PERCEPTIONS OF TEACHERS AND STUDENTS TOWARDS

THE CAUSES OF FIRES IN SELECTED

SECONDARY SCHOOLS IN

WAKISO DISTRICT

UGANDA

A   Thesis Dissertation

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of Master of Educational Management

By:

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September, 2011

DECLARATION A

"This dissertation is my original work and has not been presented for a degree or any other academic award in any university or institution of learning".

_____

Matovu Swaleh Elias

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13/10/2011
Date

DECLARATION B

"I confirm that the work reported in this dissertation was carried out by the candidate under my supervision".

_____

Kibuuka Muhammad

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13th/10/ 2011

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APPROVAL SHEET

This thesis entitled "Perception of Teachers and Students towards the causes of fires in Secondary Schools in Wakiso District" prepared and submitted by Matovu Swaleh in partial fulfillment of the requirements for the degree of Masters of Educational Management has been examined and approved by the panel on oral examination with a grade of PASSED.

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DEDICATION

This work is dedicated to my beloved perents Hajji Nsamba Elias and Hajat Fatuma Nsamba my wife, Mrs. Amina Nakimuli Matovu and my children; Fatuma Matovu (Amooti), Thamina Matovu, Imran Matovu, Luqman Matovu and Hilal Matovu whose love and care have made it possible for me to go through this programme.

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ABSTRACT

The purpose of this study was to establish the perception of teachers and students on the causes of fires in secondary schools. The study was conducted under three research objectives. These were; to study the demographic characteristics of the respondents, to determine the perception of teachers and students on the causes of school fires in secondary schools, to establish difference in perception on the causes of school fires in secondary schools in Wakiso District schools between: teachers and students, respondents of different age groups, male and female respondents, teachers and administrators, students and prefects, teachers and students in day and boarding schools and teachers and students in government and private schools. The study employed survey research design particularly cross sectional survey design. Questionnaire was the main instrument of data collection in addition to document review. Four private and one government secondary schools were randomly selected in Wakiso District in which the study was conducted and the collected data was analyzed with the used Statistical Package for Social Scientists (SPSS). The major findings of the study were; economic, political and management factors moderately caused fires in secondary schools. It was also found out that there was a significant difference in perception on the causes of fires: between students and teachers, between students and teachers of different ages and students and teachers in day and boarding schools. However, the study concluded that there was no significant relationship between: perceptions of respondents of different positions in the schools and students and teachers in private and government schools. The study came up with the following conclusions based on the study findings; economic, political and management factors have contributed to school fires in secondary schools. And, the researcher concludes that there is significant difference in the perceptions of students and teachers on the causes of school fires in secondary schools. The study also proposed some recommendations to deal with the wide spread and increasing levels of school fires in secondary

schools in Uganda. These include; strengthening school rules and regulations, strengthening counseling and guidance in schools on the issue of riots in general, having a uniform discipline code, which will assist parents, students and other stakeholders to appreciate the role of punishments in schools. In addition a strong parent-teacher relationship need to be established so as to address the effects of indiscipline in schools, and also head teachers should be the role models of discipline if this struggle is to achieve its objectives.

CHAPTER ONE

THE PROBLEM AND ITS SCOPE

Background of the study

Fire as a form of violence in secondary schools is not a new problem. It occurs between two or more individuals as interpersonal violence, or it involves identifiable groups in the society and erupts as inter-group violence between two or more different cultures. For centuries, violence in form of fires has been a commonplace feature of life with its causes embedded in the social, cultural, political, historical and economic contexts of its time (Leach, 2003). The focus of school fires can be individuals, objects or the school itself, and the nature of the damage can be psychological, physical or material. In addition, there has been recognition that either schools can help to prevent school fires or that they create an environment that reinforces violent attitudes.

Schools play an important role in the socialization process of the young people from where they learn to regulate their own conduct, respect towards others, manage their time responsibly and thus becoming responsible citizens (Tait, 2003). Rukundo (2009) showed that among the forms of strikes are school fires and identified the causes of school fires as being indiscipline among the students, failure of the administration to involve stake holders in decision making, harsh punishments, misuse of school funds, and failure of administration to respond to the warnings from students and teachers.

In Ugandan secondary schools, fires are most likely caused by deliberate action or accidentally (Rukundo, 2009). According to the Ministry of Education and Sports Report (2005), the level of indiscipline in classes and schools at large could easily be managed then and the level of indiscipline though existed, was not so strange (Ministry of Education and Sports, 2005).

In order to understand why school fires is such challenging, it may be valuable to research teachers' and students perceptions of their abilities to deal with student misbehavior through the understanding of teachers' efficacy beliefs.

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Teacher efficacy beliefs may influence their feelings of control over this stressor and determine teachers' actions, regulation of effort or emotions, behavioral choices, actions, and well-being when dealing with disruptive students (Tsouloupas, 2010).

Information regarding teachers' perceived efficacy to manage misbehaviors comes from a variety of supporting studies. Teachers whose lessons were found to be more susceptible to misbehavior problems reported less confidence and less security regarding their knowledge of student behavior management (Almog & Shechtman, 2007). In addition, adverse teacher behavioral outcomes (e.g. stress, turnover intentions, teacher burnout) have been shown to be more prevalent among teachers who do feel capable to deal with school fires (Slider, Noell, & Kashunda, 2006). It is apparent that teachers and students' perceptions can play a key role in determining the outcome of managing school fires. Therefore, exploring teachers' and students perceptions regarding their efficacy to effectively manage school fires could help identify important factors (personal and/or environmental), teaching or coping strategies, and learning sources associated with high efficacy beliefs that increase the likelihood of successfully managing challenging school fires.

Statement of the problem

According to the New Vision Report (23rd July 2010) more than 50 secondary schools caught fire in Uganda between 2002 and July 2010, resulting in the destruction of property worth millions of shillings. In the last two decades, the situation in Uganda's secondary schools has been hit by a wave of school fires which is escalating rapidly with more than 27 secondary schools set on fire between the year 2000 and 2007 (Mpaata, 2008). An increasing number of secondary school head teachers and teachers are reporting a wide range of potentially disruptive behaviors with in the school stakeholders that could lead to more school fires in the classrooms and around the schools in future. This has therefore created a big concern from teachers, head teachers, students and

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other stakeholders about the rate of school fires, property destruction as well as the nature of future citizens. The perceptions of the stakeholders and the effect of this increasing trend of secondary school fires countrywide therefore remain unknown, and thus a need for this study.

Purpose of the Study

This study described and compared the perceptions of teachers and students on the causes of school fires in secondary schools in Wakiso District. Further, this study established the difference in perceptions on the causes of school fires in secondary schools in Wakiso District. In particular, the study explored the causes of school fires in secondary schools in terms of managerial, political and economic perspectives.

Research Objectives

General: This study determined the perceptions of teachers and students towards the causes of fires in secondary schools in Wakiso District.

