# THE HIV/AIDS PREVENTION STRATEGIES AND THE SEXUAL BEHAVIOR OF THE YOUTHS

**BY**

**NALUTAAYA JULIET**

**BED/12266/61/DU**

**A RESEARCH REPORT SUBMITTED AS A FULFILMENT FOR THE AWARD OF THE DEGREE OF BACHELOR OF EDUCATION OF GUIDANCE AND COUNSELING OF KAMPALA INTERNATIONAL UNIVERSITY**

**JULY 2009**

## APPROVAL

This is to certify that this dissertation is titled: The HIV/AIDS Prevention Strategies and the Sexual Behavior of the Youth had been submitted for examination with my approval and consent as a university research supervisor.

SIGNED BY: _____

MR. SAMANYA BULHAN

SCHOOL OF EDUCATION

KAMPALA INTERNATIONAL UNIVERSITY

DATE: 20th Aug/09 .

DEDICATION:

To my dear husband Nyombi Lauben for his tireless determination, social, economic and emotional support towards my education. May the good Lord bless him.

## ACKNOWLEDGEMENT

The long effort that led me to the successful completion of this course would not have been sustainable without the unreservedly committed guidance, love and who had made me what I am today. To you, I owe more than words could say. Thank you.

I am obliged to acknowledge my dear parents, my husband, Nyombi Lauben, Tr. Michelle Paine, Juliet, brothers, sisters, family and relatives for your love and selfless support for my education.

I am very grateful to my supervisor, Mr. Samanya Bulhan, for the valuable time guiding me through the research process and writing of this book.

## LIST OF TABLES

## ACRONYMS

| | |
|---|---|
| ACP | : AIDS Control Programme |
| AIC | : AIDS Information Centre |
| AIDS | : Acquired Immune Deficiency Syndrome |
| HIV | : Human Immune Virus |
| MOH | : Ministry of Health |
| PIASCY | : Presidential Initiative on AIDS Strategies for Communication to the Youth |
| STDs | : Sexually Transmitted Diseases |
| WHO | : World Health Organization |
| UNAIDS | : Joint United Nations Program on AIDS |

## ABSTRACT

The study dealt with HIV/AIDS prevention strategies and sexual behaviour of the youth. The research aimed at investigating the HIV/AIDS prevention strategies and sexual behaviour of the youth. It involved the total of 100 youths. The sample of respondents will be randomly selected from different divisions in Kampala district, including Kawempe division, Makindye division, Rubaga division, Kampala Central division, and Nakawa division.

The research will be carried our to find out the different HIV/AIDS preventive strategies.

To investigate the youth's level of awareness about HIV/AIDS preventive strategies.

To examine the relationship between the level of HIV/AIDS preventive strategies awareness and risky sexual behaviours among the youth.

The study is descriptive and explanatory in nature. The designs will be used to examine whether HIV/AIDS prevention strategies have any impact on the youth's sexual behaviour. The study will focus on the youth in Kampala district.

A questionnaire will be used to collect data in this study. It will consist of three sections. Refer to chapter 5.

In conclusion the study investigated the HIV/AIDS prevention strategies and the sexual behaviour of the youth. From the study youth's level of awareness concerning the HIV/AIDS prevention strategies was reasonably high, many youth knew that abstinence was the best prevention strategy.

Recommendations of the abstract refer to chapter 5 after conclusion at the end of the dissertation. For example: The study recommended that the ministry of health publications and other non-governmental organization such as UNICEF, TASO indicate that AIDS patients were first diagnosed in 1982 in Rakai district.

# CHATPER ONE

## Introduction

### Background

The Acquired Immune Deficiency syndrome (AIDS) is a deadly disease caused by the human immune virus (HIV) which damages the cells of the body's immune system. People diagnosed with AIDS may suffer from life threatening disease call opportunistic infections caused by microbes such as bacteria and virus. The disease is associated with symptoms like diarrhoea, tuberculosis, high fever, skin sores, mouth and throat sores (AIDS: ACTION AID, ISSUE 25, 1995).

The first AIDS cases in Uganda were recognized around 1982 in Rakai district. The disease was called 'slim' in Kyotera a centre town of Rakai district and was believed to be a product of witchcraft that was due to the dubious and unfaithful trade in Kasensero landing bay on Lake Victoria. During the subsequent 10 years HIV/AIDS spread like a wildfire causing devastation in home and communities, its prevalence reached 30 % (New Vision. Oct. 8 1988.)

Uganda was the first country in Africa to reverse the epidemic from a high level of up to 30 % in sentinel site averaging about 17 % country wide in early 1990's to current level of about 6%. This was achieved through the adoption of a comprehensive behavioural change approach which has been emphasized through various preventive programmes and strategies that utilizes public information, education and communication, STD control, the balanced 'ABC' model approach and numerous interventions like Voluntary Counselling and Testing (VCT), Prevention of mother to child HIV transmission (PMTCT) and Anti-retro viral drugs (A.R.V.S.) (New Vision. Feb. 3. 2006)

Although some youths are trying to protect themselves having taken up the challenge and

awareness, many youths continue engaging in risky sexual behaviours like unprotected sex, prostitution and having many sexual partners which puts them at a higher risk of the HIV/AIDS infection than any other age group (UNAIDS. 1998a).

**Statement of the study**

Although number of programmes have been undertaken to create and increase awareness about HIV/AIDS and to generate change in people's sexual behaviour. Though evidence is mounting that young people have both the knowledge and attitudes to affect sexual behaviour, the mean age for first sexual involvement is continually falling and condom usage is low. This puts the youth at risk of infection and the incidence and prevalence rates for AIDS may increase.

**Purpose of the study**

The study was to investigate the relationship between the HIV/AIDS preventive strategies and the sexual behaviour of the youth.

**Objectives of the study**

1. To find out the different HIV/AIDS preventive strategies.
2. To investigate the youth's level of awareness about HIV/AIDS preventive strategies.
3. To examine the relationship between the level of HIV/AIDS preventive strategies awareness and the risky sexual behaviours among the youth.

**Scope of the study**

The study was carried out in Kampala District and it intends to find out the different preventive strategies of HIV/AIDS and sexual behaviours among the youth. It covered the five Divisions that are, Makindye, Kawempe, Rubaga, Nakawa and Kampala Central. In these Divisions the study was limited to youths of different social economic status and education level.

**Significance of the study**

It will be significant to the researcher since it will give her the experience and equip her with research skills as a result of the process of carrying out the study.

It will be useful to the general public and the press as a source of literature on the different HIV/AIDS preventive strategies and the sexual behaviours among the youth.

The research will enable the concerned authorities that is, the Government, students and youths leaders, parents in choosing the best way of influencing youth sexual behaviours.

