

**EFFECTS OF ALCOHOLISM ON THE SPREAD OF HIV/AIDS
AMONG YOUTHS OF BUSHENYI DISTRICT**

BY

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DECLARATION

I Katushabe Paulah hereby declare that this dissertation is original and has never been submitted to any other institution for an award of any academic qualification.

Signed

KATUSHABE PAULAH

Date.....26th/06/2014

APPROVAL

This is to certify that this dissertation has been produced under my supervision and guidance and it is now ready for submission to the University with my approval.

Signed by.....

MS. NASSIWA SHAMIRAH

SUPERVISOR

Date.....



DEDICATION

This research work has been dedicated to my mother Mrs. Rutemberwa Florence and my brother Ayebazibwe Nobert and sister Gift Florence who have always wished the best for me.

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ABSTRACT

The purpose of the study was to examine the effects of alcoholism on the spread of HIV/AIDS among youths in Bushenyi district. The study had three specific objectives, which included; i) to examine the effects of alcoholism among youths in Bushenyi district. ii) To examine how HIV/AIDS is spread among youths of Bushenyi district and iii) to find out if there is a significant relationship between the effects of alcoholism and spread of HIV/AIDS among youths of Bushenyi Uganda. The study employed a descriptive correlation design that used both qualitative and quantitative methods of data collection. The findings indicated that most respondents (48%) were females who are in vulnerable groups, aged between 15-18 years (52.5%). Pertaining to the class of respondents, majority had reached diploma level with a frequency of 52.5 percent and secondary with a frequency of 24.3 percent and minority were primary with a frequency of 1.4% followed by 12.5 percent. The level of the effects of alcoholism was generally often with mean (3.1901) which indicated that most of respondents agreed. The level of the spread of HIV/AIDS is generally often (average mean=3.1635) they strongly agreed. And also indicated a positive-significant relationship between the level of effects of alcoholism and spread of HIV among youths ($r=0.723$, $\text{sig.} =0.000$) the more the government and Non government Organizations have tried to eliminate the effects of alcoholism, the adolescents are now able to prevent the spread of HIV/AIDS. The researcher recommends there is need to sensitize youths to adopt the effects of alcoholism management strategies. There is need to uplift the educational level of HIV positive adolescents since most of them had diplomas.

ACRYNOMS/ABREVIATION

AIDS	Acquired Immune Deficiency Syndrome
CD4	Cluster of Differentiation 4
HIV	Human Immune Deficiency Virus
ART	Anti-Retroviral Therapy
MoH	Ministry of Health
SPSS	Statistical Package for Social Sciences
TASO	The AIDS Support Organization
UACP	Uganda AIDS Control Program
UNAIDS	United Nations Joint Program on AIDS
STDs	Sexually Transmitted Diseases
AIC	AIDS Information Centre
WHO	World Health Organization

CHAPTER ONE

Introduction

This chapter consists of background to the study, statement of the problem, purpose of the study, objectives of the study, statement of the null hypothesis, research questions, and scope of the study and significance of the study.

Background of the study

Acquired Immune Deficiency Syndrome (AIDS) is caused by a human immunodeficiency virus (HIV) that weakens the immune system, making the body susceptible to opportunistic diseases that often lead to death. Promising developments have been seen in recent years in global efforts to address the AIDS epidemic-including increased access to effective treatment and prevention programmes (UNAIDS 2006). Indeed, recent data show global HIV prevalence leveled off and that the number of new infections has fallen as a result of the impact of HIV programmes. It also showed that 2.4 million [1.8-4.1 million] people became newly infected and 2.1 million [1.9-2.4 million] people died of AIDS. However, there is a need to adapt and revive HIV prevention efforts as some countries are seeing a reversal of declining trends (UNAIDS 2007).

The predominant mode of HIV transmission is through heterosexual contact, followed in magnitude by perinatal transmission, where the mother passes the virus to the child during pregnancy, delivery or breastfeeding. Other modes of transmission are through infected blood and unsafe injections. HIV/AIDS is a global challenge that has threatened the very existence of the human race. In most countries the epidemic did not occur until the 1980s. At present, there is no country in the world without HIV cases (WHO 1995). The African continent is said to hold the vast majority of the world's HIV infected population. It is estimated that in 2007, of the 33.0 million people living with HIV/AIDS, 22.0 million of them lived in sub-Saharan Africa (UNAIDS, 2008).

The earliest documented case of AIDS in sub-Saharan Africa appears to have been in the elusive nature of the Human Immuno-deficiency Virus (HIV) and its sequelae has created a demand for increased research in the area of human sexual behavior. Many available studies show that transmission of the disease is as a result of multiple sexual partners, in both heterosexual and homosexual relationships. More than 25 million people have died of AIDS since 1981. Africa has 11.6% AIDS orphans. At the end of 2007, women accounted for 50 percent of all adults living with HIV worldwide and for 59 percent in sub-Saharan Africa. Young people (under 25 years old) account for half of all new infections worldwide (UNAIDS, 2008).