Specifically: This study determined:

1. The demographic characteristics of the respondents in terms of:
   1.1 Category
   1.2 Gender
   1.3 Age
   1.4 Position in the school
   1.5 Nature of the school
   1.6 Ownership of the school
2. The perception of teachers and students on the causes of school fires in secondary schools in Wakiso District.
3. The difference in perception on the causes of school fires in secondary schools in Wakiso District schools for:
   3.1 Teachers and students

3.2 Respondents of different age groups

3.3 Male and female respondents

3.4 Teachers and administrators, students and prefects

3.5 Teachers and students in day and boarding schools

3.6 Teachers and students in government and private schools

Research Questions

This study sought to answer the following research questions:

1. What are the demographic characteristics of the respondents as to:

    1.1 Category?

    1.2 Gender?

    1.3 Age?

    1.4 Position in the school?

    1.5 Nature of the school?

    1.6 Ownership of the school?

2. What are the perception of teachers and students on the causes of school fires in secondary schools Wakiso District?

3. Is there significant differences in perception on the causes of school fires in secondary schools in Wakiso District schools between?

    3.1 Teachers and students

    3.2 Respondents of different age groups

    3.3 Male and female respondents

    3.4 Teachers and administrators, students and prefects

    3.5 Teachers and students in day and boarding schools

    3.6 Teachers and students in government and private schools

Null Hypotheses

1. There is no significant difference between teachers and students perceptions on the causes of school fires in Wakiso District secondary schools

2. There is no significant difference in perceptions of respondents of different age groups on the causes of school fires in Wakiso District secondary schools

3. There is no significant difference in perceptions of male and female respondents on the causes of school fires in Wakiso District secondary schools

4. There is no significant difference between teachers and administrators, students and prefects perceptions on the causes of school fires in Wakiso District secondary schools

5. There is no significant difference between teachers and student's perceptions in day and boarding schools on the causes of school fires in Wakiso District secondary schools

6. There is no significant difference between teachers and student's perceptions in private and government schools on the causes of school fires in Wakiso District secondary schools

Scope

Geographical Scope

The study was conducted in selected government aided and private secondary schools in Wakiso that had been faced with a challenge of fires.

Content Scope

The study examined the perceptions of teachers and the students towards the general causes of school fires among which included; political, economic and management.

Theoretical Scope

This study was based on the behavioral and psychological theories namely: psychoanalytic by Sigmund Freud (1936); Frustration-aggression

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hypothesis by Dollard and his colleagues (1939) and social emotional learning theories by several researchers' e.g Weisberg and O'Brien (2004).

Time Scope

The study reflects only the period of July 2010 to September, 2011.

Significance of the Study

The findings of the study are beneficial to school head teachers, policy makers in the Ministry of Education and Sports, parents and other stakeholders in Uganda. This will be through understanding the causes of fires in secondary schools and the findings will help reduce or completely stop the school fires. Secondly the study findings are helpful to the Government of Uganda in solving the escalating problems of indiscipline that are widely spread in most schools and often result into school fires. Thirdly the study has helped to provide a guide to head teachers not only in Wakiso District on how to manage school rules and regulations, but also in other schools in the whole country at large and has also provided preventive measures against violent acts like school fires. Understanding and evaluation of characteristics of the larger school context allow educators to become aware of the school wide risk or protective factors that may influence intervention outcomes and trends in student or staff behavior and perceptions and attitudes that call for systemic intervention efforts.

Operational Definitions of Key Terms

For the purpose of this study, the following terms are defined as they are used in the study:

Perceptions is the process of attaining awareness or understanding of the environment by organizing and interpreting sensory information. All perception involves signals in the nervous system, which in turn result from physical stimulation of the sense organs.

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A fire outbreak is the sudden/emergency outbreak of fires within the school premises accidentally leading to destruction of property and damage lives.

Arson or fire setting is defined as "any willful or malicious burning or attempt to burn, with or without intent to defraud, a dwelling house, public building, motor vehicle or aircraft, personal property of another, etc."

Community is all individuals or groups of individuals, organizations, or institutions that lie in the immediate neighborhood of the school.

School climate is the shared perceptions of a school and consists of the attitudes, beliefs, values, and norms that underlie the instructional practices and operations of a school.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

Concepts, Opinions, Ideas from Authors/ Experts

Perceptions

According to Pomerantz (2003), perception is the process of attaining awareness or understanding of the environment by organizing and interpreting sensory information. All perceptions involve signals in the nervous system, which in turn result from physical stimulation of the sense organs. For example, vision involves light striking the retinas of the eyes, smell is mediated by odor molecules and hearing involves pressure waves. Perception is not the passive receipt of these signals, but can be shaped by learning, memory and expectation (Wettlaufer, 2003). Perceptions involve these "top-down" effects as well as the "bottom-up" process of processing sensory input. Perception depends on complex functions of the nervous system, but subjectively seems mostly effortless because this processing happens outside conscious awareness (Wettlaufer, 2003).

School Fires/ Arson

According to uniform crime report (UCR) in Bartol (1999), fire setting is defined as "any willful or malicious burning or attempt to burn, with or without intent to defraud, a dwelling house, public building, motor vehicle or aircraft, personal property of another"

Fire starters are obscure characters. Relatively little is known of their habits and behaviours or about how these individuals differ, if at all, from other types of offenders (Bartol, 1999). It is worth mentioning that the term used to describe individuals who set fires varies throughout the literature. Synonyms for non-accidental fire setters include arsonists, firebugs, vandals and pyromaniacs. The language used tends to reflect the perspective of the user, with different terminology appearing across medical, legal and popular contexts (Barker, 1994). Ultimately, however, the different terms all refer to the same thing, that is an

individual who deliberately lights fires, and all have a pejorative connotation. Mpaata (2008) defines the leading cause of school structure fires on average is incendiary/suspicious activity, which includes arson fires resulting from indecent behaviors.

Theoretical Perspectives

This study is based on the behavioral and psychological theories namely: psychoanalytic; Frustration-aggression hypothesis and social emotional learning theories. Behavioral and social scientists have debated for over a half century whether humans are born aggressive and naturally violent, or born relatively free of destructive tendencies. This debate, part of a wider controversy about the respective merits of nature and nurture, touches every school of thought in human behaviour (Berkowitz, 1973). According to the first perspective, humans are programmed aggressive to defend themselves, family, and territory from intruders. According to the second, humans become violent by acquiring aggressive models and actions from society and the environment in general and finally humans behave in relation to their social emotions.

Psychoanalytic Theory

Sigmund Freud (1936) the father of psychoanalysis and a physician by training, was convinced that human beings are susceptible from birth to a build-up of aggressive energy, which must be dissipated or drained off before it reaches dangerous levels. This is known as the psychodynamic or hydraulic model since it bears a close resemblance to pressure build-up in a container. If excessive pressure accumulates in the container-the human psyche-an explosion is likely to occur, as demonstrated by tirades that may involve violence. According to the traditional Freudian perspective, people who have tirades are blowing off the excess steam of aggressive energy. Freud (1936) suggested that violence in all of its forms is a manifestation of this aggressive energy discharged. Internal energy accumulates to dangerous levels when people have not discharged it

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appropriately through a process called catharsis, one of the most important concepts in psychoanalytic psychotherapy. Catharsis may be accomplished by actual behaviour (playing football, for example) or may occur vicariously (e.g. watching football). The Freudian psychodynamic position predicts that children who participate in or avidly watch school sports will ultimately be less aggressive than children who do not. Freudian psychodynamic followers also maintain that people who engage in violent crime (hostile aggression) have not had sufficient opportunity to "blow off steam" and keep the various aggression energies at manageable levels. Most schools in Uganda however have neglected aspects of sports that can help blow off this steam. In relation to this study therefore, this theory is important habitually to students' levels of stress and fatigue are managed to avoid psychological breakdown that would trigger awful acts like school fires.