Further more the study findings will be certainly useful to extension workers, members of Non-governmental organizations policy makers dealing with HIV/AIDS epidemic, the data was also to give the guidelines to follow when enhancing evaluating policies and finding loopholes as far as HIV/AIDS control among the youth concerned.

The other significance of the research will be done as a partial requirement for the award of a Bachelors degree of Education with guidance and counselling of Kampala International University.

# CHAPTER TWO

## Literature review

### Introduction

HIV/AIDS continues to be the major global health social and economic problem. The effects of HIV/AIDS are felt more in the most productive population groups majority of whom are the youth. About half of the HIV/AIDS infections have so far occurred in the youths or the young people and it/s estimated that 6 million youths so far have been infected (ACP, Report, 1995).

According to UNAIDS (1998), Uganda ranks among those countries hardest hit by HIV/AIDS. Despite this, the country is fortunate to have strong social and political support for the control of the epidemic and a government policy of openness on HIV/AIDS. This had prompted a number of intervention strategies in attempt to have the epidemic reduced.

Omwony and Rwomushana (1995) observed that a number of crucial new sector including people living with AIDS the legal professional, academicians all institutions of education, commercial enterprises and media have all joined in the fight, in the prevention of HIV/AIDS and are strongly encouraging the HIV preventive strategies.

In this chapter therefore, the research will review literature regarding the preventive strategies of HIV/AIDS, the level of awareness of the HIV/AIDS preventive strategies among the youth and the relationship between youth awareness of the HIV/AIDS preventive strategies and risky behaviors.

### The HIV/AIDS preventive strategies

### Introduction

The government and the other stakeholders involved in the fight against HIV/AIDS came

up with a number of preventive strategies as an attempt to reduce on the HIV/AIDS infection among the people. These included Abstinence, Being faithful to one sexual partner and use of Condom (ABC). There was also introduction of Voluntary Counselling and Testing (VCT), Prevention of Mother to Child Transmission (PMTCT).

**Abstinence**

Abstinence is one of the preventive strategies that have been advocated for the reduction in the spread of HIV/AIDS. Abstinence involves complete refrain from sexual intercourse in an attempt to avoid contracting the virus or any other sexually transmitted disease and also to prevent unwanted pregnancies.

Ramayana 1995 in this study observed that the primary behaviour option advocated for unmarried people has been abstinence, meaning complete refrain from sexual intercourse in order to combat the spread of HIV/AIDS. Abstinence is therefore one of the strategies used in the reduction of the HIV/AIDS infections among the youths.

A study conducted by UNAIDS 1998 and Armstrong 1995 revealed that abstinence was instrumental in reducing the spread of HIV/AIDS virus. Most people acknowledge that abstinence: though difficult to practice was the best and most reliable method of preventing the spread of the virus.

According to Namayanja (1995), in this study conducted on safer sex practice, students were asked about their attitude towards abstinence from all sexual activities as a practice for HIV/AIDS prevention. The majority of the respondents about 69% advocated for abstinence as the best way to avoid AIDS where as 31% did not think this was useful method. Namayanja's findings therefore showed that abstinence as a strategy for HIV/AIDS prevention was viewed by the majority of the respondents as the best method.

Consistent abstinence can be practiced by young people who are in relationships and those who are not in relationships. However, abstinence does not prevent HIV/AIDS infection from non sexual activities like using contaminated needles for doing drugs, tattooing or taking steroids (Neil Isenberg, 2005).

In contrast however, Olowo et al 1992 noted that social factor promote multiple sexual partner relationships including social norms of satisfying partner or number of children, need for income. He further noted that informal polygamy was said to be increasing common in towns. Many men maintain one or more extra martial lovers in long term relationships such as concubines.

**Reduced number of sexual partners**

Reduction in the number of sexual partners is the other preventive strategy that has been introduced so as to reduce the chances of contracting the HIV/AIDS disease. The fewer the number of sexual partner, the lesser the chances of contracting the disease (Nakimuli.1 1998).

It's otherwise known as zero grazing, this is where one is completely faithful to only one sexual partner. However strategies to promote faithfulness among couples do not necessarily lead to lower incidence of HIV unless neither partner has go the infection and are bother consistent (UNAIDS 2000).

Armstrong (1995) in the study 'Uganda Aids Crisis' noted that it is clear that behavioral change including not only a reduction in the number of sexual partners but also being faithful to that one and condom use. Coupled with effective treatment of STDs and control program can significantly reduce the spread of HIV. In the long run this combination of interventions has nearly had a large effect on reducing HIV prevalence.

The Crusader (Dec. 1998) also reported that new research showed new partners mostly

teenagers are faithful to their current partners, although more boys than girls have concurrent sexual relationships. This therefore implies that even the teenagers consider reduced number of sexual partners which is important in trying to prevent the spread of HIV/AIDS.

However in contrast, Ntege (1990) in this study was noted that some respondents who had been involved in promiscuity for a long time without contracting AIDS or any other STD saw no reason for sticking to one partner or using condoms. They believed that they were lucky few who were immune to HIV/AIDS. To those people therefore the contraction of HIV/AIDS was not based on the number of sexual partners that one had but rather on the one's relationship with God.

And in connection was the above, Namayanja (1995) in the study conclusion noted that sexual activity among urban secondary school adolescents was common, awareness of AIDS was high but that many of them were still too rigid in affecting a considerable behavioural change such as reducing the number of sexual partners. The implication therefore is that the infection of HIV/AIDS could be on the rise among these groups of adolescents.

In relation to the above, The Monitor (Tue. Dec. 1998) reported that the assistant commissioner of prisons in charge of administration, Christopher Kaliisa said that AIDS was spreading due to the belief that '*askari natulakwa mutungi, moja*' (soldiers eat from the same plate). He said that AIDS was killing over 30 to 40 prison officers every year. This implies that there is a lot of sharing of sexual partners which has accelerated the rate of infection of HIV/AIDS. Having one sexual partner is not viewed as a vital way of preventing the spread of HIV/AIDS.

Conclusively, it can therefore be seen that a lot of people are increasingly becoming aware of the danger of having multiple sexual partners.

**Condom use**

A condom is a life saving devise. It is highly effective in preventing HIV transmission if used correctly and consistently. It's the best current method for prevention for those who are sexually active and are at risk of infections (Ministry of Gender and Social Development 2003).

Originally condoms were only made for males but recently female condoms have been introduced on the market. The latex condom is so far generally regarded as the only practical option to safe sex though it does not provide 100% protection. It is a great improvement on the unprotected sex in the high risk situation which greatly led to the spread of HIV/AIDS (Nakimuli 1998).