Currently, 7.3 percent of Uganda's population is living with HIV. This amounts to an estimated 1.4 million people, which includes 190,000 children. An estimated 62,000 people died from AIDS in 2011 and 1.1 million children have been orphaned by Uganda's devastating epidemic.

HIV prevalence has been rising since its lowest rate of 6.4 percent in 2006. New infections are diagnosed in 150,000 people a year, of whom 20,600 are children. Despite this, the 2012 life expectancy of 55 years is nine years higher than the expectancy in 2000, likely to be a result of greater access to treatment for people living with HIV.

The government's shift towards abstinence-only prevention programmes, alongside a general complacency or 'AIDS-fatigue' has reduced the practise of safe sex. It has also been suggested that greater access to antiretroviral drug treatment (ART) reduces people's fear and urgency to get tested for HIV, increasing the likelihood of engaging in risky behaviour. The number of new infections per year exceeds the number of annual AIDS deaths, explaining the rising HIV prevalence.

Almost a quarter of people living with HIV in Uganda are part of the education system - either students or staff. 10 Only 39 percent of young people aged 15 to 24 know all the necessary facts about how HIV can be prevented, suggesting a lack of clear sex

education. Women in particular are in need of sex education and access to HIV services; HIV prevalence is 5.4 percent, compared to 2.4 percent amongst men. The fact that Ugandan women tend to marry and become sexually active at a younger age than their male counterparts, and often have older and more sexually experienced partners, places them at an increased risk of HIV. AVERT.org has more about women and HIV.

Problem statement

Drug and alcohol intoxication affect judgment and can lead to unsafe sexual practices, which put people at risk for getting HIV or transmitting it to someone else. The effects of alcohol consumption can result into the inability to make rational decisions, leading one to take risks that one is less likely to take when sober, such as high-risk sexual behavior hence resulting into contracting of HIV/AIDS and STIs.

Purpose of the study

The purpose of the study was to examine the effects of alcoholism on the spread of HIV/AIDS among youths in Bushenyi district.

Research Objectives

- i. To examine the effects of alcoholism on the spread of HIV/AIDS among youths in Bushenyi district.
- ii. To examine how HIV/AIDS is spread among youths of Bushenyi District.
- iii. To determine the significant relationship the effects of alcoholism and spread of HIV/AIDS among youths of Bushenyi District.

Research Questions

The study sought to answer the following research questions:

- 1) What are the effects of alcoholism on the spread of HIV/AIDS among youths of Bushenyi District?

- 2) What are the prevention strategies associated with HIV/AIDS among people living with disability of Kampala District?
- 3) What is the significant relationship between alcoholism and spread of HIV among youths of Bushenyi District?

Null Hypothesis

There is no significant relationship between alcoholism and spread of HIV/AIDS among youths of Bushenyi District.

Scope

The study was conducted in selected villages of Bushenyi District for alcoholic youths. The study intended to examine the effects of alcoholism on the spread of HIV/AIDS among youths of Bushenyi District, and the relationship between independent variable and dependent variable.

Significance of the Study

The following disciplines were benefited from the findings of the study.

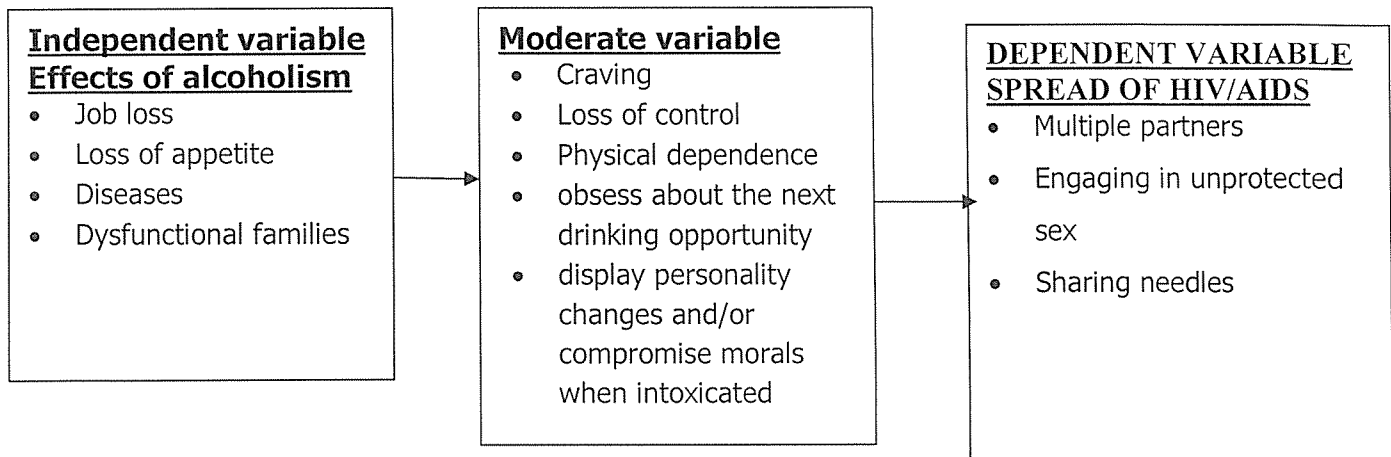
The finding of this study may be added to the library, hence adding knowledge to the existing one in the library,