Frustration-Aggression Hypothesis

Around the time of Freud's death in 1939, a group of psychologists at Yale University proposed that aggression is a direct result of frustration (Dollard, Doob, Miller, Mowrer, & Sears, 1939). According to Dollard and his colleagues, people who are frustrated, thwarted, annoyed, or threatened will behave aggressively, since aggression is natural, almost automatic response to frustrating circumstances. Moreover, people who exhibit aggressive behaviour are frustrated, thwarted, annoyed, or threatened. "Aggressive is always a consequence of frustration" (Dollard et al., 1939).

According to Berkowitz (1973), frustration increases the probability that an individual will become angry and soon act aggressively (aggression being defined as a behavior in which the goal is to inflict damage or injury on some object or person). In short, education managers should note that frustration facilitates the performance of aggressive behaviour in context, torching of school (arson). The behaviour may be overt (physical or verbal) or implicit (wishing someone dead).

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Anger, however, is not the only potentially aggressive emotion. Aversive conditions, such as pain; or pleasant states, such as sexual arousal, may also lead to aggressive behavior (Berkowitz, 1989).

Berkowitz notes that the presence of aggressive stimuli in the external environment (or internal environment represented by thoughts) increases the probability of aggressive responses. A weapon is a good example of such a stimulus. Most people in our society associate firearms with aggression. Berkowitz (1983) likens the firearm to a conditioned stimulus in that the weapon conjures aggressive associations, facilitating overt aggression. A gun, even when not used, is more likely to generate aggressive action than is a neutral object. The mere sight of the weapon might elicit ideas, images, and expressive reactions that had been linked with aggression in the past...." (Berkowitz, 1983). On the other hand students become angry and aggressive then they perceive that they have been treated unfairly or were personally attacked. As a result, they sometimes resort to appalling acts of violence like setting schools on fires.

Social Emotional Learning

Social emotional learning is the process through which children learn to recognize and manage emotions and is based on the assumption that optimal learning emerges from supportive and challenging relationships (Weisberg & O'Brien, 2004). It focuses on the ability to understand, manage and express the emotional aspects of ones life in ways that enable successful management of life tasks including learning (Elias, et al., 1997). Social emotional learning activities allow students to develop social and emotional competence, defined as student's ability to handle emotions, problem solve and maintain relationships effectively. The collaboration to advance social emotional learning identified competencies essential to the successful social emotional development of youth: awareness of self and others; positive attitudes and values; responsible decision making; and social interaction skills (Payton, et al., 2000). In relation to this study, it is

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important to understand that in most cases, it is as a result of emotions that students sometimes carry on acts of arson or fire setting in schools.

Related Studies

Causes of School Fires

Management factors

The child spends the major part of his/her most active hours in school. The teacher thus has to take the role of parent and counselor, both in academic and social matters. The parents expect the teacher to guide the children on social norms and values in relation to society's expectations. This is based on the assumption that communication of knowledge, attitudes and skills from the teacher will guide the child in the right direction. This is only possible if school discipline is maintained. The disruption of such discipline may lead to protests, demonstrations, strikes, riots and to some extent school fires (Datt, 1987).

According to Pashiardis (2000), there are four components of the school climate. These are communication, collaboration, and leadership and administrative relationship with teachers, while the fourth, and focus on students affairs, concerns students. The extent to which these components are satisfied with these components of the school climate has always determined their behaviours in the school. Previous studies (Henkin et al, 2000) found that collaboration oriented conflict management strategies are associated with the high levels of satisfaction, while the use of control oriented strategies is associated with the high levels of dissatisfaction which results in anger.

Henkin (2000) asserts that characteristics include school ownership or foundation body, gender composition of the students, location of the school, school age and school size. School climate has much to offer in terms of explaining the behaviour of people in the school. Davidson (2000) reported consistent association between school climate and school unrest.

According to Pashiardis (1998) school climate is important because it sets the tone for meeting goals and solving problems; fosters mutual trust,

respect and clarity of communication; determines attitude toward continuous personal improvement and growth; conditions the setting for creativity, generation of new ideas and programme improvement; determines the quality of internal processes; and influences motivation and behaviour within the school.

The school ownership and management plays a part in the deviant behavior including setting schools on fire. Henkin et al, (2000) argues that management activities in schools are focal points for the student's behaviors. He asserts that schools are supposed to be concerned with the full development of children including their moral welfare. According to Hoy & Miskel (2001) some management related activities exacerbate existing problems and depositions in schools.

According to Campbell & Coyle (1992), lack of discipline is the most serious problem facing the education system in secondary schools with many educators and students gravely concerned about disorder and dangers in school environment. Poor management, too much rudeness and intimidation by head teachers result in countless school disruptions leading to many strikes in schools (Campbell & Coyle, 1992).

Rudatsikira et al, (2007) carried out a study on indiscipline and violence in Mauritius schools and established that, Mauritanian primary and secondary schools have witnessed social changes due to the once booming economy. The Mauritanian youth are therefore living in a society transformed by technological progress on one hand and still tied to traditional, patriarchal and institutional structure on the other. Mauritanian schools suffer from deteriorating discipline as a result, which requires urgent attention. According to the survey conducted by Felister (2008), in the secondary schools in Tanzania, it was discovered that, majority of the headmasters and headmistresses lacked administrative skills and spent most of their time outside the school premises, hence becoming unaware of what was happening in their schools an indication of poor time management.

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According to Nagawa (1998) in Mpiso (2004), there are various types of punishments that are administered in the secondary schools in Uganda. These include the different modes or forms, which prevail in our schools in Uganda such as reprimand, bawling out, ridiculing sarcasm, belittling, name calling, withdraw of privileges, social isolation, demotion, putting placards around the offenders neck, standing or kneeling in front of class, exercise drills such as raising arms while carrying weight, suspension and expulsion from school, corporal punishment, restitution and detention or keeping students after school. She identified that these forms of punishments often result into school strikes that sometimes end up in school fires.

According to traditional African teaching and learning, power relations dominated it. Children were expected to take instructions from adults and assimilated knowledge with out questioning its source. Questioning its source and challenging the opinion of the instructor could be regarded as rude and Tantamount to punishment (Gyekye, 2002). In the end, because of such kind of leadership, anger arises into violent behaviors among these children.

Ndu (2000) writes that several activities by the school management have in several cases resulted in school fires. These include: overload curriculum and autocratic school administration and incompetent board of governors. Causes of conflict involving administration –sponsor were cited by respondents as being due to poor management by the administration, differences in opinions, poor academic performance by the school, financial control, attitude problems and cases of indiscipline and failure to adhere to doctrines of the sponsor (Adan & Beja , 2008).