Rwabukwale et al (1990), international collaboration AIDS research noted that recent studies reveal that there has been increased utilisation of condoms as a means of preventing the spread of HIV/AIDS. It has also been proved that condoms if properly and consistently used actually prevent the transmission of HIV/AIDS. The persistent rise in the rate of condom utilisation has therefore greatly checked the spread of HIV/AIDS. In relation to this, the Monitor (Dec. 1998) quoted the director of AIDS control program (ACP) Dr. Madra as saying,

> *"Previously we had projected that 10 million condoms be used every year and number estimated to be in the 1994 the demand was 10 million and by 1995 it had reached 19 million condoms".*

The Monitor (Dec. 1998) also reported that AIDS control programme manager Madra as said that ever since ACP took over the importation of condoms, it has improved the condoms quality and thus their effectiveness this has also contributed to reduction in the infections of HIV/AIDS.

The effectiveness of the condom was also observed by the New Vision (Dec. 1994)

which reported that condoms are effective at preventing the HIV/AIDS infection and its spread. When used properly and regularly while having sexual intercourse, the uninfected partner remained uninfected with HIV. However the news paper also cautioned that condoms might not be 100% effective and that their effectiveness depends on how correctly one used them.

Connected with the above UNAIDS (1998) revealed that a survey was carried out in 5 districts in the country and it was observed that there was a reported increase in overall condom use in Kampala for example the increase was from 7 % in 1989 to 24 % in 1995. This observation was common with non-regular partners and this was 64.2% among the males.

However in contrast to the studies conducted in some parts of the country revealed that the rate at which condoms are being utilized has still remained low. According to Nakimuli (1998), condom use has been at a lower rate in Africa because of the lower rates of condom awareness and knowledge about their use.

The W.H.O. (1991) also observed that condom use is probably not a very effective method of preventing the spread of HIV/AIDS. To add to this the Guardian (Jan. 1991) was reported by Parle further noted that eh Ugandan doctors had noted little knowledge about condom and to bring up a radical behavioural change in the impoverished culturally and poorly educated society. He also noted that Ugandans doubt that condoms are 100% effective and indeed there no problems associated with condom use.

Mehnryon...et al (1990) in a survey on perception of condoms in Africa traditional dogma of sub Saharan African cultures do not allow the use of modern contraceptives including condoms. The survey further emphasized that other limiting factors to condom use were income, education and acceptability.

According to Bogue (1970) many religious and cultural leaders actually condemn

condom utilisation on grounds that condom use is against the law since the primary end of marriage is procreation and that condom use encourages promiscuity.

In relation to the above, the head of the Catholic Church in Uganda Cardinal Emmanuel Wamala was quoted saying:

*"Condom use is an insult to the dignity of man; adding that it prompts promiscuity, unfaithfulness; and inevitable propels premature sex".* Bisaso (1996, pg. 16)

In contrast to the above decampaignment of condom use many religious leaders are actually advocating and encouraging youths to use condom, as one Sam Rutekara an Anglican clerk was quoted to have said,

*"Religious leaders have a duty to talk openly about condom use".* (Smoak...et al 2006)

UNAIDS (1998) also revealed that while condoms are effective if used consistently and correctly, there are many gender related barriers that limit their use. In cultures where condoms are associated with illicit sex and STD. Women who attempt to introduce them in their relationships encounter problems such as being perceived as unfaithful or "over prepared" condom use may conflict with their partners desires to conceive. Such problems therefore hinder the increased utilisation of condoms. Therefore to the young majority of whom are actually unofficially married having sexual intercourse without any protection becomes a norm which exposes them to HIV infection.

It can therefore be summarized that although condoms are not 100% effective they are so far the best and most realistic means of preventing the spread of HIV/AIDS as noted by Abisa J. (1999).

**Level of awareness about the HIV/AIDS preventive strategy**

UNAIDS (2000), studies show that over 90% Uganda's' urban population is familiar

with HIV/AIDS and its presentation. The country's education and preventative initiative targets young person with messages about risk and protection. UNAIDS continues to report that in the capital city Kampala, almost 98% of sex workers surveyed in 2000, said they had used condoms the last time they had sex.

Michael Carter (2004) revealed that there was a high level of knowledge about HIV in Uganda population with personal channels of communication being the main source. In Uganda 82% of women were aware of HIV compared to only 40-56% of women in neighbouring countries. Uganda in particular, he highlighted that between 1989 and 1995 there was a 60% reduction in the person, reporting casual sex in the previous years. However comparable members of Uganda are reported to the condoms.

In addition Bisaso (1996) observed the studies on AIDS indicated that at least that the majority of Ugandans are aware of the nature of AIDS transmission and its preventive strategies but disagree on some of the proposed preventive measures.

According to the Nakiyingi J...et al (2001), condom education is not provided in Uganda schools but both boys and girls had relatively high levels of knowledge, even though boys demonstrated a higher level than girls. This suggested that respondent had successfully obtained reliable information from other sources. Boys and girls had similar and fairly positive attitudes towards condoms although considerable shyness was expressed by both about discussing condoms with a partner and bringing them.

Bisaso (1996: 70) revealed that most of the information associated with condom use and abstinence to HIV/AIDS preventive strategies. The strong view held was the association of condom to prevent AIDS, particular information was quoted as saying that:

*" Even those at university campus especially girls don't use condoms as contraceptives*

*but as prevention against HIV/AIDS".*

This implies that many people are already aware of the principal method of HIV/AIDS especially by use of contraceptives such as condoms.

The study of 100 ceder Widhuek youth ages 15-25 years revealed that common HIV/AIDS prevention term are frequently misunderstood, most young people believe that "abstinence" means to be absent and "faithfulness" means faith in a religious sense not being faithful to ones sexual partner. The word monogamy is understood by one quarter with 75% saying they had never heard of the word (John Hopkins 2006).

Nansereko (1994) noted that some people are very ignorant about the various ways of preventing the spread of HIV/AIDS most informants she came across took preventive measures for granted for instance many people especially the unmarried and widows saw abstinence.

In contrast to the above study by Ssenyonga J. (2000) revealed that (89.2%) knew about condom use and supported it, (85%) of the respondent preferred abstinence and sticking to one sexual partner while being faithful as a preventive strategy was known by (73.3%) of the respondent while only (4.2%) had knowledge of other modes of prevention like zero grazing.

In addition, his study revealed that respondent between the ages of 25-34 years know very well about condom use, abstinence and reduction of number of sexual partners. They also understood well the preventive strategies and acknowledged that they got the information about HIV/AIDS prevention strategies from parents (38.3%) from the media, were (92.5%), from medical personnel, (57.5%) and (23.3%) reported getting information from religious leaders, (77.5%) mentioned radios while 79.2% reported the news papers and magazines.

