use the research findings to understand more about the causes of polygamy and use the information to sensitize the masses about the dangers of the practice and how it can be discouraged or prevented.

To the future researchers.

- Future scholars and researchers may use this report to conduct further research in the related areas of study. The research reports may be an addition to the existing literature about media and homosexuality.

CHAPTER TWO: LITERATURE REVIEW

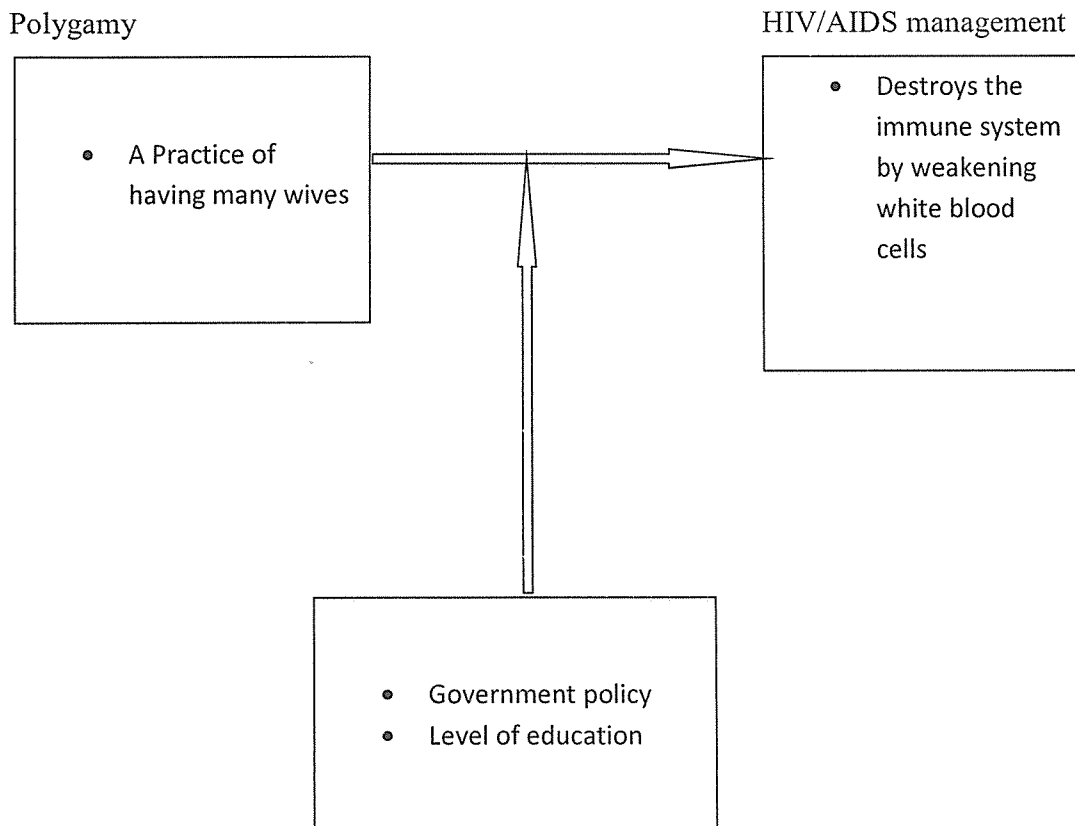
2.0. Introduction

This chapter contained the conceptual frame work, theoretical framework, review of literature related studies and Gaps identified from the study.

2.1. Conceptual framework

The independent Variable.

The dependent variable



Source; Researcher 2016

Explanation of the variable

The study contained polygamy as my independent variable which was operationalized as the practice of having many wives, HIV/AIDS prevalence was my dependent variable which was operationalized as the destruction of the immune system that weakens white blood cells. However there are other factors that intervened in my study for instance government policy and level of education.

2.2 Theoretical frame work

The social cognitive theory (SCT) by parajes 2002 states that the adoption of behaviors as a social process is influenced by interactions with a person and others in the community. Thus this theory becomes relevant to my study of polygamy and HIV/AIDS prevalence because polygamy is a social practice which can also be influenced by friends, family members and colleagues in any community leading to high HIV/AIDS prevalence.

