

**THE EFFECTS OF PUBLIC HEALTH EDUCATION ON HIV/AIDS ON THE PEOPLE OF
BANDA, NAKAWA DIVISION IN KAMPALA DISTRICT.**

**BY
AGOSO JACKLINE
BSW/41532/91/DU**

**A RESEARCH REPORT SUBMITTED IN PARTIAL FULFILMENT OF THE
REQUIREMENT FOR THE AWARD OF ABACHELOR DEGREE IN
SOCIAL WORK AND SOCIAL ADMINISTRATION TO THE
COLLEGE OF APPLIED ECONOMICS AND
MANAGEMENT SCIENCE OF KAMPALA
INTERNATONAL UNIVERSITY.**

JUNE, 2012

DECLARATION

I Agoso Jackline hereby declare that the work in this research report is my original work to the best of my knowledge and it has never been submitted for any award in any university or institution.

Signature.....
AGOSO JACKLINE

Date...13.09.2012...

APPROVAL

This research report has been submitted for examination with my approval as the academic supervisor.

OTanga Rusoke
Dr OTANGA RUSOKE

Date 20th Sept. 2012

ACKNOWLEDGEMENTS

I wish to extend my sincere and heartfelt gratitude to who assisted me in one way or another in preparing this report.

Special thanks to all my family members, my beloved daughter Aisha Kiconco, Dr. Otanga Rusoke my supervisor who spent his time and effort to assist me through discussions, corrections and suggestions during the various stages of preparing this work and it's final completion.

My gratitude is further expressed to all my friends who may not be mentioned for their contribution possibly without which, this piece of work would not have been accomplished.

TABLE OF CONTENTS

Declaration	ii
Approval	iii
Acknowledgement	iv
Abstract	vii
CHAPTER ONE	1
PERCEPTION OF THE PROBLEM	1
1.0 Background to the Study	1
1.1 Statement of the problem	3
1.2 Purpose of the study	3
1.3 Objectives of the study	3
1.4 Research questions	4
1.5 Scope of the study	4
1.6 Significance of the study	4
CHAPTER TWO	5
REVIEW OF RELEVANT LITERATURE	5
INTRODUCTION	5
2.0 The concept of Health Education	5
2.1 Causes of HIV/AIDS Prevalence	6
2.2 The role and impact of health education in HIV/AIDS control	7
CHAPTER THREE	9
RESEARCH METHODOLOGY	9
INTRODUCTION	9
3.0 Research Design	9
3.1 Study Area	9
3.2 Target Population	9
3.3 Sampling Method	9
3.4 Data Collection Techniques	9
3.4.1 Questionnaires	10
3.4.2 Open ended questionnaires	10
3.4.3 Closed ended questionnaires	10
3.5 Pilot Study	10
3.6 Data Collection procedure	11
3.7 Data Analysis	11

3.8 Limitations of the study..... 11

CHAPTER FOUR..... 12

DATA ANALYSIS AND PRESENTATION..... 12

INTRODUCTION 12

4.0 Data Analysis and Presentation, Objective (One)..... 12

4.1 Data Analysis and Presentation, Objective (Two)..... 13

4.2 Data Analysis and Presentation, Objective (Three) 14

CHAPTER FIVE 17

SUMMARY, DISCUSSION, CONCLUSION AND RECOMMENDATIONS..... 17

INTRODUCTION 17

5.0 Summary..... 17

5.1 Discussion..... 17

5.1.0 Discussion on objective one 17

5.1.1 Discussion on objective two 18

5.1.2 Discussion on objective three 18

6.0 Conclusion 18

6.1 Recommendation 19

BIBILIOGRAPHY 20

APPENDIX 21

ABSTRACT

The study was carried out on the effects of public health education on HIV/AIDS on the people of Banda, Nakawa Division in Kampala District.

The research had some objectives which it aimed to achieve, among which are:

- i) To establish the effect and impact of public health education on HIV/AIDS control.
- ii) To find the reasons why people and their families are not able to make informed decisions on HIV/AIDS.
- iii) To identify the need for public health education in controlling HIV/AIDS.