Regardless of the relatively high level of awareness about HIV/AIDS preventive strategies, a lot needs to be done in order to foster the effectiveness in combating the speed of

HIV/ADIS among the youth.

**The relationship between the level of HIV/AIDS preventive strategies, awareness and youth sexual behaviour.**

Changing attitudes and behaviours is the heart of the prevention. A successful strategy established the condition and environment that allows people to protect themselves, emphasize abstinence, delaying the one set of sexual activity and use of condoms. These strategies have encouraged having fewer sexual partners, provided skills to negotiate safer sex and promoted condom use for those who are sexually active (USAID, 2001).

In Michael Carters (2004) survey, noted that partner reduction has been a key to controlling the HIV prevalence in Uganda, further the survey showed that the proportion of men and women reporting multiple casual sexual partners fell substantially and this has had a significant impact on the HIV incidence.

Also the Nigerian, Nigerbus survey (2004) found that the proportion of sexually active respondents who had sex with non-martial partners had fallen from 29% in 1998 to 20% in 2002, a decrease of 31% more over abstinence had increased by 28% and condom use with non-marital partners by 75% over the same period.

In addition the study carried out by the heritage foundation on 8$^{th}$ April 2002 discovered that adolescents who pledged to remain virgins were at level risk of early sexual debut, that inject the study found that participating in an abstinence program and taking a formal pledge of virginity were by far the most significant factors in youths delaying early sexual activity. The level of sexual activity among students who had taken a formal pledge of virginity was one-fourth the level of that of their counterparts who had not taken pledge.

Else where in Zimbabwe young people reach by communication campaign to encourage

*"say no to sex"* were 2.5 times than those who the campaign did not reach to change their sexual behaviour for the better. In Zambia, adolescents exposed to a television campaign promoting abstinence and condom use were 87% more likely to use condoms. In addition, viewers were 46% more likely to be abstinent or to have resumed abstinence (USAID, 2001)

In Uganda, self reported condom use among sexually active young men rose from 33% to 70%, 58% to 73% among young women. And in South Africa, 38% of young people who watched AIDS preventive strategies shown by soul city reported always using condoms compared to 26% of those who did not watch the show (USAID, 2001).

Edwin J. Bernard 2006 found that interventions in which condoms were provided to study their effects on the participants number of sexual partners, the total number of times participants had sex, whether those who were previously abstaining became sexually active had little influence in changing people sexual behaviours. He said that,

*"Teaching individuals about condom use did not result in more act of intercourse".*

That in fact when he specifically examined interventions that had improved and increased the number of sexual partners and the number of times participants had sex.

The above literature implies that a result of the effect of the HIV/AIDS preventive strategies many young people have adopted better behavioural changes in an attempt to protect themselves against HIV/AIDS infection.

Also Michael Merson, director W.H.O.: global program on AIDS points out that research has shown that contrary to some peoples beliefs, children who received sex education do not become sexually active earlier than others, and that is quite the opposite, such youngsters delay their sexual experimentation and when they do engage in sexual intercourse, they are more likely to take the right precautions like condoms (W.H.O. June 1992).

An important finding in 1998 South Africa demographic health survey was that although awareness and knowledge about HIV/AIDS are high among youth in South Africa, this has not translated into substantial behavioural change. Results of an extensive research showed that high awareness of HIV/AIDS was over 87%. However 10% said that staying with one faithful partners and using condoms will not protect them from HIV/AIDS, further majority felt that they are not susceptible to HIV infection, many youths do not follow the information given to them and thus continue to be ignorant and reckless about HIV/AIDS infection (Galloway, 1999).

In addition a study by UNICEF (1995) revealed that most young people are aware of the dangers and the devastating effects of HIV/AIDS in Uganda but they continue to engage in risky sexual behaviours that place them to a higher risk of contracting the disease. UNICEF revealed that young people diagnosed with HIV/AIDS were twice more likely to have unsafe sex as infected adults.

In addition, UNICEF (1997) acknowledged that in spite of the view that televisions and print media are effective in transmitting information with real illustration of the effects of HIV/AIDS on people, many youths mainly in the urban areas continue engaging in risky sexual behaviours like early prostitution, having sex with multiple sexual partners without using condoms. And those who use do not consistently use them.

Africa and in particular Uganda, has many challenges to overcome and stop the distributing trends of an increasing youth HIV/AIDS pandemic, change youths ways of thinking so that their sexual behaviour change for the better in not only the urban centres and rural areas which are usually undeserved.

**Research hypothesis**

There is no significant relationship between the HIV/AIDS prevention strategies and

sexual behaviour among the youth.

# CHAPTER THREE

## Methodology

### Introduction

This chapter presented the methodology of the study. It included the research design, scope of the study and the subject involved. It also looked at the instruments used for data collection, the procedure and the data analysis.

### Study Design

The study design was descriptive and explanatory in nature. The designs were also used to examine whether HIV/AIDS prevention strategies had any impact on youth sexual behaviour.

### Study Population

The study focused on the youths in Kampala District.

### Sample

Simple random sampling was used to select a total of 100 respondents including 50 male and 50 female youth of varying social economic status and education levels.

### Data Collection Technique

A questionnaire was used to collect the data in this study; it consisted of three sections. Section A consisted of the HIV/AIDS preventive strategies; Section B consisted of the youth level of awareness about HIV/AIDS preventive strategies; and Section C contained the relationship between the level of HIV/AIDS preventive strategies awareness and risky sexual behaviour among the youth.

### Data Collection Procedure

The researcher went to the field with a letter of introduction from Kampala International University. The researcher introduced him/herself and the purpose of the

study to the respondents. He/She requested for their willingness to participate in the study and assured of confidentiality of the information that they were to give and for this reason, their names were not to be recorded in the questionnaire.

**Data Analysis**

Quantitative methods were used, computer statistical analysis was done, and the data was coded and presented in form of frequency tables. The chi-square values were used to test the hypothesis.

## CHAPTER FOUR

### Data Presentation and Interpretation

### Introduction

This chapter represents the findings of the study and the interpretation. There are findings from the study that was carried out to find out the relationship between the HIV/AIDS prevention strategies and the youths' sexual behaviour. It was a quantitative study that comprised of 100 respondents from Kampala district.

**Table 1: Age of Respondents:**

| Age (Year) | Frequency | Percentage |
|---|---|---|
| 16-25 | 64 | 64% |
| 26-35 | 28 | 28% |
| 36-45 | 8 | 8% |
| **Total** | 100 | 100% |

The results in table 1 indicate that the majority of the respondents were between (16-25) years, accounting for 64%, 28% were in the age group 26-35 years and only 8% for the age group 36-45.