2.3 Review of literature.

This section looked at causes of HIV/AIDS prevalence, effects of HIV/AIDS prevalence and relationship between polygamy and HIV/AIDS.

2.3.1. Causes of high HIV/AIDS prevalence.

Mother to child transmission.

According to Beneth (2010,) the new born children get the virus from their mothers who are already infected through pregnancy, childbirth and breastfeeding. He further more said that the most vulnerable population is in sub-Saharan Africa.

Circumcision infections:

According to the Uganda health research report (2012) by byamugisa, the cultural practices like circumcision by the tribal groups of bagisu, bamba and bakonjo who use and share sharp objects like blades can easily cause the transmission of HIV/AIDS.

Multiple sexual partners:

According to the world AIDS organization's report of 2014, 75% of people acquire the virus due to having multiple partners i.e. more than one especially due to polygamy families. Also Reiner's and Watkins (2009) argued that multiple sexual partnerships are driving high HIV/AIDS prevalence in sub Saharan Africa.

Blood transfusion in hospitals:

The report by the world AIDS organizations (2011) sited that 0.05% HIV/AIDS infections is transmitted through blood transfusion and it's on rear cases.

Moral decay in the society:

According to Anthony's report made in 2014, Uganda's moral decay of society values, virtues and principles has highly increased the vulnerability of HIV/AIDS epidemic. That much awareness about the epidemic is still needed by masses.

Most commonly, HIV infection is spread by having sex with an infected partner. The virus can enter the body through the lining of the vagina, vulva, penis, rectum, or mouth during sex. Although vaginal and anal intercours are the primary risk factors, oral sex transmission is also possible.

HIV frequently spreads among injection-drug users who share needles or syringes that are contaminated with blood from an infected person.

2.3.2. Effects of HIV/AIDS prevalence.

Life expectancy: According to the UNAIDS report 2010, the average life expectancy stagnated at 49.5 years in 2006, it was reported that in many countries of sub-Saharan Africa HIV and AIDS had wiped 20 years of life expectancy. This impact on life expectancy was attributed largely to child mortality, associated with an increase in the mother-to-child transmission of HIV during pregnancy. In the period 2002-2012 life expectancy increased by 5.5 years due mainly to the dramatic scaling up of antiretroviral treatment. However, life expectancy in many countries remains very low. Swaziland, which has the highest HIV prevalence in the world, has a life expectancy of just 48.9. Lesotho's is equally low at 48.7 years.

Households and livelihoods: The HIV epidemic has had a severe and wide ranging impact upon households in sub-Saharan Africa. Many families have lost their chief income earners, who have died, or are too sick to work. This puts a heavy financial burden on families who have to pay ever increasing medical costs, forcing many into poverty. As a result, many families have to provide home-based care, further reducing their earning capacity and placing more demands on their resources.

Parents and children: The majority of adults newly infected with HIV are in sub-Saharan Africa. At the height of the HIV epidemic, there were an estimated 2.2 million new HIV infections annually, this had fallen 35 percent by 2011 (1.5 million). Despite an on-going decline in HIV and AIDS cases as well as deaths, 17.3 million children have now been orphaned by the epidemic globally, 88 percent of this number are in Sub Saharan Africa

As a result of the slow progress made in treatment, care and support to mothers living with HIV in the mid-2000s, roughly 3.4 million children under the age of 15 were living with HIV globally in 2011, due to mother-to-child transmission. 91 percent of this number (3.1 million) was in sub-Saharan Africa.

Hospitals: At the height of the epidemic in sub-Saharan Africa, HIV was putting a serious strain on hospital resources. In 2006, people with HIV-related illnesses were occupying more than 50 percent of all hospital beds in the region.

Household income and basic necessities: The HIV and AIDS epidemic in sub-Saharan Africa can seriously impact upon a household's ability to generate income.

When the income earners become too sick to work or simply die, children can be forced to abandon their education, and in some cases, women may turn to sex work as a source of income, increasing the risk of HIV transmission. The loss of income, in addition to rising medical costs, reduces the ability of people giving care to work themselves, pushing HIV-affected households deeper into poverty.

Food security: Food insecurity can be a factor behind the spread of HIV. As a coping strategy, some people are forced to engage in transactional sex, which subsequently increases the risk of transmission. At the same time, the epidemic can create food insecurity and malnutrition by increasing medical costs and reducing the productivity of the workforce, impacting heavily upon people's livelihoods.