Therefore, to achieve this, an in depth analysis was carried out using the review of related literature as secondary data and the responses from the respondents as the sources of the primary data (Questionnaires and interviews) were used here.

The study a descriptive research design to describe issues relating to HIV/AIDS, the study population included the health workers/educators, teachers and other community members. Simple sampling procedures were used in the study to obtain sample of 100 respondents from the study population. Data was collected from both primary and secondary sources using kek informant interviews and interview guides. Data was analyzed qualitatively in themes that reflect the study objectives.

Therefore the study recommended that the government and other stakeholder should set up their efforts to support those who are HIV positive.

CHAPTER ONE

PERCEPTION OF THE PROBLEM

This chapter entails the background to the study, the statement of the problem, purpose of the study, objectives, research questions, scope and significance of the study

1.0 Background to the Study

Social work and community development is dependant on the health of people, health is the quality of life of people of mental, emotional, spiritual and physical health. The health education profession has been helping people for a very long time now

Robinson and Alles (1984) trace the history of health education to ancient times.

However in 1970s, the role delineation project, a national project designed to explore eventual credentialing of health educators developed a specific description of the role of health educators, as part of their large, that national group defined health education as;

The process of assisting individuals, acting separately and collectively to make informed decisions on matters affecting individual, family and community health, based upon scientific foundations, health education is a field of interest and a discipline.

Green (1980) defines health education as any combination of learning experiences designed to facilitate voluntary adaptations of behavior conducive to health .health education has been used by various segments of society for various purposes for example in public service campaigns by the federal government or by schools to respond to concern for out –of –wedlock pregnancies, consequently there are many rationales that have offered for instituting public health education programmes and one of the current emphasis on health education has been recently been emphasized on the cost of health care and the spread of HIV/AIDS.

HIV/AIDS prevention education means the instruction on the nature of HIV/AIDS ,methods of transmission, strategies to reduce the risk of human immunodeficiency virus infection and social and public health issues related to HIV/AIDS (EC 51931).

Abstinence shall be taught within the context of HIV/AIDS prevention education (EC51934 (3), however, abstinence only is not permitted in California public schools.

Education code (EC) 51934 (outside source) requires students in grades seven to twelve to receive HIV/AIDS prevention instructions once during middle school and once during high school, the law states that instruction shall accurately reflect the latest information and recommendations from, the federal centers for disease control and prevention, the American public health association, the American college of obstetrician and gynecologists and the united states surgeon general and the national assembly of sciences.

HIV/AIDS is a major concern that has led to an increased emphasis on health education in the fear of spread of AIDS .it was originally thought that AIDS would be confined to high risk groups like homosexuals, bisexuals, drug abusers and those receiving blood transfusion, however more recent evidence suggests that AIDS is also being spread throughout other populations, some children have acquired AIDS from mothers during birth, some homosexuals have acquired AIDS from their loved ones. Peterman and Curran (1986). The situation has become of such concern that a former surgeon general of United States felt compelled to issue a report detailing the AIDS problem and suggesting some preventative measures.

Koop recommends sexuality education in the public schools and elsewhere to educate children and adults about the dangers of engaging in coitus with numerous partners and the value of the condom on preventing AIDS, the federal government has begun a massive educational campaign and allocated a great deal of money to bring this message to the populace and health educators have been in recipient of some of these funds.

Nationally, public health education is also conducted by community health departments, voluntary, health agencies for example, the AIDS support organization (TASO)

Uganda was the first country in the sub Saharan Africa to register a drop in adult national HIV/AIDS prevalence, the epidemic, however remains serious with the infection levels highest among women (7.5% compared to 5.0% among men) and urban residents (10% compared to 5.7% among rural residents)

According to the national survey conducted in 2004-05, Ministry Of health and ORC Macro, (2006) HIV prevalence started to decrease in Uganda in 1992, alongside evidence of substantial behaviour change that inhibited the spread of HIV/AIDS, Asamoh-Odei, Garcia-Colleja and Boerma, (2004)

While the decline in HIV prevalence observed among pregnant women attending antenatal clinics in Kampala and some other urban areas appears to have persisted through 2005, kirungi, (2006).