**Table 2: The Marital Status**

| Marital Status | Frequency | Percentage |
|---|---|---|
| Single | 62 | 62% |
| Married | 3 | 3% |
| Widow/Widower | 1 | 1% |
| Separated | 14 | 14% |
| Collaborating | 20 | 20% |
| **Total** | **100** | **100%** |

The result in table 2 indicate the single youth were 62%, and those who were collaborating were 20%, 14% were separated, 3% were married and 1% was a widow. The majority of the youth were not married though some were already engaging in sexual activities.

**Table 3: Respondent Religious Affiliation**

| Religious Affiliation | Frequency | Percentage |
|---|---|---|
| Protestant | 20 | 20% |
| Catholic | 35 | 35% |
| Moslem | 16 | 16% |
| S.D.A | 2 | 2% |
| Pentecostal | 25 | 25% |
| Others | 2 | 2% |
| **Total** | **100** | **100%** |

Results in table 3, show that the majority of the respondents were Catholic accounting for 35% for the total respondents, 25 % were Pentecostal, 20% Protestants, 16% were Moslems, while 2 % were Seventh Day Adventists and 2% accounting for others.

**Table 4: Level of Education**

| **Level of Education** | **Frequency** | **Percentage** |
|---|---|---|
| Higher Institution | 72 | 72% |
| Secondary | 24 | 24% |
| Primary | 4 | 4% |
| **Total** | **100** | **100%** |

Table 4 shows that respondent was dominated by those in higher institution of learning who accounted for 72% followed by 24% who completed secondary education and only 4% completed primary level. The findings indicate a higher education rate and those were mainly in age group (16-25) year.

**Table 5: Whether the Respondents have ever heard about HIV/AIDS**

| **Answer** | **Frequency** | **Percentage** |
|---|---|---|
| Yes | 100 | 100% |
| No | 0 | 0% |
| **Total** | **100** | **100%** |

According to table 5, all the respondents had ever heard about HIV/AIDS.

**Table 6: Modes of Transmission**

| Modes of Transmission | Frequency | Percentage |
|---|---|---|
| Unprotected Sexual Contact | 57 | 57% |
| Mother to Child | 10 | 10% |
| Blood Transfusion | 7 | 7% |
| Unfaithful Partner | 23 | 23% |
| Sharp Objects | 3 | 3% |
| **Total** | **100** | **100%** |

Table 6, indicates that the major mode of HIV/AIDS transmission is through unprotected sex which was reported by 5% of the total respondents followed by unfaithful partner 23% and mother to child 10%. Blood transfusion took 7% of the respondence and only 3% of the respondents reported sharp objects.

**Table 7: Modes of Prevention**

| Responses | Frequency | Percentage |
|---|---|---|
| Condom Use | 51 | 51% |
| Abstinence | 39 | 39% |
| Faithfulness | 8 | 8% |
| Avoiding Sharp Objects | 2 | 2% |
| **Total** | **100** | **100%** |

Table 7, reveals various modes of prevention among the youth and of them condom use (51%) took precedence over the others, followed by abstinence (39%), 8% of respondents considered faithfulness and only 2% considered avoiding sharp objects sharing.

**Table 8: Believed Effectiveness of Condom Use in HIV/AIDS Prevention**

| Answer | Frequency | Percentage |
|---|---|---|
| Yes | 51 | 51% |
| No | 47 | 47% |
| Do Not Know | 2 | 2% |
| **Total** | **100** | **100%** |

According to table 8, 51% believed that condom can prevent HIV/AIDS if used properly, 47% did not believe that condoms can be used to prevent HIV/AIDS and only 2% did not know.

**Table 9: What Prevents People from Using Condoms**

| Reason | Frequency | Percentage |
|---|---|---|
| Uncomfortable | 14 | 14% |
| Reduction in Pleasure | 32 | 32% |
| Bad Smell | 12 | 12% |
| Not 100% Safe | 14 | 14% |
| Complacency | 5 | 5% |
| Religious Beliefs | 22 | 22% |
| Ignorance | 1 | 1% |
| **Total** | **100** | **100%** |

Table 9, shows that a significantly higher number of youth (32%) regarded reduction in pleasure.

This was followed by the discomfort of the condom and not (100%) safe which presented 14% each. Religious 22% followed by 12% of the respondents who said bad smell was the reason compliance (5%) and ignorance (1%) took a low percentage.

**Table 10: How Often Condoms are not Used.**

| Response | Frequency | Percentage |
|---|---|---|
| Always | 45 | 45% |
| Sometimes | 15 | 15% |
| Never | 40 | 40% |
| **Total** | **100** | **100%** |

Table 10, shows that 40% of the respondents always used, condoms because they feared contracting HIV/AIDS and unwanted pregnancies surprisingly 45% reported not using condoms because they were abstaining and others were named only 15% reported that they sometimes used condoms because of their religious beliefs.

**Table 11: Why Some Respondents have Multiple Sexual Partners**

| Response | Frequency | Percentage |
|---|---|---|
| Because of Their Religion | 20 | 20% |
| To Produce Children | 3 | 3% |
| For Prestige | 3 | 3% |
| A Lot of Sexual Urge | 19 | 19% |
| For Security | 9 | 9% |
| For Economic Purposes | 24 | 24% |
| Peer Pressure | 20 | 20% |
| Lack of Trust in One Partner | 2 | 2 |

| | | |
|---|---|---|
| **Total** | **100** | **100%** |

Table 11, shows that the vast number of youths may have multiple partners (24%) because of economic reasons. This is followed by those youths that get multiple partners (20%) because of their religious beliefs allows it; majority of these were Moslems and similar results 20% of the youth had multiple partners because it was because of peer pressure, 19% of the youths who responded have multiple sexual partners because of excessive need for sexual satisfaction, for security consisted of 9%. Those who reported prestige, to make children all registered the same percentage of 3% and lack of trust in one's partner registered only 2% of the response.

**Table 12: Respondents Number of Sexual Partner**

| Number | Frequency | Percentage |
|---|---|---|
| 0 | 34 | 34% |
| 1 | 48 | 48% |
| 2 | 7 | 7% |
| 3 | 4 | 4% |
| 4 | 4 | 4% |
| 5 | 1 | 1% |
| 6 | 1 | 1% |
| 10 | 1 | 1% |

The result from table 12 shows the number of sexual partners of the youth. The majority 48% of

the youth reported having only one sexual partner, followed by 34% respondents who reported that they had no sexual partners, 17% had two partners, 4% had three partners or four partners, the youths who had 5 or 6 and 10 indicated the same percentage of 1%.