“Our fields are idle because there is nobody to work them. We don't have machinery for farming, we only have manpower - if we are sick, or spend our time looking after family members who are sick, and we have no time to spend working in the fields.” - *Toby Solomon 2010, commissioner for the Nsanje district, Malawi*

Selling productive assets: A decline in labor and productivity in households can lead many families to sell their assets or shift to employment with lower earning potential in order to look after affected family members and to pay for medical treatment. Often, these types of strategies undermine the long-term financial stability of a household.

One study on the economic impact of HIV and antiretroviral treatment (ART) in 2011 on individuals and households in Uganda reported that two-thirds of HIV-affected households had to sell at least some of their land, capital or household property to pay for treatment. Moreover, 67 percent required financial support from their family during treatment, with 38 percent still requiring this help after treatment.

Restructuring households: As well as a decline in the number of adults of working age, the HIV epidemic has created a gender disparity, whereby women take on a growing burden of household responsibilities. The epidemic has led to a rise in the number of female-headed households. In rural areas, research has shown how households led by women are in danger of losing land ownership and livestock upon the death of their spouse.

In other cases, the death of a family member often forces poorer households to remove their children from school. School uniforms and fees become unaffordable for these families with the child's labor and income-generating potential considered more valuable.

Schools and pupils: A decline in school enrolment is one of the most visible effects of the HIV epidemic in sub-Saharan Africa. Children may be removed from school to care for affected parents or family members, or they may themselves be living with HIV. Many are unable to afford school fees and other such expenses – this is particularly a problem among children who have lost their parents (the income earners) to HIV and AIDS. At the height of the HIV epidemic in Swaziland and the Central African Republic, it was reported that school enrolment fell by 25-30 percent.

Teachers: HIV and AIDS have had a severe impact on the already limited supply of teachers in sub-Saharan Africa. In some countries, more teachers die of HIV and AIDS related illnesses than are being trained. In 2007, the epidemic claimed the lives of 2000 teachers in Zambia. A study from 2006 in South Africa found that 21 percent of teachers aged 25-34 were living with HIV.

Teachers who are affected by HIV and AIDS are likely to take periods of time off work. Those with affected families may also take time off to attend funerals or to care for sick relatives, and further absenteeism may result from the psychological effects of the epidemic. In this situation, their class may be taken on by another teacher, combined with another class, or simply left untaught. Even when there is a sufficient supply of teachers to replace lost staff, there can be a significant impact on the students.

Labor and productivity: according to the UNAIDS Gap report 2013, the vast majority of people living with HIV and AIDS in sub-Saharan Africa are aged between (15-49) in the prime of their working lives. Employers, schools and the healthcare sector are regularly training staff to

replace those who become too ill to work. In 2012, a reported 4.7 percent of people in this demographic in sub-Saharan Africa were living with HIV.

The epidemic damages businesses through absenteeism, falls in productivity, labor force turnover, and the subsequent added costs to operations. Moreover, company costs for healthcare, funeral benefits and pension fund commitments rise as people take early retirement or die from AIDS-related illnesses.

Economic development: The combined impact of HIV and AIDS on households, healthcare, education and productivity in the workplace has stagnated, and in some places, even reversed economic and social development in sub-Saharan Africa. From 1960 to 1990, increasing life expectancy in sub-Saharan Africa was estimated to be adding 1.7 percent to 2.7 percent yearly to gross domestic product (GDP).

However, the HIV and AIDS epidemic is thought to have reduced economic growth by 1 percent annually in some countries in sub-Saharan Africa. This is due mainly to people leaving the workforce because of illness as well as lower overall productivity.

2.3.3. Relationship between polygamy and HIV/AIDS prevalence.

HIV testing. According to B. loosLI 2004 polygamous partners do not take any HIV test before starting sexual intercourse. Within polygamous families when some partners are infected and have rejected HIV testing.

Widow inheritance. According to j.Inungu 2006, polygamy is a practice used to ensure continued status of widows and orphans with in established family structure. This is common in sub Saharan Africa where when a man dies, a widow is allowed to be taken by the young

brothers of the deceased whose brother or widow may be affected by the virus.