It is important to note that with a population growing as rapidly as in Uganda which has a fertility rate of about 6.7, according to the 2006 demographic and health survey, a stable HIV incidence rate means that an increasing number of people acquire HIV each year.

Therefore there is an urgent need to receive and adapt the kind of prevention efforts that helped bring Ugandans HIV epidemic under control.

1.1 Statement of the Problem

Prevention strategies are well known in developed countries however recent epidemiological and behavioral studies in Europe and North America have suggested that a substantial minority of young people continue to engage in high risk practices and that despite HIV/AIDS knowledge, young people underestimate their own risk of becoming infected with HIV/AIDS, the major problem in the community affecting both the young and the old people is that lack of information and public health education, this has escalated the spread of HIV/AIDS in that young people do not make informed decisions to protect themselves from HIV, there is inadequate set of guidelines of handling HIV/AIDS in the community and the majority of people living with HIV/AIDS don't know where to access care and treatment and how to protect themselves from discrimination, thus this has raised concern for public health education which sets the basis for this study.

1.2 Purpose of the Study

The purpose of this study was to investigate the effect of public health education on HIV/AIDS control.

1.3 Objectives of the Study

1. To establish the effect and impact of public health education on HIV/AIDS control.

2. To find the reasons why people and their families are not able to make informed decision on HIV/AIDS.
3. To identify the need for public health education in controlling HIV/AIDS

1.4 Research questions

The research study was to answer the following research questions

1. What is the relationship between public health education and HIV/AIDS?
2. Why are people and their families not able to make informed decision on HIV/AIDS?
3. What is the role of public health education in controlling HIV/AIDS?
4. What is the impact of public health education on HIV/AIDS?

1.5 Scope of the Study

The research was carried out in Kampala district with a lot of emphasis being put in Nakawa division, Banda community and was extended from march 2009 to may 2009, and the main subject scope of this study was established on the importance of health education and the problem faced due to the lack of public education on HIV/AIDS and how to control HIV/AIDS through public health education.

1.6 The significance of the study

This study was useful in the following ways;

1. The study was used by community health workers and AIDS activists to identify important ways of controlling HIV/AIDS spread.
2. The study was used by future researchers as reference to their work since it will be filed in the library
3. The results of this research report assisted the researcher to clearly understand how important public health education is to the community as far as controlling HIV/AIDS is concern.

CHAPTER TWO

REVIEW OF RELEVANT LITERATURE

INTRODUCTION

In this chapter, the researcher presents the information about health education on HIV/AIDS from relevant books, magazines, journals, reports and news papers.

2.0 The concept of Health Education

The health education profession has been helping people for a long time now. Robinson and Alles (1984), trace the history of health education to ancient times, however in the 1970s, the role delineation project, a national project designed to explore eventual credentialing of health education, developed a specific description of the role of health educators. Jerrold S. Greenberg, (1989) health education learner-centered instructional strategies.

According to Green (1980) health education is any combination of learning experiences designed to facilitate voluntary adaptations of behavior conducive to health.

Seffrin (1990) say health education pertains to school curricular, comprehensive school health education refers to that provided from the time of entrance into the school system, with planned, systematic and on going learning opportunities designed to maximize the prospect that each student, child, pupil will be able to make health – enhancing decisions that promote growth through out life.

According to Breckon et al (1985) in his book health education (1989, 1992) puts it that, health education is conducted in several ways either they are conducted individually by health workers/educators, or they are offered in groups. At other times, already existing curricular may be adopted wholly or in part, rarely, however the recipients of health education students, patients or the community members in general, hence health education is planned change by an educator.

2.1 Causes of HIV/AIDS Prevalence

Everyday ,over 6800 persons become infected with HIV/AIDS and over 5700 persons die from AIDS ,mostly because of inadequate access to HIV prevention and treatment services.(WHO,AIDS epidemic update 2007).

The HIV pandemic remains the most serious of infectious disease challenges to public health none the less, aging elements since it suggests;

The global prevalence of HIV/AIDS infection thus the percentage of persons infected with HIV/AIDS is remaining at the same level, although the global number of persons living with HIV/AIDS is increasing because of ongoing accumulation of new infections with longer survival measured over a continuously growing general population.