In Uganda, Rukundo (2009) conducted a study on Relationship between management and school fires in secondary schools of Ntungamo District. He identified the causes of school fires as being indiscipline among the students, failure of the administration to involve stake holders in decision making, harsh punishments, misuse of school funds, and failure of administration to respond to the warnings from students.

Principal among the causes of fires in schools is unsafe school climate and low teacher expectations of student achievement. In addition, lack of clear school policies on school unrest may also contribute to school fires among students (Adan & Beja , 2008).

The school is the first large-scale socializing organization of which the child becomes a member. Unlike in the family, its members are mostly unrelated, and in some cases, teachers may not necessarily belong to the child's ethnic community. The element of social heterogeneity, coupled with its large size, makes the school a secondary social group. Therefore, whereas the family is essentially an informal socializing agent, the school combines formal (e.g. classroom teaching) and informal (e.g. peer group influence) processes of socialization. The school uses among other methods suspension, expulsion, official mention and rewards as modes of behaviour control (Hoy and Miskel, 2001).

Kangare (2008) asserted that violence has been going on since 1970 especially in boys' schools. In secondary schools, school fires have been identified as one of the most teething social problem schools are facing. Teachers have been reported to instigate school fires especially they have not been satisfied with the management (Omaar et al., 1994).

In Kenya, Mathiu (2008) noted that over the past decade, many secondary schools had suffered from strikes most of which placed head teachers in the spot light. For instance, in 1991, male students in a mixed high school invaded the girls 'dormitory and raped more than 70 girls, some of which they set the dormitories on fire. At least 19 female students lost their lives at a tender age of 15. In another incident in 1999, a group of male students locked up 4 prefects in their cubicles at night and doused them in petrol killing them instantly. The worst calamity was in 2001 when 68 students were burnt to death and scores injured after their dormitory was set on fire by two boys who petrol bombed the school. In 2006 in a mixed boarding school, 15 girls were raped in the middle of the night (ibid).Consequently, several reasons were advanced by

different stakeholders as the underlying root causes of school fires and riots in schools. They included: overloaded curriculum; autocratic school administration; drug and substance abuse; poor living conditions in schools; excessive use of corporal punishment; lack of an effective school guidance and counseling service; pressure for excellent academic performance; abdication of parental responsibility; incompetent board of governors; culture of impunity in the society; adolescence identity crisis and mass media campaigns (Simatwa, 2007). In Nigeria 1972-1979 and in 1990 educational institutions were set to fire that soldiers were deployed to schools to assist in control of students' behavior. Several conferences were equally held on the same without much ado (Ndu, 2000). In Kenya student-student, student-teacher and student administration conflict are common and have more often than not culminated into unrests. The unrests have ranged from sit in to violent destruction of property and loss of lives.

According to Mafabi, et al (1993), punishments are expected to suppress unwanted response during the time students are under teachers" observation. This opinion is also shared by (Cotton, et al 2000), who said that Punishments in a school system are expected to teach students the relationship between their behaviors and the outcome or accountability for their mistakes. Cotton, et al 2000), also argued that with a well-behaved class, teaching could be among the most wonderful jobs in the world. However what really occurs on the ground is that unwanted behaviors are on the increase despite the presence of these punishments. Teachers are worried about the aggression being directed to them by both students and their parents. This has resulted into some students being expelled, others suspended, forced to do hard labor at school, chased out of classes all of which seem to affect their behaviors.

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Economic Factors

Goldstein (1996) researched relationships between specific causes of fires and socioeconomic characteristics. He found that income was a strong predictor of rates for certain categories of fire cause, particularly arson, careless smoking, cooking, and children playing fires.

More recently, the individual's attitude toward the media and peers has been postulated as one of the more significant influences in arson behaviour (Surette, 2002). Reaching further into related literature, links have been established between media and teachers' perceptions particularly for individuals from low socio-economic backgrounds, who are young, angry, and have a poor academic record (Surette, 2002).

After controlling for other factors, a higher age and lower socio-economic status were associated with belonging to any of the three groups of violence. Being male in all sites was associated with perpetration; being female with victimization. Ethnicity and living with biological parents were not associated with violence (Leach, 2003).

Homes provide an environment that shapes their behaviour in one way or another. For instance, a 1994 national survey in suburban, urban and rural schools in the United States of America found that two major factors were held responsible for school fires: disintegration of the family; and increased depiction of violence in the media and popular music. Other factors included; alcohol and drug abuse, and easy access to weapons, such as guns. Poverty and inequitable educational opportunities also predispose school youths to violence (Ohsako, 2007).

Political Factors

Uganda Human Rights Report (2007) pointed out that frequent fires have been a result of several demonstrations, strikes and riots staged across the country. The report noted that 60 incidents of violent demonstrations and strikes, 32 of which became violent characterized with setting of property on fire.

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Such signals are turning point that through the country, demonstrations and strikes inclined on politics and cultural affairs.

Otieno (2006) asserts that the most fire fighters are trained on the job, and the quality of training is wanting. Fire outbreaks in schools are as a result of misery such as the destruction of property and the lives are very common occurrence. For instance, in 1996, Kichwamba technical college in Kabarole District was set a blaze due to rebel activities of the Allied Democratic Forces (New Vision April, 2008).

In the year 2008, the Ministry of Education reported that up to 254(4.5%) of secondary schools in Kenya had been affected by student unrests. The unrests included arson and other violent acts. A total of 163 schools remained closed due to the severity of disruption (United Nations Organization Office for the Coordination of Humanitarian Affairs, 2008). For the period June 2008 to September 2008, Kenya's print media was full of coverage of students on the rampage in public, private and seminary learning institutions (Standard Team, 2008a July 24th).Various causes of unrests were highlighted as drug abuse, high handedness, post election violence, cheating in National examinations and Ageng'a and Simatwa 1075 poor living conditions (Otieno, 2008, Adan, Mnyamwezi and Beja, 2008, Standard Team, 2008b).

The focus of violence can be individuals, objects or the school itself, and the nature of government policies. Since the middle of the 20th century, violence against children has increasingly been viewed as a violation of their fundamental human rights, in particular of their right to physical safety and psychological security and well-being (Rukundo, 2009). In addition, there has been recognition that either the government can help to prevent violence against children or that they create an environment that reinforces violent attitudes.

Studies conducted in Western Province specifically by Mutsotso (2004) & Simatwa (2007) identified various factors contributing to violence in schools in general. However, the current study tried to fill the gap by establishing teachers' and students' perceptions of factors contributing to violent behavior among

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secondary school students in Western Province of Kenya. Establishing home factors as they are perceived, would equip policy makers and planners, parents ,teachers and school administrators with knowledge and skills that would help minimize violent behavior among secondary students specifically in Western Province and generally in Kenya.

CHARPTER THREE
METHODOLOGY

Research design

Broadly, this study used a cross-sectional survey design. According to Neuman (1997), cited in Saunder et al, (2003), a cross sectional survey is simple, less time consuming and least costly. And it is for the foresaid reasons that the researcher adapted the design in this study.