The research was of great importance to me as a researcher because I hoped to acquire research skills which I could apply to conduct research in other subjects. Skills like developing questionnaires, interacting with new people and get the necessary information and analyzing data

The research also helped the government discover the effects of alcoholism on the spread of HIV/AIDS among youths of Bushenyi district, This helped them come up with better policies which resulted into HIV/AIDS prevention,

The research also benefited the future researchers who carried out research about the same topic of effects of alcoholism on the spread of HIV/AIDS among youths and learn more about HIV/AIDS, impacts, prevention.

Conceptual framework



Source: developed by the researcher aided by UNAIDS 2006. Report on the Global AIDS Epidemic 2006, UNAIDS, Geneva

The independent variable of alcohol causes Job loss, Loss of appetite, Diseases, The dependent variable of spread of HIV/AIDS indicated the total impact arising from the effects of the independent (alcohol) variable of alcoholism. An effect of alcoholism was a dependent variable, which was operationalized as the mean score in Multiple partners, Engaging in unprotected sex, Sharing needles. The intervening variables of Craving, Loss of control, Physical dependence, obsess about the next drinking opportunity, display personality changes and/or compromise morals when intoxicated had to be controlled so as not to influence the results of the study.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

Introduction

This chapter provides an overview of the results of the review of available literature on the risk of contracting STIs/HIV where alcohol is used in sexual encounters in the selected project sites. Attention is given to the following issues: broad socioeconomic conditions in the countries concerned; the nature, extent and consequences of alcohol use as well as policies in this regard; the prevalence of sexually transmitted infections (STIs), HIV and AIDS; relationships between alcohol use and sexual risk behaviour with respect to HIV infection; and groups who are vulnerable to alcohol use, sexual risk behaviour and HIV infection. (Akol, 2000)

Effects of alcoholism

Behavioral Effects

Alcohol use causes disinhibition and diminished perception of risk, which increase the likelihood that a person would put him or herself (or his/her partner) at risk for HIV infection by engaging in unsafe sexual practices, such as having multiple sex partners, unprotected intercourse, sex with high-risk partners (e.g., injection drug users, prostitutes), and exchanging sex for money or drugs (Cohall, et al. 2005). However, this issue still is being debated

Sexual promiscuity triggered by alcohol abuse also increases the risk of acquiring other sexually transmitted diseases (STDs), and people with STDs are at risk for both transmitting and acquiring HIV. STDs appear to increase susceptibility to HIV infection by two mechanisms. Ulcerative STDs such as syphilis, herpes, or chancroid cause breaks in the genital tract lining or skin, creating a portal of entry for HIV. Genital ulcers or nonulcerative STDs such as chlamydiosis, gonorrhea, and trichomoniasis induce inflammation in the genital tract, thus increasing the concentration of cells in genital secretions that can serve as targets for HIV (e.g., CD4⁺ T-cells, a type of white blood

cell involved in cell-mediated immunity which also serve as host cells that aid HIV in replication). STDs also appear to increase the risk of an HIV-infected person transmitting the virus, as people with HIV who present with other STDs are shedding more HIV in their genital secretions than are those who are infected with HIV only. (Hogle, et'al 2002)

Physiological Effects

Aside from behavioral impacts, alcohol abuse may increase host transmissibility through other mechanisms. By increasing viral replication in HIV-infected patients, alcohol may increase the virus concentration in the semen and in the vagina and thus facilitate HIV transmission. Thus, moderate to heavy alcohol consumption is positively correlated with vaginal shedding of HIV in patients on ART, even after adjusting for medication compliance (Jemmot L.S. et'al 2000). By interacting with diverse components of the immune system, alcohol may increase immune activation and inflammation in the HIV-infected patient and thus increase the pool of HIV target cells systemically and at transmission sites. In addition, alcohol may be responsible for changes in vaginal flora, which may induce inflammation and thus increase the rates of HIV transmission.