The Hong Kong AIDS foundation is a non governmental charitable organization established by a group of volunteers in 1991. Its current chairman is Dr. Leong Che Hung, GBS, JP. When the foundation was founded, public health education towards AIDS were common, leading to widespread discrimination against patients infected with HIV/AIDS recently the foundation has full time staff of 13 but relies heavily on over 300 volunteers to maintain services such as telephone hotlines, blood testing and counseling and support programmes in public awareness campaigns among people living with HIV/AIDS. Mack, and J.A. Levy. (2003).

There are still people in the world today who refuse to believe in the reality of AIDS “it generates fear and some people prefer not to believe in it” Dr. Yves Lambert, an infectious –disease specialist ,he adds “there’s a joke going round that AIDS is nothing but an invented amorous intentions discouragement syndrome”

Its long incubation period is another reason that people underestimate it, young people in particular remains unconvinced “in the early stages ,the disease is imperceptible explains Jean Leclerc, manager of anti Development Volunteers leisure center and adolescents think that if the disease were so wide spread it would be more visible. The Courier (2001).

In Senegal ,HIV prevalence in the general population was 0.7% in 2005 Ndiaye and Ayad (2006).however ,most HIV transmission is still estimated to be associated with unprotected paid sex .in zinguinchor for example ,HIV prevalence as high as 30% has been found among female sex workers (Gomes Do Espirito Santo and Eltheredge,2005)

Although the epidemic is still dominated by injecting drug use, recent data indicate an emerging epidemic among men who have sex with men in the main cities and it is estimated that as many as 7% of HIV infections could be attributed to unsafe sex between men.

2.2 The role and impact of health education in HIV/AIDS control

The HIV and AIDS pandemic stands out as the single most devastating development challenge facing Africa and other continent all over the globe, the spread and impact of HIV/AIDS is a cause for global concern because it mainly afflict young and productive populations. Andrew Hobes et al (1988)

Increasing the access to quality HIV/AIDS information and services for young people has been a major concern among policy makers and programme planners in Africa as well as among education authorities, currently implementing a multi-sectoral response to the pandemic, the need to intensify AIDS education in schools has become more urgent with the increasing demands placed on the teachers as UPE takes root and more children enroll in schools, many parents spend less time with their children and do not give the necessary guidance to impart skills that would enable their children to protect themselves from infection.

To overcome this problem ,the capacity of teachers to teach about HIV/AIDS must be strengthened through the mainstreaming of health education on HIV/AIDS in the teacher training curriculum, Meshack H.O Ndola, MPH, (2005) teaching about HIV/AIDS.

Much attention has focused on controlling HIV, the virus that causes AIDS, through the use of condoms, however, as many STDs can be transmitted, some sex educators recommended public awareness through health education, Kahn, J.O and Walker, BD (1998).

The global Gag order was again suspended as one of the first official acts by president Barrack Obama the incidences of new HIV transmissions in Uganda decreased dramatically when Clinton supported a

comprehensive public health education approach to curb the devastating AIDS scourge, Wilhelm Rerch (1936).

Public health education is the science of preventing diseases, prolonging life and promoting health through organized efforts and informed choices of society ,organizations, public and private communities and individuals, C.E.A Winslow, (1920). It is concerned with threats to the overall health of a community based on population health analysis.

Therefore the goal of public health education is to improve lives through the prevention and treatment of diseases.

The society for AIDS care iden library of the foundation. its library has been providing service since 1994 with a collection of materials on subjects like AIDS, sex education, health education, counseling among others, further still the foundation aims to enhance public awareness of the HIV/AIDS epidemic and to limit the spread of HIV/AIDS infection in the community, it also provides a wide range of services for AIDS patients and their families.

It is hoped that by educating the general public and by improving their understanding of the subject, AIDS cases can be reduced and the infected can receive support from the community.