**Table 13: Whether Respondents Worried about Being Infected**

| **Response** | **Frequency** | **Percentage** |
|---|---|---|
| Yes | 88 | 88% |
| No | 12 | 12% |
| **Total** | **100** | **100%** |

Table 13, indicates that 88% of the respondents who had more than one partner were worried about being infected with HIV/AIDS and only 12% revealed that they were not worried at all.

**Table 14: Why People Continue to Engage in Unprotected Sex**

| **Response** | **Frequency** | **Percentage** |
|---|---|---|
| Peer Pressure | 24 | 24% |
| For Money | 42 | 42% |
| Ignorance about HIV | 9 | 9% |
| For Prestige | 2 | 2% |
| Sexual Coercion | 19 | 19% |
| Cultural Practices | 4 | 4% |
| **Total** | **100** | **100%** |

Table above shows that a significantly higher number of youths (42%) engage in unprotected sex because of crave for money, 2% because they wanted prestige, 19% because of sexual coercion, 24% because of peer pressure, only 9% because of ignorance about HIV and cultural practices contributed only 4% of the findings.

**Table 15: How Often One Hears about AIDS Prevention**

| **Response (Weeks)** | **Frequency** | **Percentage** |
|---|---|---|
| Once | 2 | 2% |
| Twice | 12 | 12% |
| Thrice | 10 | 10% |
| More Than Thrice | 76 | 76% |
| **Total** | **100** | **100%** |

Table 15 shows that a good number of youth (76%) hear about AIDS prevention more than thrice a week, those who hear twice a week about AIDS were 12%, thrice were 10% and once only 2%.

**Table 16: The Source from Which the Respondent got the Information about HIV/AIDS Prevention**

| **Source** | **Frequency** | **Percentage** |
|---|---|---|
| Parents | 18 | 18% |

| | | |
|---|---|---|
| Religious Leaders | 10 | 10% |
| Mass Media (Radio) | 41 | 41% |
| Television | 25 | 25% |
| Posters | 6 | 6% |
| **Total** | **100** | **100%** |

Table 16, indicates that the vast majority of the youth (41%) hears about HIV/AIDS prevention from mass media, 25% from television, 18% from parents, 10% from religious leaders and 6% from posters.

**Testing the Hypothesis**

There is significant relationship between HIV/AIDS prevention strategies and sexual behaviours of the youth. HIV/AIDS prevention strategies, HIV/AIDS awareness and risky behaviour of the youth.

| Yes | No | |
|---|---|---|
| 32.9 | 17.1 | 50 |
| 21.3 | 28.7 | 50 |
| 54.2 | 45.8 | 100 |

$X^2ob = 5.42$

$\alpha = 0.05$

$X^2cr = 3.81$

$df = 1$

Since $X^2ob$ (5.42) is greater than $X^2$ (3.841) at the level of significance of 0.05 the research rejected the null hypothesis and concluded that there is a significant relationship between the HIV/AIDS prevention strategies and sexual behaviours of the youth.

# CHAPTER FIVE

## Discussion, Conclusion and Recommendation

### Introduction

This chapter discussed the findings in chapter four in relation to the objectives of the study. Whenever possible findings or results of previous scholars that had conducted studies related to this very one might be brought forward and used to compare or contrast with the findings of the study, a summary, conclusion and recommendation was made based on the findings of the study.

### Discussion of the results

It was discovered from the results of the study shown in chapter four that there was significant relationship between the HIV/AIDS prevention strategies and sexual behaviour of the youth.

### Discussion

The sample under study consisted of 100 youths from Kampala District, 50 males and 50 females, which means that they were balanced in gender. The results of the marital status showed that the majority of the youth were single. Single hood usually relieved the youth of the contradictions, constraint and dependency typical of married couples. This left them free to make choice of the number of sexual partners to have whether to use condoms or not, which resulted into unintentional consequences.

### The HIV/AIDS Prevention Strategies

The result indicated that 98% of the respondents were that condom use, abstinence and being faithful to one sexual partner were the HIV/AIDS prevention strategies only 2% were reported to have considered avoiding sharp objects as a mode of preventing HIV/AIDS injection.

These findings were in agreement with those of Namayanja (1995) who noted that majority of the youths knew that condom use prevents AIDS transmission. In addition, Nakimuli (1998) noted that most of the respondents interviewed accepted that reduction in the number of sexual partners actually one of the prevention strategy.

**Level of Awareness of HIV/AIDS Prevention Strategies**

The results indicated that all the respondents (100%) had heard about HIV/AIDS and majority (57%) were aware that the major mode of HIV/AIDS transmission was through unprotected sex with an HIV/AIDS infected person. 23% reported that HIV can be transmitted when one is unfaithful to their partners, 10% were aware that HIV/AIDS can be transmitted from mother to child during birth and through breast milk and 10% knew that HIV can be transmitted through blood contact like transfusion, sharing of sharp instruments, like razor blades, needles. This can be consistent with Kalisa (2006) who stressed that the results indicated that 54.4% of the respondents were aware that the major mode of HIV transmission was through having unprotected sex with an infected person. 13.2% of respondents were aware that HIV can be transmitted through infected blood like transufsion and sharing sharp objects and 2.94% of the total respondents were able to tell that HIV/AIDS can also be transmitted by vertical transmission (mother to child).

The results indicate that 51% of the respondents knew that condom use was one of the modes through which HIV transmission can be prevented, 39% reported abstinence and 8% were aware that being faithful to one partner was another mode for HIV/AIDS transmission. This is consistent with Nyamongo (1996), who stressed that there is documented evidence that more than 90 percent of people in East African region are aware of the causes of the means of transmission of HIV/AIDS. The majority of the youths 38.4% were aware that abstinence till

marriage is the most effective method of preventing the infrection. The youths were also able to know that condom use is good if one must have sex 31.4%, and a few of them 9.3% believed that being faithful to one's partner was also a preventive measure. This implies that the youth are well informed about the major preventive measures to HIV/AIDS virus. This information agrees with PIDSCY, (2005), which stipulated that ABC program is the best approach to HIV/AIDS prevention. This is consistent with Caldwell, (1992) who observed that a high percentage of the yotuh knew the preventive measures of HIV/AIDS and that many people had seen the destructive consequences of HIV/AIDS in their households.

The results indicate that 76% of the respodents hear about AIDS prevention more than thrice a day. This implies that the level of awareness among the youths is high only 12% indicated that thye hear about AIDS prevention strategies twice a week, 10% thrice a week and only 2% once a week theses results were consistent with those of Nakimuli (1998) who reported that the majority of the respodents 74% in urban areas hear about AIDS and its prevention more than three times a week, only 15% twice and only 11% less than twice a week.