Other factors that may contribute to the increased spreading of HIV such as high levels of viral replication and resistance, increased levels of immune activation, and accelerated disease progression have been reported to occur in medication noncompliant HIV-infected patients that abuse alcohol. Altogether, these data clearly suggest that alcohol consumption has a negative effect on HIV transmission and that specific interventions should be developed for substance abuse treatment in the HIV population. These interventions should particularly target women and teenagers, the segment of the population in which most of the new cases arise and in which alcohol plays an important role in HIV transmission.(MOH) (2003)

Alcoholism and Spread of Hiv/Aids

Acquired Immune Deficiency Syndrome (AIDS) is caused by a human immunodeficiency virus (HIV) that weakens the immune system, making the body susceptible to and unable to recover from other opportunistic diseases that lead to death (Caldwell, 1998). The predominant mode of HIV transmission is through heterosexual contact, followed in magnitude by perinatal transmission, in which the mother passes the virus to the child during pregnancy, delivery, or breastfeeding. Other modes of transmission are through infected blood and unsafe injections.

HIV can be transmitted from an infected person to another through: Blood (including menstrual blood), Semen, Vaginal secretions and Breast milk. Blood contains the highest concentration of the virus, followed by semen, followed by vaginal fluids, followed by breast milk. These are activities that can easily transmit HIV/AIDS through:- Unprotected sexual contact, Direct blood contact, including injection drug needles, blood transfusions, accidents in health care settings or certain blood products, Mother to baby (before or during birth, or through breast milk), Sharing injection needles (Cotton, 2004): An injection needle can pass blood directly from one person's bloodstream to another. It is a very efficient way to transmit a blood-borne virus. *Sharing needles is considered a high-risk practice*, Mother to Child: It is possible for an HIV-infected mother to pass the virus directly before or during birth, or through breast milk. Breast milk contains HIV, and while small amounts of breast milk do not pose significant threat of infection to adults, it is a viable means of transmission to infants (Cotton, 2004).

Alcoholism and HIV Transmission

People who abuse alcohol are more likely to engage in behaviors that place them at risk for contracting HIV. For example, rates of injection drug use are high among alcoholics in treatment, and increasing levels of alcohol ingestion are associated with greater injection drug-related risk behaviors, including needle sharing. A history of heavy alcohol use has been correlated with a lifetime tendency toward high-risk sexual behaviors, including multiple sex partners, unprotected intercourse, sex with high-risk

partners (e.g., injection drug users, prostitutes), and the exchange of sex for money or drugs. There may be many reasons for this association. For example, alcohol can act directly on the brain to reduce inhibitions and diminish risk perception. PEARL (2000)

The association between drinking levels and high-risk sexual behavior does not imply that alcohol necessarily plays a direct role in such behavior or that it causes high-risk behavior on every occasion. For example, bars and drinking parties serve as convenient social settings for meeting potential sexual partners. In addition, alcohol abuse occurs frequently among people whose lifestyle or personality predisposes them to high-risk behaviors in general.

Beliefs that alcohol facilitates or enhances sexual intercourse contribute towards consumption before or during sexual intercourse, according to the WHO study. Alcohol is commonly used as a disinhibitor, a sex facilitator, a symbol of masculinity, and a means of relaxation, recreation, socializing and improving communication skills (e.g. in Mexico and Romania). Alcoholic beverages are also used as a facilitator in approaching the opposite sex. "Masculinity" is often linked to the ability to have multiple partners, imbibe alcohol and engage in promiscuous behaviour. Among women, alcohol use increases involvement in risky sexual encounters and sexual victimization, exposing them to the risk of unwanted pregnancies and STIs.(Perreb, et'al, 2002)

Alcohol-serving places as contact places for sexual encounters

The WHO study identified drinking places like bars, restaurants etc as venues where the combination of alcohol and sexual encounters lead to an increased risk of HIV transmission. In addition to this general observation, the report points at what they call "tricky issues". One example under this paragraph is from Mexico: "In Mexico some members of NGOs with a health promotion mission were owners of venues that animated/encouraged high-risk sex, e.g. dark rooms (for anonymous sex). Furthermore, drinking venues posed particular problems in Mexico. There were places and particularly

drinking venues and strategies that induced customers to engage in extremely risky behaviour, e.g. certain bars in Mexico City where one could get to the rest room only by passing the “dark room” (and there were only men’s rest rooms). In South Africa the drinking venues in certain sites had similar problems, such as shared toilets, poor lighting, sexual harassment of women by owners and sellers, and very low levels of disapproval of risky sexual behaviours in the venues. (Varga 2000)

Conclusions

Risky patterns of drinking may overlap with other risky patterns of behavior to compound the spread of HIV/AIDS. According to WHO, “the synergy between sexual behavior and alcohol use enormously multiplies the potential negative consequences of the two behaviors separately”. To tackle the relationship between problem drinking and HIV/AIDS, interventions must consider individual/group perceptions and expectations surrounding alcohol use and sex in the context of the broader socioeconomic conditions that simultaneously influence risk behaviors. Prevention initiatives must identify key patterns of alcohol misuse and sexual risk behaviors (e.g., the acceptance of alcohol as a facilitator for sex or conceptualizing drinking as an expression of masculinity) and address underlying notions of risk (e.g., unwanted pregnancy, STIs, losing a partner, economic loss) to foster behavior change.