Condom use; for multiple sexual partners of either sex, it's very hard to use condoms for all of them, according to Nyathikazi 2013, co-wives compete among themselves to bare children and there will not be condom use in this multiple partnership hence HIV/AIDS prevalence.

2.4. Related studies of the study in Fort Portal municipality.

According to the UN staff reporter 2008, traditional sexual practices including polygamy and promiscuity are driving rampant HIV/ AIDS in Africa, for instance in Swaziland where nearly 40% of the Adults are infected. That if one sexual partner in such a sexual network is HIV positive and sex is unprotected, the practice becomes an important driver of the epidemic said the UN development program (UNDP). It further more found that polygamy, widow inheritance, multiple female partners and extra marital relationships increase vulnerability to HIV.

According to J. Inungu (2006) polygamy is a social practice used to ensure the continued status and survival of widows and orphans within an established family structure. Demographic and health survey showed that polygamous union was 31% in Ghana (1988), 48% in Senegal (1986), 23% in Kenya (1989), and 16% in Zimbabwe (1988-89). Inungu further more argued that in sub-Saharan African countries, man's property including his wife passes to his adult sons or brothers after his death, that the fate of African widows ranges from disinheritance and forceful deprivation of property to the mandatory observance of harmful rituals and one of these rituals is widow inheritance, whereby the widow agrees to marry her husband's younger brother to continue as a member of the family whose husband may have died of HIV. And in case of refusal she is expelled and left to take care of her children alone.

J. L. Nyathikazi (2013) found that polygamy is widely practiced in Africa and that is often practiced in areas of high HIV prevalence, in the document Sringi (2010) argued that polygamy perpetuates HIV and Aids as co-wives compete among themselves at having more children leading to not using any protection which situation was found to be worse among the less educated women. Furthermore Mbirimtengerenji (2007) found that patriarchy and polygamy are strong in the culture and history of the country making it difficult for the monarch, king moswati and his government to reconcile the cultural norms i.e. polygamy and the fight against HIV and Aids.

According to G. Reiner's and S. Watkins (2011), found that the practice of concurrent sexual partnerships is now considered to be a critical driver of the HIV epidemic in high Prevalence countries in sub-Saharan Africa (SSA), that the upsurge of interest in concurrency is based on insight from persuasive mathematical models demonstrating that overlapping sexual partnerships are more efficient Loci for the spread of HIV. More so Maureen Mswela(2009) stated that the major concern resulting from polygamous marriages in South Africa is a problem of HIV, that it is a primary harmful practice which leads directly to the spread of HIV/AIDS infection, often the new husband is also exposed or it could be the new husband who would infect the widow.

According to G.Bertocchi and A.Dimico (2015), found that polygamy is related with unsatisfying marital relationships, particularly for women with consequent marital infidelity and an increased risk of HIV infection. This is in turn magnified for women cohabiting with polygamous husbands Furthermore the UN news center (2008) found that cultural factors in Africa including wife inheritance and some sexual practices like polygamy need to change and better understood in order to fight against HIV/AIDS infection.

According to the findings of Kenya demographics and survey (2008-9), found that thirteen of every married Kenyan women have co-wives, this means they are married to men who have at least one or more other wives. Mr. Aloise Onyango Owiti says he enjoys a happy and peaceful marriage with his five wives Flora, Margaret, Grace and Pamela but he won't advise his son or daughter to go into similar marriage because of what he considers rampant infidelity among people in the new generation.

In Uganda multiple sexual partnerships are still high, for instance during 2001-05, multiple sexual partnerships increased from 25 to 29 percent among men and 2 to 4 percent among women. Multiple or concurrent partnerships were independently associated with high prevalence and high HIV incidence (mermin et al, 2008), with HIV prevalence increasing proportionately with number of sexual partners. This practice was influenced by underlying gender, social, cultural, economic and other factors including mobility that have to be factored in any educational campaign to change this behavior.

However, as opposed to other researchers like V.Dyk (2001:120) who argued that polygamy often helps to prevent and reduce Unfaithfulness, prostitution, STDs and HIV infection. Furthermore E. M. C. Tabane and C.S.L Delport also argued that in polygamous marriage culture is respected; therefore the likelihood of all the partners involved to go around with other partners outside polygamy is very limited. And that it is not easy to get infected outside marriage as it's a principle that married partners in polygamous marriages should only have sexual relationships with partners in marriage relationships.