The results continue to indicate that the majority of the youths first heard about prevention from radios, (14%) these results are not in agreement with Kalisa (2006) findings which indicated that the majority (36%) first heard about HIV/AIDS from their parents. These findings are in agreement with Mburano (1995) that finding 54% of the young people had heard of AIDS prevention from mass media (radios), they are also in agreement with Byaruhanga (2005) who reported that majority 40% of the youths first heard about HIV/AIDS from mass media. Community based rehabilitation (2001), observes that over protected children are not exposed to sexual challenges. This is limited exposure in a youth that is not empowered to handle his/her own sexuality and the external sexual demand made on them.

**The Relationship between the Level of HIV/AIDS Prevention Strategies Awareness and Risky Sexual Behaviour of the Youth.**

The results indicated that majority of peple engage in risky sexual behaviour (24%) even when 98% of the youths are aware of HIV/AIDS because of economic purposes, 20% of the youth have multiple because of their religious beliefs and peer pressure, 19% reported that they have multiple partners because they have high sexual urges. These results are consiste with those of Kalisa (2006) who reported that the majority 20% of the total respondents had mulitpile sexual partner because of extreme sexual urge, 14% was due to economic reasons, 12% was because it is a habit. These findings agreed with Natal et al (2001) who observed that different reasons were given for many sexual partners in the era of AIDS, peer pressure, a lot of sexual urge, attraction to beauty, prestige and experimentation. In their study, young people (boys0 had heard multiple sexual partners because they wanted sex with every beautiful girl.

The results indicated that 45% of the respondents always used condoms, 40% of the respondetns never used condoms and 15% of them sometimes used condoms. These restuls were consistent with those of Kalisa (2006) who reported that 66% of the total respondents had ever used a condom and 44% never used a condom. 44% of the respondents that have ever used a condom are consistent with Ruhweza (2001) who stressed that, "I have been involved with several men but I have never used a condom." 44% findings also agreed with Besharu...et al (1997) observation that initially, condoms were not well received and the public considered their use as irresponsible behaviour which increased sexuality whil they were not perfect and would decrease sexual pleasure. High usage of condoms (56%) is in agreement with Nhalu et al (1991), study of public house workers in Dar es Salaam who indicated that female and specifically youthful barmaids were more likely to use condoms but were less likely to have changed their

behaviour in other ways.

The result indicated that people usually do not use condoms because they reduce sexual pleasure, these consisted over 32% of the respondent, 22% gave religious beliefs and these who gave enforceability and they not being safe responded 14%, these results were consistent with those of Kalisa (2006) who, reported that 42.6% regarded youths uncomfortable. This was followed by religious beliefs that reported 5.56% and condoms not being safe 5.56%

Nevertheless, 88% of the respondents reported that they were worried about being infected with HIV/AIDS and only 12% said they were not worried at all that their partners might infect them with HIV/AIDS.

**Conclusion**

The study investigated the HIV/AIDS prevention strategies and the sexual behaviour of the youth. It aimed at finding out whether there is no significant relationship between HIV/AIDS prevention strategies and the sexual behaviour of the youth. From the study youths level of awareness concerning the HIV/AIDS prevention strategies was reasonably high, many youths knew that abstinence was the best prevention strategy, unprotected sex with an infected person was a major mode through which HIV/AIDS is transmitted. Nonetheless it is clearly evident from the hypothesis that awareness about the HIV/AIDS prevention strategies has significant relationship with sexual behaivour of the youth. When people get to know and see the devastatign effects of HIV/AIDS on their households they reduce the reckless and opt for better sexual behaviour.

**Recommendation**

The ministry of health publications and other non-governmental organization such as UNICEF, TASO indicate that AIDS patients were first diagnosed in 1982 in Rakai district. This

implies that AIDS has been in Uganda for more than twenty years changing styles and rates of breaking the human body. The symbols are continuously changing and the coping mechanism can be easily established. This implies that greater research is needed to emphasize control against transmission since its cure is still a myth.

Research was carried out in only Kampala district. This is an urban area therefore there was generalization of the representation. This was mainly because the researcher only considered the urban areas and there was also limited time, in addition resources to carry out this research at a national level were limited.

Basing on the findings of the study, the research came up with various recommendations as seen below. The fight against AIDS must be a priority of government and non-governmental organizations and individual groups in Uganda. It is necessary to strongly recommend and encourage the use of condoms, being faithful to one partner and abstinence as HIV/AIDS preventive strategies. This should not stop in urban areas only but should be passed on to rural areas since there are a vulnerable group of people.

People need to change their attitudes and perception about HIV/AIDS prevention strategies and adopt better sexual behaviour like reducing on the number of sexual partners and using condoms properly.

Individuals should be sensitized so as to understand that control must begin from and be initiated by themselves, their conscience must articulate AIDS issues before government launches supportive programmes.

AIDS transmission and preventive methods should be taught to the young ones from early childhood so as to prevent consequences of ignorance, otherwise it may render efforts useless if sensitization started with the adult only.

Though a lot must be done by the ministry of health other communication should be very systematic, consistent and realistic on the effect of AIDS and it prevention measures. Otherwise it may not yeild positively if they themselves contrast. They should give the ABC approach (Abstinence, Being faithful, Condom use) a hundred percent support in order to reduce HIV/AIDS transmission.

Government should have control over both government and non-governmental radio channels to ensure that they all have programmes in relation to AIDS and its prevention strategies it should be almost all languages used in the country in order to increase awareness though some radios in Uganda have already done it and are still doing it.

Also all available literature on AIDS and condoms should be well kept by the concerned authorities because there will be helpful in future research in order to tell the present and future trends of the diseases and what can be done to prevent it or to completely eliminate it.

The youths should participate or take place a centre role in the programmes being initiated and implemented in the community in order to ensure ownership. Openness and sustainability of such programmes. This is based on the assumption that the youth would know their problems best and deal with them directly.

Rehabilitation programmes should be brought closer to the youth to enable them achieve independence, social integration, a better quality of life and self actualization. This will go for a long way in stopping the youth from involving in risky sexual behaviours. This includes not only equipping the youth with life skills but also intervention in the general system of society, adoptions of the environment and protection of human rights.

**REFERENCES**


Abisa J. (1999). Factors contributing to the reduction of HIV/AIDS infliction in Uganda B.A. (SS) Dissertation. Kampala: Makerere University.

ACP (1993). HIV/AIDS Surveillance report Ministry of Health. Entebbe: Uganda.

ACP (1994). Report on HIV/AIDS transmission and condom use. Paper presented at the workshop on AIDS International Conference Centre. Kampala: Uganda.

Armstrong J. (1995). Uganda's AIDS crisis its implication for development. Washington D.C.