CHAPTER THREE

RESEARCH METHODOLOGY

Introduction

This chapter consists of research design, population, and sample size, sampling procedures, instruments, validity and reliability of the instruments, data gathering procedures, data analysis, ethical considerations and limitations of the study.

Research Design

The study employed a descriptive correlational design that used both qualitative and quantitative methods of data collection. It was Quantitative in the sense that it was based on methodological principles of description, and use of statistical measurements as expected by the researcher. Qualitative data was presented on tables (Wildler, 2002).

Research Population

This refers to the group that the researcher focused on. The researcher believes that this group has vital information. Therefore, the target population was one hundred (100) respondents in of selected villages of Bushenyi district.

Sample Size

The Slovin's formula was used to determine the minimum sample size.

$$n = \frac{N}{1 + N \alpha^2}$$

N= Target population

n = Sample size

$\alpha^2=0.05$ (level of significance)

Sampling procedures

The purposive sampling was utilized to select the respondents. From the list of qualified respondents were chosen basing on the inclusion criteria, the systematic random sampling was used and finally selected the respondents with consideration to the computed minimum sample size.

Research Instruments

The research tool that was used in this study included the following: (1) face sheet to gather data on the respondents' profile;- (gender, age, education qualification and marital status); (2) researcher devised questionnaires to examine the effects of alcoholism and spread of HIV/AIDS. The response modes and scoring was as follows: for effects of alcoholism and spread of HIV/AIDS - 1) strongly disagree (2); disagree (3); agree (4); strongly agree.

Data Gathering Procedures

An introduction letter was obtained from the college of humanities and social sciences for the researcher to solicit approval to conduct the study from respective officials on alcoholic youths, respondents were requested to answer completely and not to leave any part of the questionnaires unanswered and the data gathered will be collated, encoded into the computer and statistically treated using the Statistical Package for Social Sciences (SPSS).

Data Analysis

The frequency and percentage distribution was used to determine the profile of the respondents.

The means and standard deviations were applied for the effects of alcoholism and spread of HIV/AIDS among youths.

The following mean ranges were used to arrive at the mean of the individual indicators and interpretation:

Mean range	Response mode	Interpretation
3.26-4.00	strongly agree	very often

2.51-3.25	Agree	often
1.76-2.50	Disagree	rarely
1.00-1.75	Strongly disagree	very rarely

To determine whether there is a significant relationship between effects of alcoholism and spread of HIV/AIDS, Pearson linear correlation coefficient (PLCC) was used to compute the influence of the independent variable to dependent variable.

Ethical Considerations

Confidentiality of the information provided by the respondents was maintained, a researcher sought for permission from officials and the respondents' names were not be reflected.

Acknowledge the authors quoted in this study and the author of the standardized instrument through citations and referencing.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

Introduction

This chapter shows the profile of respondents; examine the level of the effects of alcoholism among youths, the level of the spread of HIV/AIDS and the significant relationship between the effects of alcoholism and the spread of HIV/AIDS among youths in Bushenyi district. The presentation here is based on data as collected from the field and as analyzed by the researcher.

Profile of the respondents

Table 4.1: Gender of respondents

Gender	Frequency	Percentage
Male	32	40
Female	48	60
Total	80	100

(Primary source, 2014)

Results from Table 4.1 indicate that most of the respondents were female that is to say 48 percent and minorities were males with 32 percent. Therefore, females dominated in this sample.

Table 4.1.2 Age of respondents

Age	Frequency	Percentage
12-14	34	42.5
15-18	46	52.5
Total	80	100.0

(Primary source, 2014)

As far as age is concerned, 42.5 percent respondents were in the age bracket of 12-14, followed by 15-18 years of age with 52.5 percent.

4.1.3 Educational levels of respondents

Education level	Frequency	Percentage
Primary	1	1.4
Secondary	27	24.3
Diploma	42	52.5
Degree	10	12.5
Total	80	100.0

(Primary source, 2014)

Pertaining the class of respondents, majority had reached diploma level with a frequency of 52.5 percent and secondary with a frequency of 24.3 percent and minority were primary with a frequency of 1.4 percent followed by 12.5 percent. This means that a person is able to read and write hence getting correct information from them.