According to the research made by Ainganyiza. S. (2014) on HIV/AIDS, the sub counties with high prevalence rates were Hakibaale, Kasenda, Rwimi and that west division Fort Portal

municipality was ranked number one. He said the reason for high prevalence in Fort Portal municipality was because the students of Mountains of the Moon University and Uganda Pentecostal University were engaging in unprotected sex as if there is no tomorrow, he went ahead and said that in some sub counties the prevalence is high because of little supply of condoms and lack of enough health centers.

According to the HIV/AIDS surveillance report 2002, at the health care level prior to January 1997, Fort Portal hospital had a total of 590 adult AIDS cases, Kabarole 220 cases and Virika hospital 811 cases and as of 31st December 2001, the number of AIDS cases had risen to 730, Kabarole 226 and Virika 1,951 cases.

According to E. Chapman's report 2005, HIV prevalence in sexual behavior of secondary school students from 1994-2001 found increased condom use and improved safe sex behavior in this young population. In the general sexually active population of Kabarole district, HIV prevalence is around 10% which is higher than the national average of 6% (Ministry of Health).

According to the research made by Rubaihayo, Akib and Ezekiel in 2013, Fort Portal municipality continued to show a persistent high HIV/AIDS prevalence despite the interventions that were in place. The overall HIV prevalence in the general population was 16.1% and it was due to having more than two sexual partners that increased the odds of HIV by almost 2.5 times.

2.5. Gaps found.

- Previous researchers both local and foreign never identified the causes of HIV/AIDS prevalence in the communities.
- The past researchers also never identified on the impact of HIV/AIDS on communities.
- The past researchers also never investigated on the relationship between polygamy and HIV/AIDS prevalence.

CHAPTER THREE:

RESEARCH METHODOLOGY

3.0. Introduction:

This chapter clearly described the research design that was used, the population and samples from whom data was collected, the instruments that were used in data collection, the procedure that collected data, data management and analysis.

3.1. Research Design:

The study used a cross-sectional research design which applied to quantitative approach. The design enabled collection of information at one point in time from the target population. Furthermore; it enabled the researcher to describe the phenomena as it was on the ground, i.e., the relationship between polygamy practices and HIV/AIDS in west division Fort Portal municipality. In addition, the study used explanatory methods such as Key Informants through the qualitative method to explain and explore in-depth issues of the phenomenon as the field was.

3.2. Target population

The study only targeted 200 adults aged 20 and above of the west division Fort Portal municipality as a unit of analysis. The justification for adults was that it was the central unit that was concerned with high HIV prevalence according to the report by Ainganyiza. Other participants included health workers like doctors and nurses who were the informants of this study. They are stakeholders at the forefront of fighting HIV/AIDS together with the help of other local council members.

3.3. Sample size

I used the Slovene's formula (Amin 2005) to find the sample size

$$n = \frac{N}{1 + N(e^2)} = n = \frac{200}{1 + 200(0.05^2)} = \frac{200}{1 + 0.5} = 133$$

3.4. Sampling Techniques:

The sampling techniques were purposive sampling which I used to select adults of 20 years and above, the simple random sampling which I used to give the selected adults equal chance of participating.

3.5 Data collection instruments

The researcher used the questionnaire to collect data. A questionnaire refers to a list of structured questions laid down to be administered to a particular group of people who have the information needed.

How it was used;

The researcher delivered the questionnaire to the respondents personally and those who did not know how to read and write were helped by interpreting for them the questions and filled for them by the researcher.

Both structured and unstructured questions were constructed to elicit information about the study objectives and the unstructured questions were generated in the process of interaction between the researcher and the respondents.

3.6. Validity and reliability of instruments:

A pretest was carried out using friends and my supervisor. The questionnaire was tested basing on the objectives of the study. The researcher first prepared himself by reading more documents to broaden his understanding about the topic as well to gain technical skills that enabled him to present himself to the respondents especially key informants.

Edited and crosschecked the questionnaires before he left the field to check whether all research questions on the sampling plan have been answered. The researcher strictly adhered to the actual methodologies and research questions as stated in the proposal.