Specifically, this study employed the descriptive comparative survey design and descriptive comparative strategies. Descriptive studies are non-experimental researches that describe the characteristics of a particular individual, or of a group. The study intended to find out whether and to what degree differences in perceptions exist between: 1) teachers and students, 2) respondents of different age groups, 3) male and female respondents, 4) teachers and administrators, students and prefects, 5) teachers and students in day and boarding schools, and (6) teachers and students in government and private schools.

As suggested by Barahona and Levy (2002); Valdez and Bemberger (1994), the researcher used a quantitative research approach and addressed the issues in breadth and depth with in the limits of money and time in which the research was carried out.

Study population

The population under study included: teachers and students from five selected secondary schools affected by school fires in Wakiso District, central Uganda and administrators in these schools who were categorized under: age, gender, position, nature and ownership of the school. Fire secondary schools in Wakiso District that included; Sumayya Girls high school, Bilali Islamic Institute, Kawanda Secondary School, Nsangi secondary School and Matuga Secondary School.

Sample size and selection

Sample Size

According to Saunders et al., (2003), given the competing conditions of time, money and lack of access to respondents, the final sample for the study can be determined as a matter of judgment. Thus, the researcher used judgment to determine the sample of the study as indicated in the table below.

Table 3

Selected sample size of the of the study population

School	Total Target Population		Sample size	
	Students	Teachers	Students	Teachers
Sumayya Girls H.S	832	82	33	8
Bilali Islamic Institute	1320	102	52	10
Kawanda S.S	1300	36	51	3
Nsangi S.S	990	40	39	5
Matuga S.S	760	37	31	4
Total	5202	297	206	30
Grand Total	5499		236	

Sampling Procedures

Purposive sampling was utilized to select the respondents based on these criteria: The researcher used a purposive sampling technique to select the first the school that were involved in the study and second to select the subjects of the study among teachers, students and administrators.

Research Instruments

A researcher-made questionnaire was used to collect data from respondents. Each item on the questionnaire was developed to cover a specific

objective of the study. The researcher distributed the questionnaire to selected sample of the population. The tool included the following: (1) face sheet to gather data on the respondents' demographic characteristics (gender, age, position, nature of the school and the school ownership); (2) a section on the perceptions of teaches and students on the causes of school fires in secondary schools. This section consisted of three parts, questions on management, economical and political related causes. All questions were closed ended and likert scaled asked for differences using five scales ranging from 1 for very small extent, 2 = small extent, 3 = moderate extent, 4 = large extent, 5 = very large extent.

Validity and Reliability

Content validity was ensured by subjecting the researcher devised questionnaires to judgment by the content experts (who estimated the validity on the basis of their experience) and included the supervisor and senior lecturers in education. Content validity, which focuses upon the extent to which the content of the instrument correspondents to the content of the theoretical concepts it is designed to measure (Amin, 2005), was measured using Content Validity Index (CVI) as recommended by Amin (2005). Two (2) judges were used to establish content validity. An inter-judge Coefficient of validity average of 0.9 was obtained which was taken by the researcher to be very good given the fact that Amin (2005) recommends that a CVI value of 0.7 and above is good enogh for the researcher to continue to use any tool.

The test-retest technique was used to determine the reliability (accuracy) of the researcher devised instruments to five qualified respondents. These respondents were not included in the actual study. The researcher carried out a Test-retest method where respondents who had completed the questionnaire were asked to complete it again after two weeks and their choices compared for consistence. For consistence of research results from the study instruments, the researcher used Cronbach Coefficient alpha method so as to determine reliability

of these instruments. According to Sekeran (2003) Cronbach's coefficient indicates how well the items are set positively to correlate to one another. It is computed in terms of the average inter-correlations among the items measuring the concept. A Cronbach's alpha of 0.7 was obtained. The closer Cronbach's alpha is 1, the higher the internal consistency (Sekeran, 2003).

Data Gathering Procedures

Before going to the main research, an introduction letter was obtained from the School of Post Graduate Studies and Research for the researcher to solicit approval to conduct the study from respective heads of secondary schools. After approval, a secure number of respondents from the school authorities were secured and the respondents were explained about the study and were requested to comply with the study.

Data Analysis

The data gathered was coded, encoded into the computer and statistically treated using the Statistical Package for Social Sciences (SPSS). t –tests were computed to test the differences between dependent and the independent variables and was obtained at (0.05 and 0.01) level of significance (2-tails). The analysis of Variance (ANOVA) was utilized to test the difference between means for the hypothesis two (Ho #2) at 0.05 level of significance.

Limitations of the Study

In view of the following threats to validity, the researcher claimed an allowable 5% margin of error at 0.05 level of significance. Measures were also indicated in order to minimize the threats to the validity of the findings of this study.

1. *Extraneous variables* which were beyond the researcher's control such as respondents' honesty, personal biases and uncontrolled setting of the study.

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2. *Mortality:* A total of 236 questionnaires were sent to the field but only 206 questionnaires were returned fully filled giving a response rate of 87%. Therefore because not all questionnaires were returned completely answered nor even retrieved back due to circumstances on the part of the respondents such as travels, sickness, hospitalization and refusal/withdrawal to participate. Therefore, the researcher reserved more respondents by exceeding the minimum sample size. The respondents were also reminded not to leave any item in the questionnaires unanswered and were closely followed up as to the date of retrieval.

CHAPTER FOUR

PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA

Introduction

This chapter presents the findings of the study, their analysis and interpretation. For coherence, demographic factors are presented, analyzed and interfered first, followed with presentation, analysis and interpretation of empirical results. Descriptive statistics, frequencies and t-tests are also presented. The relationship between study variables was guided by research hypothesis and results are presented below;

Profile of respondents

The first objective was to determine the profile of the respondents in terms of the age, gender, position of the respondents in the school, nature of the school and ownership of the school. The purpose of including demographic data in the survey was; (1) to understand the characteristics of the respondents in order to make better conclusions; (2) to relate the characteristics with the perceptions on the causes of school fires in secondary schools to establish if the variables had a bearing with the dependent variable. Results were analysed use frequencies and percentage distributions as presented in Table 2.

Table 4A
Respondents' Profile (n=206)

Categories	Frequency	Percent
Category		
Teachers	30	14.6
Students	176	85.4
Total	**206**	100
Age		
15-20	130	63.1
21-26	41	19.9
27-32	09	4.34
33 & 38	08	3.83
39 & above	18	8.72
Total	**206**	100
Gender		
Male	92	45
Female	114	55
Total	**206**	100
Position in the school		
Teacher	25	12.3
Student	156	76.8
Administrator	5	2.41
Prefect	20	9.82
Total	**206**	100
Nature of the school		
Boarding	3	60
Day & Boarding	2	40
Total	**5**	100
Ownership		
Government	1	20
Private	4	80
Total	**5**	100

Results in table (2) indicated that out of the 206 respondents, the majority, 176(85.4%) of the respondents were students while 30(14.6%) were teachers and administrators. This indicated that the study was mainly dominated by students and a few teachers.