Level of the effects of alcoholism among youths in Bushenyi district

The first independent variable in this study was effects of alcoholism for which the researcher required to determine its level. It was measured using qualitative questions in which respondents were required to indicate the extent to which they agree or disagree with each of the items by indicating the number that suits their perceptions. Each of these questions were measured on a 4-point likert scale, means and standard deviations were used as indicated in table 4.2

Table 4.2 To show the Level of the effects of alcoholism among youths in Bushenyi district

Categories	Mean	Std. Deviation
you are less able to say no to sex	3.70	4.539
you desire for sex after taking alcohol	3.41	.791
you are sexually aggressive	3.37	.603
after drinking alcohol, you forget in the night everything you have learnt during day	3.36	.767
you are forced to trade sex as a means of getting money for alcohol	3.35	.863
you are unable to make decisions when drunk	3.35	.748
you have poor judgment memory	3.35	.858
you are involved in risky sexual behaviors	3.34	.826
you engage in safe sex when drunk	3.32	.823
you are sexually active when drunk	3.24	.830
you do not fear of STD infection and that, while under the influence of alcohol, you often have sex without considering the risk of HIV infection.	3.20	.736
you find it difficult to control your sexual desire	3.15	.929
Average	3.1901	.33770

(Primary source, 2014)

Mean range	Response mode	Interpretation
3.26-4.00	strongly agree	very often
2.51-3.25	Agree	often
1.76-2.50	Disagree	rarely
1.00-1.75	Strongly disagree	very rarely

The means in Table 2 indicated that the Level of the effects of alcoholism among youths was generally very often. This is indicated by the overall average mean (3.1901) and the first nine items were rated very often and that is You are less able to say no to sex (3.70) with a standard deviation of (4.539), followed by You desire for sex after taking alcohol mean (3.41) of (.791), You are sexually aggressive (mean= 3.37) of (.603) on average, After drinking alcohol, you forget in the night everything you have learnt during day mean (3.36 You are forced to trade sex as a means of getting money for alcohol mean (3.35) You are unable to make decisions when drunk with mean (3.35), and You have poor judgment memory mean (3.35), You are involved in risky sexual behaviors mean (3.34) and You engage in safe sex when drunk (mean= 3.32). In addition the last the items were rated often. The overall mean (3.1901) indicates that on average, most of respondents strongly agreed meaning that alcohol has significant impact in their lives.

Level of the spread of HIV/AIDS among youths in Bushenyi district

The second dependent variable in this study was the spread of HIV/AIDS among youths for which the researcher required to determine its level. It was measured using qualitative questions in which respondents were required to indicate the extent to which they agree or disagree with each of the items by indicating the number that suits their perceptions. Each of these questions were measured on a 4-point likert scale, means and standard deviations were used as indicated in table 4.3

Table 4: 3 Level of the spread of HIV/AIDS among youths in Bushenyi district

n=80

Categories	Mean	Std. Deviation
You are able to share needles	3.3418	.74912
You have multiple sexual partners	3.24	.830
You practice safer sex	3.21	.774
You use a condom every time you have penetrative sexual intercourse	3.18	.859
You know your HIV/AIDS status and you tested together with your partner	3.14	.868
You have one faithful partner	3.14	.807
You utilize voluntary counseling and testing services at your place	3.10	.851
Youths are more vulnerable to HIV/AIDS transmission	2.99	.987
Average	3.1635	.41203

Mean range	Response mode	Interpretation
-------------------	----------------------	-----------------------

3.26-4.00	strongly agree	very often
2.51-3.25	Agree	often
1.76-2.50	Disagree	rarely
1.00-1.75	Strongly disagree	very rarely

Results in Table 4:3 reveal that the spread of HIV/AIDS among youths was generally often (average mean=3.1635). The findings indicate that level of the spread of HIV/AIDS was often on six categories that is You have multiple sexual partners (mean= 3.24.), You practice safer sex (mean=3.41), You use a condom every time you have penetrative sexual intercourse (mean =3.18), You know your HIV/AIDS status and you tested together with your partner (mean=3.14) You have one faithful partner

(mean=3.14) and You utilize voluntary counseling and testing services at your place (mean = 3.10). Further still, only one category was rated very often and that is You are able to share needles (mean = 3.3418) and the last category was rated rare, Youths are more vulnerable to HIV/AIDS transmission (mean= 2.99). This means that most of respondents oftenly spread HIV after taking alcohol.

Relationship between effects of alcoholism and the spread of HIV/AIDS among youths in Bushenyi district.

The fourth objective was to establish whether there is a significant relationship between effects of alcoholism and the spread of HIV/AIDS among youths in Bushenyi district. The researcher tested a null hypothesis that there is no significant relationship between effects of alcoholism and the spread of HIV/AIDS among youths in Bushenyi district. To test this null hypothesis, the Pearson's Linear Correlation Coefficient (PLCC) and the results are indicated in table 4.4

Table 4.4 Relationship between effects of alcoholism and the spread of HIV/AIDS among youths in Bushenyi district.