3.7. Procedure of data collection:

The researcher got a letter of introduction from the HOD of development studies, Kampala international University which was taken to the authorities of Fort Portal Municipality to get permission to carryout research in their areas of leadership.

After getting the letter of introduction, research instruments were prepared and after permission has been granted, the researcher selected samples using stratified sampling and simple random sampling techniques. The purpose of the research was explained to the selected samples; questionnaires were issued out and they were assured of maximum confidentiality of the information provided. The researcher administered the questionnaires personally to reduce on the costs of data management.

Data was collected, tabulated, analyzed and a report was produced thereafter.

3.8. Data presentation and analysis

Qualitative data was presented and analyzed using descriptive statements while quantitative data was presented using frequency tables and analyzed using percentage

3.9. Limitations of the study:

The researcher had the following limitations during the study:-

- (a) There was limited time to conduct a comprehensive research on the stated problem.
However, to beat the deadline, the researcher used even weekends
- (b) There was financial constraints which limited the researcher's scope. The researcher borrowed from friends and relatives Uganda shillings 200, 000/= in order to have the work completed
- (c) Some respondents did not fully cooperate; they kept some information for their own reasons. However, the researcher assured them maximum confidentiality for the information provided.

CHAPTER FOUR:

PRESENTATION AND ANALYSIS OF DATA

4.0. Introduction

This chapter presents a summary of primary data collected, analyzed and its interpretation. The findings are presented objective by objective and conclusions were drawn basing on the most frequent responses.

4.1. The first objective of the study was to determine the causes of high HIV/AIDS prevalence in Fort Portal. Following the data collected from the community / population of interest by the researcher, the HIV/AIDS virus is caused by very many facts as highlighted by the respondents and out of 40 samples, the following responses were the findings:

Table 1: Showing the responses about the causes of HIV/AIDS.

Cause	Males	Females	Frequency	Percentage
From mother to child	6	5	11	8.2
Polygamy	22	38	60	45.1
Blood transfusion	6	4	10	7.5
Share of sharp objects	17	12	29	22
Sex with an infected person	12	11	23	17.2
Total	63	70	133	100

Source: Primary data

The data in table 1 above shows that out of 133 respondents, 8.2% agreed that HIV/AIDS is caused by mother to child transfer through pregnancy and breast feeding, 45.1% said that the main cause of HIV/AIDS is polygamy, 7.5% accepted that it cause by blood transfusion, 22% said its caused by sharing sharp objects while 17.2% agreed that HIV/AIDS is caused by having sex with already infected persons. Therefore, the major cause of HIV/AIDS is polygamy since it has the highest percentages. As supported in chapter 2.3 of this research report,

4.2. The effects of HIV/AIDS prevalence in west division

The second objective was to determine the effects of HIV/AIDS in the community of Fort Portal and the following were the findings from the responses of the 40 sample

Table 2: showing responses on the effects of HIV/AIDS

Effect	Males	Females	Frequency	percentage
Gender disparity	10	7	17	12.7
Low labor productivity	12	13	25	18.8
Child headed families	8	7	15	11.3
Low economic development	37	28	65	48.9
High school dropout	2	9	11	8.3
Total	69	64	133	100

Source: Primary data, 2016

The data in table 2 above shows that out of 133 respondents, 12.7% agreed that HIV/AIDS has led to gender disparity where most families are left with only women, 18.8% said that it has led to low labor productivity, 11.3% accepted that it has led to very many child headed families, 49.9% said that the worst affected is low economic development and 8.3% agreed that HIV/AIDS has led to school dropout since children have to leave school and take care of the sick. Therefore, the major effect of HIV/AIDS is low economic development since it has the highest percentages according to the respondents in the table 2 above.

4.3. The relationship between polygamy and HIV/AIDS.

The third objective was to determine the relationship between polygamy and HIV/AIDS and looking at the above (Table1) results it's evident that polygamy has been ranked the highest cause of HIV/AIDS.

CHAPTER FIVE:

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction:

This chapter is a summary of the findings, conclusions, based on the general objective of the study and recommendations.