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Out of the 206 respondents, 92 (45%) were males while 114 (55%) were females. This was an indication that female students dominated relatively in the study. Males normally dominate females in secondary schools according to enrollments by Ministry of Education and Sports Report (2005), but in this study the females dominated due to the Girls' schools that raised their percentage in the study.

Students between the ages of 15 but below 20 dominated the study with 130(63.1%) of the total respondents as shown in table 1 above. This is the common age in secondary schools explained by the age at which pupils in Uganda join primary section at the age of six where they spend seven years.

From the results, it can be observed that private school dominated the study with 4(80%) of the total number of schools with only one government school-Nsangi Secondary school. And finally, 60% of the schools were boarding while 40% of the schools were both day and boarding.

Teachers and students perception on causes of school fires in secondary schools in Wakiso District

The second objective intended to find out the perceptions of students and teachers on the causes of school fires in secondary schools in Wakiso District. Causes of school fires were broke into three aspects namely political, economic and management issues and nine questions on the causes of school fires were identified in which respondents were required to indicate the extent to which each of these causes of school fires. All the 9 questions were likert-scaled using 5 points ranging between 1 = very small extent, 2 = small extent, 3 = moderate extent, 4 = large extent, 5 = very large extent. Their responses were analyzed using SPSS and summarised using mean as indicated in tables 3.

Table 4B
Teachers and students perceptions on the causes of school fires (n=206)

Economic Factors	Mean	Interpretation	Rank
adequate or firefighting materials	2.50	unsatisfactory	9
elay in pay of teachers salaries	2.84	Fairly satisfactory	6
isappropriation of funds by administrators	2.85	Fairly satisfactory	5
ck of accountability among the school authorities	2.86	Fairly satisfactory	4
w pay of school employees	2.77	Fairly satisfactory	8
gh unemployment levels around the school community	2.79	Fairly satisfactory	7
mpetition from rival schools	3.18	Fairly satisfactory	2
verty and in equitable education opportunities	2.91	Fairly satisfactory	3
justified increase in school fees and other payments	3.22	Fairly satisfactory	1
Average mean	2.88	Fairly satisfactory	
litical factors			
adership struggle among staff	3.14	Fairly satisfactory	1
adership struggle among students (prefects)	2.84	Fairly satisfactory	2
stability (Rebel) related activities	2.63	Fairly satisfactory	3
eap popularity by some community leaders	2.82	Fairly satisfactory	2
mpetition from rival schools in the same locality	3.13	Fairly satisfactory	1
gative influence by politicians and mass media	2.82	Fairly satisfactory	2
Average mean	2.86	Fairly satisfactory	
anagement factors			
resolved conflict among school Management	1.11	Very unsatisfacto	3
or communication by school authorities	1.23	Very unsatisfacto	2
or relation with school neighborhood	1.15	Very unsatisfacto	3
or usage of electricity	1.16	Very unsatisfacto	3
cessive use of corporal punishment.	1.14	Very unsatisfacto	3
ck of an effective school guidance and counseling	1.24	Very unsatisfacto	2
appropriate conduct by school authorities	1.14	Very unsatisfacto	3
lure to stop drug abuse by students in schools	1.02	Very unsatisfacto	4
lure to satisfy student's demands	1.33	Very unsatisfacto	1
lure to stop bullying & teasing of students in schools	1.34	Very unsatisfacto	1
Average mean	1.15	Very unsatisfacto	
Total Mean	2.29	Fairly satisfactory	

Key:
Rating Scale

Answer Range	Response mode	Interpretation
1.00-1.80	Very small extent	Very satisfactory
1.81-2.60	Small extent	Satisfactory
2.61-3.40	Moderate extent	Fairly Satisfactory
3.41-4.20	Large extent	Unsatisfactory
4.21-5.00	Very large extent	Very unsatisfactory

Results in table 3 indicated that both perceptions of teachers, administrators and students on the economic factors causing school fires in secondary school were almost of the same extent. The fighting materials had a mean of 2.50, delay in pay of teacher's salary had a mean of 2.84, lack of accountability had a mean of 2.85 and increase of school fees had a mean value of 3.22. Thus, the researcher observed that, "unjustified increase in school fees and other payments" highly contributed to school fires with a mean of 3.22 while inadequate firefighting materials had the lowest mean with a mean of 2.50. Results concluded that the economic factors as a cause of school fires in secondary school were "moderate" with an average sum of 2.88. The results above are therefore in agreement with Goldstein (1996) who found out that income and the economic status of individuals was a strong predictor for rates of fire outbreaks in schools, particularly arson, careless smoking, cooking, and children playing fires.

Further, from the results, it was observed that the factors with the highest values were "leadership struggle among staff and competition from rival school in the same locality" with a mean value of 3.12 while the factors with the lowest values were "leaderships struggle among students, cheap popularity, and negative influence from politicians and mass medias" with a mean value of 2.83 However, the researcher concluded that the political factors were "moderate" in influencing school fires in secondary schools in Wakiso District with an average mean value of 2.86. These findings are in agreement with the New Vision report of April (2008) where it was indicated that, in 1996, Kichwamba technical college in Kabarole District was set a blaze due to rebel activities of the Allied Democratic Forces. The results still agree with Rukundo (2009) who wrote that the focus of violence can be individuals, objects or the school itself, and the nature of government policies. There has been recognition that either the government can help to prevent violence against children or that they create an environment that reinforces violent attitudes.

Finally, the results in the table above shows that, under management factors, the highest factors causing school fires in secondary schools are; failure to satisfy student's demands and failure to control bulling and teasing of students in schools with a mean value of "1.3". On the other hand, the factor with the lowest value was failure to stop drug abuse in schools with a mean value of "1.0". Averagely the contribution of management factors towards the causes of school fires in schools were scored with a value of "1.15" which indicated a very small extent of management factors towards the contribution of school fires in secondary schools in Wakiso District.

Difference in perceptions on the causes of school fires in secondary schools in Wakiso District

The third objective intended to find out the difference in the perceptions of the students and teachers on the causes of school fires in secondary schools in Wakiso District. On this, the researcher stated null hypotheses that: There is no significant difference between teachers and students perceptions on the causes of school fires in secondary schools; There is no significant difference in perceptions of respondents on different age groups on the causes of school fires in secondary schools; There is no significant difference in perceptions of male and female respondents on the causes of school fires in secondary schools; There is no significant difference between teachers and administrators, students and prefects perceptions on the causes of school fires in secondary schools; There is no significant difference between teachers and student's perceptions in day and boarding schools on the causes of school fires in secondary schools and; There is no significant difference between teachers and student's perceptions in private and government schools on the causes of school fires in secondary schools. To achieve this last objective and to test these null hypotheses, the researcher used both t-tests and ANOVA for the selected questions and the findings are presented in the tables below.

Teachers and Students

The differences in perceptions of students and teachers towards the causes of fires in secondary schools were assessed and the results are shown in the table below.