CHAPTER THREE

RESEARCH METHODOLOGY

INTRODUCTION

This chapter presents the research design, study area, target population, sampling method, research instruments, and data collection procedure, data analysis, Limitations and the pilot study.

3.0 Research Design

This research was conducted in a qualitative approach of research design; executing the study by carrying out a survey by the use of self administered questionnaires to particular respondents in this case it was health teachers and the community members at large, this research was supported by record analysis and use of documentaries where necessary.

3.1 Study Area

This study was carried out in Kampala district, Nakawa division with much emphasis on Banda community as the main study area.

3.2 Target Population

The study involved collecting, investigating and getting views from respondents who include health workers, teachers and the residents of Banda community who are the main context of this study.

3.3 Sampling Method

This study covered at least 100 respondents as the sample size in that 10 respondents were health workers/educators in Banda community and the other 20 correspondents were teachers and the remaining sample size were general residents of Banda community.

This sample size was used in order to match up with the time constraints and financial resources.

3.4 Data Collection Techniques

The methods used to collect data were questionnaires, pilot study and focus group discussions.

3.4.1 Questionnaires

Questionnaires are a set of guidelines or questions that a lot of people are asked as a way of getting information or investigating on what people think or do generally depending on what one wants to find out or investigate.

These questionnaires were in two forms;

3.4.2 Open ended questionnaires; this was issued out to key informants like the health workers and Teachers to offer information about the study.

3.4.3 Closed ended questionnaires; these questions were guided by optional answers for the Respondents. To use this was to limit them to the context of the study.

These questionnaires were issued out to the selected population the researcher was to use because it saved time, respondents had enough time to answer and respond to the questions with consent and gave reliable information for the study research.

3.5 Pilot Study

This study was conducted in Banda community so as to provide a background for the formulation of questionnaires relevant for collection of data.

Klein and Hunded (1989) quoted that “a pilot study is meant to check the validity of the research instruments”

There the researcher conducted a pilot study so as to test the research instruments before applying them in the field during the investigation

The pilot study enabled the researcher to obtain a sense of HIV/AIDS.

The role of public health education and its effect on the control of HIV/AIDS.

Focus group discussions

This instrument involved the use of interview guides to obtain information from those effected with HIV/AIDS and also those who were affected for example the orphans whom their parents died due to AIDS.

3.6 Data collection procedure

Through communication the researcher was to issue out introductory letters to key informants from the university, this was then followed by administering questionnaires to the targeted population and respondents who took a period of up to 1 (one) week to respond and filled in the questionnaires after which the researcher collected the data for tabulation and analysis, this was supplemented by other literatures to get more information and details for the study.

3.7 Data analysis

Data that was collected during the qualitative research and was reviewed, extracted and coded by the researcher.

The respondents opinions on particular items of the study was organized and classified with specific patterns, the data was transcribed from the questionnaire and then interpreted it to suit the identified study.

The questionnaires were tabulated and transcribed in to data which the researcher analyzed and presented findings.

3.8 Limitations of the study

1. Time constraints was one of the limiting factors thus it was limited for comprehensive study and it limited participant selection hence needed extension if possible.
2. There was difficulty in accessing information from some of the respondents who were suspicious and uncomfortable while talking to a stranger, while others asked for bribes in order to give out information.
3. Financial difficulties were experienced in form of transport to the field, money for printing the instrument collection tools like the interview guides and also binding the dissertation

CHAPTER FOUR

DATA ANALYSIS AND PRESENTATION

INTRODUCTION

In this chapter, the findings of the study are presented and discussed; this study was aimed at finding out the effect of Public Health Education on the control of HIV/AIDS in Banda community, Nakawa division in Kampala district. The methods and procedures of data collection in chapter three were used to collect data and other relevant information which was collected in the field.

The researcher collected data using self administered questionnaires, the results from the questionnaires were presented in a table form corresponding and relating them to the research objective, the results were analyzed and tabulated in terms of percentages in that the highest percentage represented majority of the opinion of the study.

A total number of fifteen correspondents were issued with questionnaires to fill and answer, but ten respondent and five were invalid, thus here questionnaires were filled by health worker san d teachers an d seven were answered by community member sofa b and of Banda. Respondents show findings from health workers, teachers and community members.