5.1 Summary

The research was to investigate on polygamy and HIV/AIDS prevalence in west division of Fort portal. The first objective of the study was to determine the cause of HIV/AIDS in the west division and the following were the findings; polygamy, Mother to child during pregnancy and breast feeding, during blood transfusion, share of sharp objects and sexual intercourse with already infected persons as shown in the Table 1 data as discussed by different scholars in chapter 2.3.1 of this report.

The second objective was to find out the effect of the epidemic in the community of west division and the findings were; child headed families, low economic development, gender disparity, and drop out of children from school as shown in Table 2 .low economic development got the highest percentages meaning it is the most affected according to the respondents.

The third objective of the study was to determine the relationship between polygamy and HIV/AIDS. The findings were; HIV testing and widow inheritance.

5.2. Conclusion

After a careful analysis of both primary and secondary data, the researcher concluded that there is a strong relationship between polygamy and HIV/AIDS prevalence in that community of Fort Portal. And polygamy seem to be a critical driver of the epidemic

5.3 Recommendations:

1. Media should increase on the number of programs to address the anti-social behaviors that lead to the cause of HIV/AIDS and help the public to understand more about its dangers to humanity
2. Since the researcher's scope was limited due to limited time and financial resources, further research should be carried out about the polygamy behavior, and how society should handle the practice of polygamy so that it does not pose any danger to the community
3. The government and other partners should start condemning polygamy since it is seen as the main cause of HIV/AIDS.
4. I also recommend Kampala International University to always facilitate financially students who go for research during their final year.

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APPENDIX I: QUESTIONNAIRES

Dear respondent, my name Kitembo Amos from Kampala International University and this questionnaire is intended to collect views on polygamy and HIV/AIDS prevalence in West Division Fort portal municipality

You have been selected to participate in the study by providing answers to the following questions; please take some minutes of your time to fill this questionnaire as honestly as possible.

Your responses to the questions below will assist in making this study a success and they will be treated with confidentiality.

SECTION A; BIO DATA INFORMATION

Please answer appropriately.

1. Sex.

a). male ☐

b). female ☐

2. Age

a) 20-30 ☐

b) 31- 40 ☐

c) 41-50 ☐

3. Marital status

☐

a) Married

b) Single

c) Widower

d) Widow

4. Parents level of education.

A) primary

b) Secondary

c) Diploma

d) Degree

e) PhD

SECTION B. CAUSES OF HIV/AIDS PREVALENCE

Response mode	Rating	Description
Strongly agree	4	you agree with no doubt at all
Agree	3	you agree with some doubt
Disagree	2	you disagree with some doubt
Strongly disagree	1	you disagree with no doubt at all

1. Polygamy is the main cause of HIV/AIDS prevalence.

a). Strongly agree b) Agree c) Disagree

d) Strongly disagree

2. Blood transfusion causes HIV/AIDS prevalence.

a) Strongly agree b) Agree c) disagree

d) Strongly disagree

3. HIV/AIDS is caused through mother to child transmission (MTCT).

a) Strongly agree b) Agree c) disagree

d) Strongly disagree

4. Sexual intercourse with already infected persons causes HIV/AIDS.

a) Strongly agree b) agree c) disagree

d) Strongly disagree

5. Sharing of sharp objects causes HIV/AIDS prevalence.

a) Strong agree b) agree c) disagree

d) Strongly disagree

SECTION C; EFFECTS OF HIV/AIDS PREVALENCE

1. What do you think is the major effect of HIV/AIDS prevalence?

a) Gender disparity

b) Low labor production

c) Low economic development

d) Child headed families

e) High school dropouts

2. Has the local government intervened in the effects of HIV/AIDS?

a) Yes

b) No

3. HIV/AIDS has affected the performance of the economy.

a) Strongly agree

b) agree

c) disagree

d) Strongly disagree

4. HIV/AIDS has affected the labor production of the economy.

a) Strongly agree

b) agree

c) disagree

d) Strongly disagree

5. HIV/AIDS has affected enrolment in schools.

a) Strongly agree

b) agree

c) disagree

d) Strongly disagree

SECTION D; RELATIONSHIP BETWEEN POLYGAMY AND HIV/AIDS PREVALENCE

1. Polygamy affects HIV/AIDS prevalence

- a) Strongly agree
- b) agree
- c) disagree
- d) Strongly disagree

2. How has the government intervened in condemning polygamy?

.....