Table 4C

Independents Sample T-tests on the Perceptions of Teachers and Students on the Causes of Fires in Secondary Schools

Category	Mean	t-value	Sig.	Interpretation	Decision on Ho
Student	3.333	3.249	.000	Significant difference	Rejected
Teacher	2.777	3.2351	.000		

From the table, we can conclude that students had higher perceptions on the causes of school fires with a mean of 3.3333 than the teachers with a mean score of 2.777 Since the level of significance 0.000 is less than the level of significance at .05 (all sig. <0.05), the null hypothesis that there is no significant difference between teachers and students perceptions on the causes of school fires in secondary schools is rejected. The results lead to a conclusion that there are differences in perception on the causes of fires between students and teachers on the causes of fires in secondary school.

Respondents of different age groups

This item was intended to realize the perception of different age groups of the respondents on the causes of school fires in secondary schools of Wakiso District. The different age groups were; 15-20, 21-26, 31-38, 39 and above. The means of the causes were seen as scores (numerical) on the cause as dependent variable. This situation permitted the use of ANOVA analysis. Hypothesis two (H2) stated that that there is no significant difference in perceptions of respondents of different age groups on the causes of school fires in secondary schools.

Table 4D

ANOVA tests on the Ages of Respondents in Relation to Perceptions on the Causes of School Fires

Age	Mean	F	Sig.	Interpretation	Decision on Ho
15-25	2.0000	21.75	0.00	Significant difference	Rejected
26-36	2.1112				
37 and above	1.4445				

From the table the researcher concluded that, respondents between 26-36 years had the highest (2.1112) mean perceptions on the causes of school fires in secondary schools while those with 37 and above had the lowest (1.4445). Since the level of significance .000 is less than .05, the results concluded that there was a significant difference on the perceptions of the causes of school fires between students and teachers of different ages.

Gender of Respondents

The differences in perceptions of females and males towards the causes of fires in secondary schools were assessed and the results are shown in the table below.

Table 4E

Independents Sample T-tests on the Perceptions of Males and Females on the Causes of Fires in Secondary Schools

Gender	Mean	t-value	Sig.	Interpretation	Decision on Ho
Male	2.3333	-3.374	.000	Significant difference	Rejected
Female	3.1111	-3.656	.000		

The results indicate that there is a statistically significant difference between the mean perceptions for males and females ($t = -3.734$, $p = .000$). In other words, females have a statistically significantly higher mean score

perceptions on the causes of school fires (2.1111) than males (1.3333). Since the level of significance .000 is less than the level at .05, (all sig. <0.05), the study rejected the null hypothesis which was stated as there is no difference in males and females perceptions on the causes of school fires and it is concluded that there is a difference in male and female perceptions on the causes of school fires in secondary schools in Wakiso District.

Position of respondents in the school

The differences in perceptions of teachers, administrators, students and prefects towards the causes of fires in secondary schools were assessed and the results are shown in the table below.

Table 4F

ANOVA tests on the Perceptions of respondents of different positions in schools on the Causes of Fires in Secondary Schools

Position				Interpretation	Decision on Ho
	Mean	F	Sig.		
Teacher	1.4000	.771	0.520	No significant difference	Accepted
Administrator	2.0000				
Student	2.1111				
Prefect	1.6667				

From the table the researcher concluded that, students had the highest mean perceptions (2.1111) on the causes of school fires in secondary schools while teachers had the lowest with (1.4000). However, since the level of significance (0.520) is greater than .05 (Sig. > 0.5), the researcher therefore concluded that there was no significant difference between perceptions of respondents of different positions in the schools on the causes of school fires and

Ownership of the school

The differences in perceptions between respondents from private and government schools towards the causes of fires in secondary schools were assessed and the results are shown in the table below.

Table 4H

Independents Sample T-tests on the Perceptions of students and teachers between private and government owned schools on the Causes of Fires in Secondary Schools

Ownership	Mean	t-value	Sig.	Interpretation	Decision on Ho
Private	2.3167	-.838	.404	No significant difference	Accepted
Government	3.0000	-.838	.404		

The results indicate that there is a no statistically significant difference between the mean perceptions for private and government schools (t = -.838, p = .404). Since the level of significance .404 is higher than the level at .05, the study accepted the null hypothesis (H6) that there is no difference in perceptions of students and teachers in private and governments owned schools on the causes of school fires and it is concluded that there is no significant difference between the perceptions of students and teachers in private and government schools on the causes of school fires in Wakiso District.

that the hypothesis (H4) that there is no significant relationship between respondents of different positions is retained.

Nature of the school

The differences in perceptions between students and teachers from boarding and day schools towards the causes of fires in secondary schools were assessed and the results are shown in the table below

Table 4G

Independents Sample T-tests on the Perceptions of students and teachers from day and boarding schools on the Causes of Fires in Secondary Schools

School Nature	Mean	t-value	Sig.	Interpretation	Decision on Ho
Day	2.2222	3.223	.002	Significant difference	Rejected
Boarding	3.2222	3.223	.002		

Results indicate that there is a statistically significant difference between the mean perceptions for day and boarding schools (t = 3.223, p = .000). In other words, boarding schools have a statistically significantly higher mean score perceptions on the causes of school fires (2.2222) than day schools (1.2222). Since the level of significance .002 is less than the level at .05, the study rejected the null hypothesis (H5) that there is no difference in perceptions of students and teachers in day and boarding schools on the causes of school fires and it is concluded that there is a difference between the perceptions of students and teachers in day and boarding schools on the causes of school fires in Wakiso District.

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CHAPTER FIVE
FINDINGS, CONLUSIONS 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 here.

Findings

This study set to find out the perceptions of teachers and students on the causes of fires in selected secondary schools in Wakiso District. It was guided by four specific objectives, that included determining the i) profile of respondents in terms of category, age, gender, position in the school, nature of the school and ownership of the school; ii) examining perception of teachers and students on the causes of fires in secondary schools; iii) identifying the difference in the perception on the causes of fires in secondary schools.

Data analysis using Statistical Package for Social Scientists (SPSS) descriptive statistics showing means showed that the teachers and students' perceptions on the causes of school fires were to a moderate extent; Economic factors (mean=2.86) and Political factors (mean=2.86). While the management factors were perceived to cause school fires to a very small extent (mean=1.15).

Results using independent sample T-tests indicated that there was a significant differences in the perceptions on the causes of school fires in secondary schools in Wakiso District between the following groups; i) Teachers and students (Mean = 3.333 and 2.777 for students and teachers respectively, sig. = 0.000); ii) Gender (Mean = 3.543and 2.664 for males and females respectively, sig. = 0.000); iii) Nature of the school (Mean = 2.335and 3.544for day schools and boarding schools respectively, sig. = 0.002). However, the results on the difference on the perceptions of students and teachers in both government and private schools showed no significant relationship (Mean =

3.763and 2.553for private schools and government schools respectively, sig. = 0.404).

ANOVA test results indicated that there was a significant difference on the perceptions of the causes of school fires between respondents of different ages (Mean, 2.3333, 3.2571 and 1.230 for ages of 15-25, 26-36 and 36- respectively, sig. = .000). Using the same tests, results also indicated that there was no significant relationship between perceptions of respondents of different positions in the schools on the causes of school fires (Mean, 1.4000, 2.0000, 2.1111 and 1.6667 for teachers, administrators, students and prefects respectively, sig. = .520).