Variables correlated	r-value	Sig	Interpretation	Decision on H₀
Effects of alcoholism Vs Spread of HIV/AIDS	.743	.000	Significantly correlated	Rejected

The results in Table indicates that there is no significant relationship between the effects of alcoholism the spread of HIV/AIDS ($r=0.743$, sig. =0.000). The findings also indicate that the effects of alcoholism and the spread of HIV/AIDS positively correlated. The r coefficient of 0.743 indicates that the once the effects of alcoholism is got rid of also the youth are able to prevent the spread of HIV/AIDS. Since the sig. values (.000)

were far less than 0.05, which is the maximum level of significance required declaring a significant relationship. Basing on these results, the null hypothesis was rejected and the alternative was accepted. A conclusion was made that an improvement in alcohol management strategies program is likely to reduce the level of the spread of HIV/AIDS at 95 percent level of significance.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

Introduction

This chapter presents the findings, conclusions and recommendations following the study objectives and study hypothesis. The researcher also suggests areas for further research.

Summary of Findings

The purpose of the study was to examine the effects of alcoholism on the spread of HIV/AIDS among youths in Bushenyi district. The study had three specific objectives, which included; i) to examine the effects of alcoholism among youths in Bushenyi district. ii) To examine how HIV/AIDS is spread among youths of Bushenyi district and iii) to find out if there is a significant relationship between the effects of alcoholism and spread of HIV/AIDS among youths of Bushenyi Uganda

The findings indicated that most respondents (48 percent) were females who are in vulnerable groups, aged between 15-18 years (52.5 percent), Pertaining the class of respondents, majority had reached diploma level with a frequency of 52.5 percent and secondary with a frequency of 24.3 percent and minority were primary with a frequency of 1.4 percent followed by 12.5 percent.

The level of the effects of alcoholism was generally often with mean (3.1901) which indicated that most of respondents agreed. The level of the spread of HIV/AIDS is generally often (average mean=3.1635) they strongly agreed. And also indicated a positive-e significant relationship between the level of effects of alcoholism and spread of HIV among youths ($r=0.723$, sig. =0.000) the more the government and Non government Organizations have tried to eliminate the effects of alcoholism, the adolescents are now able to prevent the spread of HIV/AIDS.

Conclusions

From the purpose of the study, the researcher generated the following conclusions

Strengths and Weaknesses

There were more female respondents compared to the male, indicating a big gender gap. Most respondents had diplomas, indicating a high level of youths qualification.

With the effects of alcoholism, most of aspects were very often rarely and this was confirmed by the average mean (3.1901). This indicates a low and poor alcoholism management among youths in Bushenyi district.

With the level of the spread of HIV/AIDS, one aspect was rated very rarely and this was; Youths are more vulnerable to HIV/AIDS transmission (mean= 2.99). This indicates that adolescents adhere to drugs.

To test null hypothesis of the study

The null hypothesis of a significant relationship between the level of effects of alcoholism and spread among youths was rejected. A conclusion was made that an improvement in effects of alcoholism management strategies program is likely to reduce the spread of HIV/AIDS at 95 percent level of significance

Recommendations

From the findings and the conclusions of the study, the researcher recommends there is need to sensitize youths to adopt the effects of alcoholism management strategies. There is need to uplift the educational level of HIV positive adolescents since most of them had diplomas.

It is recommended that a larger sample, inclusive of female participants, covering a wider geographical area be drawn in future investigations, in order to improve the generalisability of the findings. Furthermore, the study should also include other racial groups. Interview questions must be translated into the participants' preferred language before interviews are conducted. Furthermore, in addition to face-to-face

interviews, it is also recommended that participants be allowed to write down all the other aspects that relates to the study which they find difficult to express during interaction with the interviewer.

This study recommends further research undertaking regarding parental support during adolescence. In addition, this study calls for research on substance abuse monitoring devises that can be used in schools to curb substance abuse behavior. Furthermore, more than one researcher could collect data in order to ensure objectivity during data analysis. Both qualitative and quantitative approaches can be used to gather information about alcoholism and its ampact on the spread of HIV. By combining both approaches, I could have maximized the strength and minimized the weaknesses of each approach. This may have strengthened the results and contributed to 107 theory and knowledge (Morse, 1991). In addition, since multiple and diverse observations could be used, the study could have enriched the understanding of alcoholism problem and the spread of HIV. However, the volume of data produced, would have been immense and an extremely broad knowledge base was required to analyze it. The investigator would then have had to contract other researchers to work on the different parts of the analysis (Miles & Huberman, 1994).