1.0 Data Analysis and Presentation, Objective (One)

Objective one sought to find out the effect and impact of public health education on HIV/AIDS control; the findings are shown in the table one below; and table two

Table 1: Showing whether people have health Education campaigns on HIV/AIDS

Factors	Responses	Frequencies	Percentages
1) Do you have health education campaigns in your community about HIV/AIDS?	Yes	8	80%
	No	2	20%
	Total	10	100%

Source: AIDS information centers (AIC)

In table one 10 people responded in regard to whether people in Banda community carry out public health education campaigns on HIV/AIDS, the highest number of respondents said YES and this opinion was verified by 80% as the highest percentage taking the majority of the opinion.

Table 2: showing sources of information on HIV/AIDS

Factors	Responses	Frequencies	Percentages
2) Where do you access information about HIV/AIDS?	Health Education Campaigns	1	10%
	Aids Information Centre(AIC)	9	90%
	Others	0	0%
	Total	10	100%

Source: Aids information centre (AIC)

In table two the respondents were asked where they access information about HIV/AIDS, the findings show that the majority of the people in Banda access information at Aids Information Centers (AICs) other than Health Education Campaigns and this was verified when 90% of the majority opinion subscribed to Aids Information Centre as compared to 10% of the opinion from respondents access information through public health campaigns.

4.1 Data Analysis and presentation, objective two

Objective two was intended to find out the reasons why people and their families are not able to make informed decisions on HIV/AIDS and therefore the findings are shown in the table below,

Table 3: Showing the methods of information of HIV / AIDS

Factors	Responses	Frequency	Percentages
3) How do you access information on HIV/AIDS?	Regularly	4	40%
	Rarely	6	60%
	Others	0	0%
	Total	10	100%

Source: AIDS Information Center (AIC's)

In table three respondents were asked how often they access information about HIV/AIDS, a total of 10 respondents gave their views and opinions and it was found out that 4 respondents said regularly, well as 6 respondents said rarely, this implies that the majority of the people in this community rarely access information about HIV/AIDS and this was verified after tabulating and found out that the highest percentage of 60% shows that people rarely access information about HIV/AIDS as compared to 40% of those who regularly access information.

Table 4: Showing the number of respondents who participated in Public Health Program

Factors	Responses	Frequency	Percentage
4) Do you ever participate in these public health education programmes in your community?	Yes	8	80%
	No	2	20%
	Total	10	100%

Source: AIDS Information Center (AIC's)

In table four above,, from a total number of 10 respondents who gave their opinion on whether they ever participate in public health education programmes in the community, the findings show that 8 respondents said Yes they do participate while 2 respondents said they do not participate in these programmes, therefore according to the findings we see that 80% of the population do participate in these programmes one way or the other as compared to 20% who do not participate.

4.2 Data analysis and presentation, objective three

Objective three sought to identify the need for public health education in controlling the spread of HIV/AIDS in Banda Community.

Table 5: Showing whether everybody gets access to information on HIV/AIDS

Factors	Responses	Frequency	Percentage
5. Do you think everybody gets access to information about HIV/AIDS?	Majority	2	20%
	A few	7	70%
	Not at all	1	10%
	Total	10	100%

Source: AIDS Information Center (AIC's)

In table five out of the ten respondents who gave their opinion on whether they think everybody gets information about HIV/AIDS,2 respondents said majority of the people get access to information,7 respondents said a few people get access to information as compared to 20% and 10% of the majority and not at all respectively.

Table 6: Showing sources of information on HIV/AIDS

Factors	Response	Frequency	Percentage
6) Where do you access information about HIV/AIDS from?	Health campaigns	1	10%
	(AIC)	9	90%
	Others	0	0%
	Total	10	100%

Source: AIDS Information Center (AIC's)

In table six it a question was posed, where do you access information about HIV/AIDS, it was found out that out of the 10 respondents,9 said they got information from Aids Information Centers(AICS),1 said through public health campaigns and none from other sources implying that 90% of the population access information from the Aids Information Centers compared to 10% from public Health Education campaigns ,therefore 90% for those who access information at AICS takes the greatest opinion lead in response to the above question.