.....

.....

3. How does polygamy effect HIV/AIDS prevalence in your community?

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.....

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4. How can you recommend the government to address polygamy?

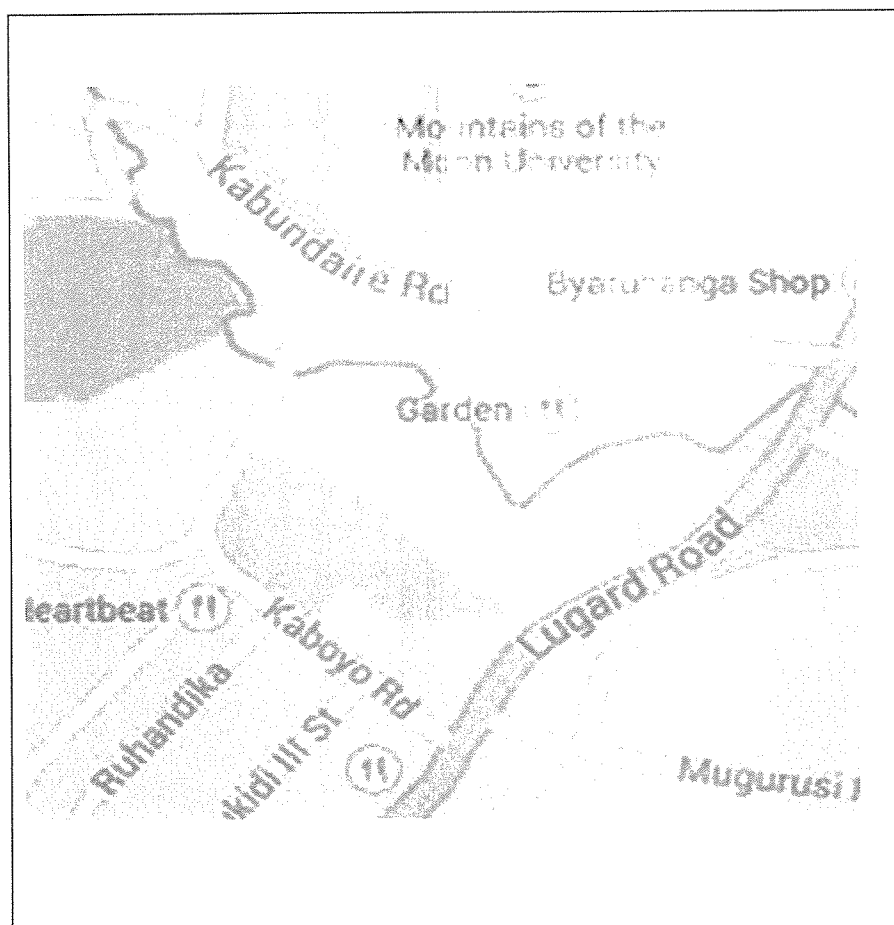
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Thank you very much for your time and active participation in the study.

APPENDIX II: MAP OF WEST DIVISION FORT PORTAL MUNICIPALITY



Office of the Head of Department

24th August, 2016

Dear Sir/Madam,

**RE: INTRODUCTION LETTER FOR MR. KISEMBO AMOS REG.
NO.BDS/41797/133/DU**

The above mentioned candidate is a bonafide student of Kampala International University pursuing a Bachelors Degree in Development Studies.

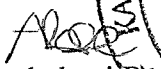
He is currently conducting a field research for his dissertation entitled, **THE RELATIONSHIP BETWEEN POLYGAMY PRACTICES AND HIV/AIDS MANAGEMENT IN FORT PORTAL MUNICIPALITY, A CASE STUDY OF WEST DIVISION, KABALORE DISTRICT, WESTERN UGANDA.**

Your organisation has been identified as a valuable source of information pertaining to his research project. The purpose of this letter then is to request you to accept and avail him with the pertinent information he may need.

Any data shared with him will be used for academic purposes only and shall be kept with utmost confidentiality.

Any assistance rendered to him will be highly appreciated.

Yours truly,


Ms. Ainembabazi Rose
HOD, Development, Peace and Conflict Studies