Policy Implications

This study recommends that a database of adolescents abusing substances be developed and such adolescents be referred to social workers for intervention. participants indicated that they drank alcohol in taverns. This evidence shows that even though law strictness is employed, some of the tavern owners do not comply with it. Furthermore, this means that some entrepreneurs do not only sell goods that are stipulated in their business licenses. This has implications for policy makers to strengthen strategies employed to implement, monitor and evaluate policies. In addition, there is a need to educate entrepreneurs, tavern owners, parents, adolescents and community members in rural areas about the Liquor act because they are

important stakeholders who may play a role in ensuring that the act is implemented. They may also assist in reporting cases of non compliance of the Liquor act by some entrepreneurs and tavern owners (Liquor Act no. 59 of 2003).

This study recommends that Ugandan Police Service collaborate with communities through Community Policing Forum to address alcoholism problem among youths. Furthermore, youths need to be empowered through victim empowerment programmes to stop abusing alcohol because they have a right to develop to the fullest and be protected from harmful use of alcohol.

Areas for Further Research

More studies can be conducted on counseling, the spread and transmission of HIV/AIDS, Anti retroviral therapy and so on.

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APPENDICES

Appendix I

QUESTIONNAIRE ON EFFECTS OF ALCOHOLISM ON THE SPREAD OF HIV/AIDS AMONG YOUTHS OF BUSHENYI DISTRICT

Dear respondents

Kindly I request you to fill for me this questionnaire, am carrying out an academic research on "EFFECTS OF ALCOHOLISM ON THE SPREAD OF HIV/AIDS AMONG YOUTHS OF BUSHENYI DISTRICT". Within this context, may I request you to participate in this study by answering the questionnaires? Kindly do not leave any option unanswered. Any data you will provide shall be for academic purposes only and no information of such kind shall be disclosed to others.

May I retrieve the questionnaire within one week (7) days

Thank you very much in advance.

Yours faithfully,

Ms KATUSHABE PAULAH

Instruction

- i) Do not write your name any where
- ii) Tick in any appropriate box

Section A

1 (a) Profile of respondents

Male ☐

Female ☐

(b) Age _____

c) What is your highest level education?

1. Primary _____

2. Secondary _____

3. Certificate_____

4. Diploma_____

5. Degree_____

6. others

d) Marital status

i) married ----- ii) single_____iii) Divorced_____iv) Widowed_____

Section II: QUESTIONNAIRE TO EXAMINE EFFECTS OF ALCOHOLISM ON THE SPREAD OF HIV/AIDS AMONG YOUTHS OF BUSHENYI DISTRICT

Direction: Please describe the extent unto which you are hindered from accessing treatment and care on each item by using the scoring scale guide below. Kindly write your best rating in the space before each item. Be honest about your options as there is no right or wrong answers.

Score	Response	Description
4	strongly agree	you agree with no doubt at all
3	agree	you agree with some doubt
2	disagree	you disagree with some doubt
1	strongly disagree	you disagree with no doubt at all

You are less able to say no to sex	1	2	3	4
You desire for sex after taking alcohol	1	2	3	4
You are sexually aggressive	1	2	3	4
After drinking alcohol, you forget in the night everything you have learnt during day	1	2	3	4
You are forced to trade sex as a means of getting money for alcohol	1	2	3	4
You are unable to make decisions when drunk				

	1	2	3	4
You have poor judgment memory	1	2	3	4
You are involved in risky sexual behaviors	1	2	3	4
You engage in safe sex when drunk	1	2	3	4
you are sexually active when drunk	1	2	3	4
You do not fear of STD infection and that, while under the influence of alcohol, you often have sex without considering the risk of HIV infection.	1	2	3	4
You find it difficult to control your sexual desire	1	2	3	4

Section III: **QUESTIONNAIRE TO THE SPREAD OF HIV/AIDS AMONG YOUTHS**

Direction: Please describe the extent unto which preventative strategies from accessing treatment and care on each item by using the scoring scale guide below. Kindly write your best rating in the space before each item. Be honest about your options as there is no right or wrong answers.

Score	Response	Description
4	strongly agree	you agree with no doubt at all
3	agree	you agree with some doubt
2	disagree	you disagree with some doubt
1	strongly disagree	you disagree with no doubt at all

You are able to share needles	1	2	3	4
You have multiple sexual partners	1	2	3	4

You practice safer sex	1	2	3	4
You use a condom every time you have penetrative sexual intercourse	1	2	3	4
You know your HIV/AIDS status and you tested together with your partner	1	2	3	4
You have one faithful partner	1	2	3	4
You utilize voluntary counseling and testing services at your place	1	2	3	4
Youths are more vulnerable to HIV/AIDS transmission	1	2	3	4
You have enough knowledge about how HIV/AIDS is transmitted	1	2	3	4

Relationship between effects of alcoholism and spread of hiv/aids

Variables correlated	Computed r- value	P-value	Interpretation of Correlation	Decision on Ho
Effects of alcoholism				
Spread of HIV/AIDS				

"Thanks for your cooperation and May God Bless you"