Table 7: Showing the frequency of public health campaigns

Factors	Responses	Frequency	Percentage
7) How often do you carry out public health education campaigns in your community?	Rarely	8	80%
	Often	2	20%
	Total	10	100%

Source: Public campaign

In question seven, respondents were asked how often they carry out public health education campaigns in the community and 8 respondents who are the majority with 80% said they rarely carry out campaigns where as 2 respondents thus 20% of the opinion said they often carry out health education campaigns on HIV/AIDS in their community.

CHAPTER FIVE

SUMMARY, DISCUSSION, CONCLUSION AND RECOMMENDATIONS

INTRODUCTION

This chapter entails the summary, discussion, conclusion and recommendations for the study.

5.0 Summary

The general summary of the study has been done through the four chapters, the purpose of the study was to investigate the effect and impact of public health education on HIV/AIDS control, to find out the reason why people and their families do not make informed decisions on HIV/AIDS and to identify the need of public health education in controlling the spread of HIV/AIDS. Emphasis was put on identifying the existence of health education campaigns, assessment on how information about HIV/AIDS is attained (accessed) and evaluation on whether every body has got access to information on HIV/AIDS in the community in this case Banda community, Nakawa Division in Kampala District. Analysis was done objectively taking into consideration the objectives of the study as a guide/yardstick to the study.

5.1 Discussion

5.1.0 Discussion on objective one

According to the analysis and presentation on objective one, the findings show that the majority of people in Banda community carry out campaigns about HIV/AIDS. however these campaigns are not fostered by awareness raising and sensitization and the researcher found out that because the campaigns are carried out without sensitizing the community (people), it was realized that still a great number of members of the community access their information about HIV/AIDS from Aids Information Centers(AIDS) which in this case, there are few centers and far away in the division head quarters, an implication that more effort should be put to raise awareness in accessing information through public health campaigns which can be accessed by the majority of the community members.

5.1.1 Discussion on objective two

In the presentation and analysis of the findings in relation to the second objective, the researcher found out that community members rarely access information about HIV/AIDS this could be due to insufficient sensitization and more so it was identified that a majority of community members are willing to participate in these public health education campaigns but the inconsistency is brought about by poor facilitation, organization and inadequate awareness raising which would engage the people to participate more regularly.

Therefore accessing information about HIV/AIDS through public health education programmes will foster the control of the spread of HIV/AIDS in Banda community.

5.1.2 Discussion on objective three

From the presentation analysis on the findings in relation to objective three of the research study, it was found out that a few people access information about HIV/AIDS, this is because Aids Information Centers are hardly found in Banda community an implication that public health education programmes would be suitable to correct this mishap and not limited to the continuous and consistent sensitization and awareness raising on the relevancy of public health education, however the information about HIV/AIDS is available but strategies should be worked out to engage more people and this verifies the need for public health education.

6.0 Conclusion

Through the education given to the people of Banda community about HIV/AIDS, it has been realized that the spread of HIV/AIDS will at least be cut down.

Although people have been given education about HIV/AIDS, they still find it difficult whether to have sex with or without condoms.

There HIV/AIDS has not been stopped but at least has been reduced among the people of Banda community.

6.1 Recommendations

There is need for massive sensitization on HIV/AIDS through public health education programmes to the residents of Banda community and this can be done through awareness seminars, conferences and public addresses to the youth in schools.

Guidance and counseling services should be constantly monitored to parents, guardians, youth and those people living with HIV/AIDS so that they can make informed decisions about HIV/AIDS and live a more productive life.

There is need to facilitate the organizers of the health campaigns for example the local leaders so that local council meetings can be held more regularly and invite people to attend this will affect the level of community awareness on HIV/AIDS among the people .

There is need to increase access to health education probably by increasing the number of health units in the community ,training of the members of the community (volunteers) in HIV/AIDS counseling and this can be fostered by the provision of kits and support especially to persons already living with HIV/AIDS.

More research should be carried out on the same topic to evaluate the public health education roles in controlling the spread of HIV/AIDS.