Bisaso P. (1996). Strategies of increasing condom utilisation: A protection against HIV. B.A. (Sociology) Dissertation. Kampala: Makerere University.

Bogue, D.J...et al (1970). Sociological contribution to the family planning. Chicago: Study Centre University, Chicago Press.

Hartoll, Cycil George (2005). HIV/AIDS in South Africa: A review of sexual behaviour among adolescents by Thonson Gale. South Africa.

Guardian (January, 1991). Condom official as Uganda faces up to disaster. New York Times, January 31, 1991.

Adejunji, Jacob and Mackers, Dominique (2001). Consistency condom use in the context of HIV/AIDS in Zimbabwe. Cambridge University Press Vol. 33 Issue 01. Jan. 2001.

Carter, Micheal (2004). Uganda's success against HIV/AIDS due to "ABC". US department of helath and human service.

Ministry of Health (2002). Ministry Report on strategies to fight HIV/AIDS progress already made. Kampala.

Nakimuli, L. (1998). Strategies of increasing condom utilisation as prevention against HIV/AIDS. B.A. (SS) Dissertation. Kampala: Makerere University.

Nakiyingi, J...et al (2001). Condom awareness and intended use: Gender and Religious contrasts among school pupils in Rural Masaka. Uganda April 13(2), 215-210.

Namayanja, A.C. (1995). Safer sex practices and HIV/AIDS prevention among Urban secondary school adolescents. B.A. (SS) Dissertation Kampala: Makerere University.

Omwonyi...et al (1995): Uganda's response to challenges of HIV/AIDS. The Journal Vol. 42 Pgs. 1,5, 8, 9, 10, 13, Kampala.

Rwabukwali, C.B...et al (1990). International collaboration AIDS Research. The social organization of risk behaviour in HIV Transmission in Kampala, Uganda.

Sheldon, J.D...et al (2004). Partner reduction in crucial for balanced "ABC" approach to HIV prevention. 328: 891-893.

Smoak, N.D...et al (2006). Sexual risk reduction intervention do not in advertently increase the overall frequency of Sexual behaviour: A Meta analysis JAIDS 4(3)' 374, By Edwin J. Bernard 2006.

UAC (2003). Mid term review of the national strategic framework. For HIV/AIDS activities in Uganda. 2000/1 - 2005/6 Report to Uganda AIDS Commission, Kampala.

Uganda Bureau of Statistics (2001). Macro Uganda Demographic and health surveys. 2000-2001. Calverton MD USA. UBOS and ORS Macro 2001.

USAID (2003). HIV/AIDS, Country profile under Morbidity and Mortality. Week report Oct. 30th 1992//41 (43): 825-829.

USAID (2002). The "ABC" of HIV prevention: Report of a technical meeting of behaviour change approaches to primary Prevention of HIV/AIDS, Sept. 12th USA.

W.H.O. (1990). Contraceptives and HIV prevention. Geneva.

W.H.O. (1991). School health Education to prevent AIDS and Sexually transmitted diseases.

GENEVA, Series 10.

The Crusader (December, 1998). World AIDS Day supplement. Kampala (Dec. 1998). p. 20.

The New Vision (June, 1990). Peoples' knowledge about condom use in the prevention of HIV/AIDS. Kampala, Uganda.

The Monitor (December, 1998). World AIDS Day Celebration. Kampala.

**APPENDIX 1**

**INTERVIEW GUIDE**

**General Instructions:**

This guide was intended to collect information regarding the preventive strategies of HIV/AIDS, level of awareness and relationship between the prevention strategies and risky sexual behaviour. The information provided was kept under total confidentiality.

1. tick where necessary.

a) Sex i) Female ii) Male

b) Age i) 16-20 ii) 21-25

iii) 26-30 iv) 31-35

2. Have you ever heard about HIV/AIDS?

_____

3. What do you think causes AIDS?

_____

_____

b) How is it spread?

_____

4. How can AIDS be prevented?

_____

5. (a) Do you think condoms can prevent AIDS?

_____

(b) Why?

_____

6. What do you think prevents people from using condom?

_____

_____

7. How often do you not use condoms? TICK

a) Always b) Sometimes c) Never

8. Why?

_____

_____

9. What makes people to have several/multiple sexual partners?

_____

_____

10. How many sexual partners do you have?

_____

11. If more than one, do you worry about a possibility of them infecting you with AIDS?

_____

12. If yes, what do you do about it?

_____

_____

13. Why do you think people continue to engage in unprotected sex?

_____

_____

14. How often do you hear about AIDS prevention?

_____

15. Where do you get AIDS prevention information from? TICK

a) Radio b) Television c) Newspaper

d) Poster e) Religious leaders f) Parents

16. Which AIDS prevention methods are always communicated?

---

17. What is your marital status?

---

b) What is your religion?

---

c) What is your level of education?

---

*Thank you very much for your corporation.*

**Computation of the expected frequencies using:**

$$E_{32.9} = \frac{T_1 \times T_3}{T_g} = \frac{50 \times 54.2}{100} = 87.1$$

$$E_{17.1} = \frac{T_1 \times T_3}{T_g} = \frac{50 \times 45.8}{100} = 22.9$$

$$E_{21.3} = \frac{T_2 \times T_3}{T_g} = \frac{50 \times 54.2}{100} = 21.1$$

$$E_{28} = \frac{T_2 \times T_4}{T_g} = \frac{50 \times 25.8}{100} = 22.9$$

$$X^2ob = \frac{\Sigma(O-E)^2}{E}$$

$X^2ob = \frac{\Sigma(O-E)^2}{E}$ stand for chi-square formula

**Table expected frequencies**

| | |
|---|---|
| 27.1 | 22.9 |
| 27.1 | 22.9 |

$$X^2ob = \Sigma\frac{(32.9-27.1)^2}{27.1} + \frac{(17.1-22.9)^2}{22.9} + \frac{(21.3-27.1)^2}{27.1} + \frac{(28.7-22.9)^2}{22.9}$$

$$X^2ob = \Sigma\frac{(5.8)^2}{27.1} + \frac{(-5.9)^2}{22.9} + \frac{-5.8^2}{27.1} + \frac{5.8^2}{22.9}$$

$$X^2ob = \Sigma\frac{33.64}{27.1} + \frac{33.64}{22.9} + \frac{33.64}{27.1} + \frac{33.64}{22.9}$$

$$X^2ob = 1.24 + 1.47 + 1.24 + 1.47$$

$X^2ob = 5.42$

$X^2cr = 3.84$

$\alpha = 0.05$

$df = (c-1)(r-1)$

$(2-1)(2-1) = 1$

Since the $X^2ob > X^2cr$ at the level of significance of 0.05 we rejected the null hypothesis.