BIBLIOGRAPHY

- Gisela Winkles and Maren Bidenstein (2005), **Teaching About HIV/AIDS**, Mc Millan, Malaysia
- [Http://Www.Globalhandwashing.Org/Publications/Lit Review.htm](http://www.globalhandwashing.org/publications/lit-review.htm)
- [Http://en.wikipedia.org/wiki/hong](http://en.wikipedia.org/wiki/hong)
- Noreen Witton and Adrian King, (2003), **Real Health for Lives**, Pub. By Thornes Ltd, Delta Place. United Kingdom. Foundation. Health services 1
- The 2nd Multisectoral Meeting, (2002), **Rethinking HIV/AIDS and Developmental Review of USAID Progress in Africa**, Bureau for Africa, Off Sustainable Development. Kong aids foundations.
- Ronan Foley (2002), **World Health, the Impact on our Lives**, Pub. By white, Thomson Publishers 2/3 St Andrews Place, Lowes, East Sussex
- The Courier, (2001), **Dossier HIV/AIDS Country Report**
- J. Reynolds, W. Slinson, (1992), **Lessons Learned from PHC Programmes** Funded by, Aga khan Suriname.
- Sandra Wallman, (1996) **Kampala Women Getting By, Well Being In the Times of AIDS**, Pub. By, Fountain Publishers, Kampala.
- JT. Boerma, (1991) **Health Information for PHC**; AMFREF P.O. Box 30125, Nairobi, Kenya.
- P.Bres, (1986) **Public Health Action in Emergencies Caused by Epidemics**, Pub. by, WHO, Geneva.

APPENDIX

QUESTIONNAIRE GUIDE FOR KEY INFORMANT THE EFFECT OF PUBLIC HEALTH EDUCATION ON HIV/AIDS CONTROL IN BANDA COMMUNITY

Dear Respondent,

I Agoso Jackline perusing a bachelors degree in social work and social administration in Kampala International University, I am intending to carry out my research on the above topic in Banda community, I humbly ask you to respond to the questionnaire below and the information got will be kept confidential and for academic purposes only, your response will be highly be appreciated.

A. BACKGROUND INFORMATION

Name:.....

Age:.....

Sex:.....

Occupation.....

B.

1. How do you raise awareness about HIV/AIDS in your community?

.....
.....

2. Which of the prevention strategies do you execute during awareness raising?

.....
.....

3. How do people in your community access information about HIV/AIDS?

.....

4. Have you ever carried out public health education campaigns in your community?

.....

5. How often do you carry out sensitization programmes in your community?

.....

6. Which category of people take part in these health campaigns?

.....

7. Do you think every body in the community accesses information about HIV/AIDS in your community?

.....

8. How do people access information about HIV/AIDS in your community?

.....

9. How do community members respond to HIV/aids campaign programmes in your community?

.....

9. What do you think should be done to get more people involved in HIV/AIDS awareness programmes?

.....

.....

THE EFFECT OF PUBLIC HEALTH EDUCATION ON HIV/AIDS CONTROL IN BANDA COMMUNITY

Dear Respondent,

I Agoso Jackline perusing a bachelors degree in social work and social administration in Kampala International University, I am intending to carry out my research on the above topic in Banda community, I humbly ask you to respond to the questionnaire below and the information got will be kept confidential and for academic purposes only, your response will be highly be appreciated.

1. Have you heard about HIV/AIDS?

- ☐ No
☐ Yes

2. Where do you access information about HIV/AIDS

- ☐ Health education campaigns
☐ AIDS information centers
☐ Others

If others specify

3. How often do you access information about HIV/AIDS?

- ☐ Regularly
☐ Rarely
☐ Others

If others specify

4. Do you have any health education campaigns in your community about HIV/AIDS?

☐ Yes

☐ No

If yes how often are these campaigns carried out?

.....

5. Do you think everybody gets access to information about HIV/AIDS?

☐ Majority

☐ A few

☐ Not at all

If not at all, why?

.....

6. Do you ever participate in these health education programmes on HIV/AIDS in your community?

☐ Yes

☐ No