Conclusions

In this section, the researcher gives conclusion to the study findings in relation to the study objectives above.

Basing on the findings of the second objective, the researcher concludes that; the economic factors that caused school fires in secondary school were "moderate". The factor with the highest score was unjustified increase in school fees and the lowest factor was inadequate firefighting materials; The researcher further concluded that political factors caused fires in secondary schools moderately though to a large extent, leadership struggle among staff and competition from rival schools contributed most while political instability related factors contributed least; Finally, the researcher concluded that overall, management factor's contribution to school fires were to a very small extent with failure to satisfy students demands leading these factors while failure to stopping drug abuse in schools as the lowest.

From the findings of the third objective, the researcher concludes that there is significant difference in the perceptions of students and teachers on the causes of school fires in secondary schools. This is true for the cases of; Teachers and students- where it is concluded that there are differences in perceptions between students and teachers on the causes of fires in secondary

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school; Respondents of different age groups- where it is concluded that there is a significant difference in the perceptions between students and teachers of different ages on the causes of school fires in secondary schools; Gender of respondents- where it is concluded that there is a significant difference in male and female perceptions on the causes of school fires in secondary schools; Nature of the school- where it is concluded that there is a significant difference between the perceptions of students and teachers in day and boarding schools on the causes of school fires in secondary schools.

However from the results, the researcher concludes that there is no significant difference between the perceptions of respondents of different positions in the schools on the causes of school fires in secondary schools and that, there is no significant difference between the perceptions of students and teachers in private and government schools on the causes of school fires in secondary schools.

Recommendations

This section deals with recommendations arising from the study findings and conclusions, following the study objectives and hypothesis;

In order to reduce and consequently stop the acts of school fires in schools, school rules and regulations need to be emphasized and given enough awareness so as to avoid conflicts of interest between students, teachers and school management. These will help to prescribe the standard of behavior expected of students and teachers. Students will learn to behave like students and so will be the teachers.

Basing on the findings of the second and third objectives, the researcher recommends that if acts of school fires in secondary schools are to be stopped or reduced, the following should be noted;

a) Head teachers should design proper ways of handling punishments. Disciplinary committees therefore need to be installed in schools and to be respected in terms of decision-making and be given powers and authority to

execute their duties. School timetables need to provide time for counseling and guidance to students so as to prevent occurrence of offences than punishing the offenders. This is because some of the major causes identified for school fires were poor harsh punishments resulting from management factors.

b) School management should regularly talk to students on riots and school fires in particular. Consequently the students would be inducted on how to solve conflicts among themselves so that they can actively participate in matters relating to schools' safety. While doing this, schools should with the help of Ministry of Education facilitate training of staff and students on how to prevent violence as part of their curriculum. e.g. be trained on how to gather and use intelligence.

c) Similarly, students should be assisted to foster and maintain a safe learning environment and all members of schools' community should be trained on how to prevent and use fire equipment. In addition, The Quality Assurance Officers should constantly evaluate safety programs in schools with a view to offer valuable suggestions for improvement.

d) A well thought out plan for parental involvement on the issues of school fires is needed. Parents should not just 'dump' their students in schools. The role of each member of the schools structure in safety should be clearly defined and communicated well. All stakeholders should be made aware of contemporary challenges in schools such as drug abuse, misuse of rights and negative exposure among teachers and students.

Areas for Further Research

This study was specifically carried out in Wakiso District. However there are many other districts in the country where the same research can be carried out. Further research can be carried out focusing on the perceptions of students and teachers on the causes of school fires in secondary schools in other districts or the whole country for comparative analysis.

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APPENDIX 1 A

TRANSMITTAL LETTER

OFFICE OF THE DEPUTY VICE CHANCELLOR (DVC)
SCHOOL OF POSTGRADUATE STUDIES AND RESEARCH (SPGSR)

Dear Sir/Madam,

RE: INTRODUCTION LETTER TO CONDUCT RESEARCH IN YOUR INSTITUTION

Mr. Matovu Swaleh is a bonafide student of Kampala International University pursuing a Masters in Educational Management

He is currently conducting a field research for his dissertation entitled, **Perceptions of Teachers and Students towards the Causes of Fires in Selected Secondary Schools in Wakiso District, Uganda.**

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

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

Any assistance rendered to him will be highly appreciated.

Yours truly,

_____

Novembrieta R. Sumil, Ph.D.

Deputy Vice Chancellor, SPGSR

APPENDIX 1B

TRANSMITTAL LETTER FOR THE RESPONDENTS

Dear Sir/ Madam,

Greetings!

I am a Masters in Educational Management candidate of Kampala International University. Part of the requirements for the award is a dissertation. My study is entitled, **Perceptions of Teachers and Students towards the Causes of Fires in Selected Secondary Schools in Wakiso District, Uganda.** 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 two days (5)?

Thank you very much in advance.

Yours faithfully,

Mr. Matovu Swaleh

OFFICE OF THE CORDINATOR OF EDUCATION
SCHOOL OF POSTGRADUATE STUDIES AND RESEARCH (SPGSR)

May 20, 2011

Dear Sir/Madam,

RE: REQUEST FOR MATOVU SWALEH MED/0004/71/DU
TO CONDUCT RESEARCH IN YOUR ORGANIZATION

The above mentioned is a bonafide student of Kampala International University pursuing a Masters of Educational Management and Administration.

He is currently conducting a field research of which the title is **"Perceptions of teachers and Students towards the Causes of Fires in Selected Secondary Schools in Wakiso District Uganda."**

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

Any information shared with him from your organization shall be treated with utmost confidentiality.

Any assistance rendered to him will be highly appreciated.

Yours truly,

Ms. Kyolaba Sarah
Coordinator Education, (SPGSR)

APPENDIX III
INFORMED CONSENT

I am giving my consent to be part of the research study of Mr. Matovu Swaleh that will focus on emotional intelligence and leadership styles.

I shall be assured of privacy, anonymity and confidentiality and that I will be given the option to refuse participation and right to withdraw my participation anytime.

I have been informed that the research is voluntary and that the results will be given to me if I ask for it.

Initials:_____

Date_____

APPENDIX IV

RESEARCH INSTRUMENT

SECTION A

Respondent's Profile

Please tick where Applicable

1. Category

    a) Student

    b) Teacher

2. Age..............................

3. Gender

    a) Male

    b) Female

4. Position in the School

    a) Teacher

    b) Student

    c) Administrator

    d) Prefect

5. Nature of the School

    a) Day

    b) Boarding

6. Ownership of the School

    a) Private

    b) Government

SECTION B

Direction: Please write your preferred option on the space provided before each item. Kindly use the rating guide below:

Response Mode	Rating
Very small extent	(1)
Small extent	(2)
Moderate Extent	(3)
Large Extent	(4)
Very large extent	(5)

	Economic related factors	1	2	3	4	5
1	Inadequate or firefighting materials					
2	Delay in pay of teachers salaries					
3	Misappropriation of funds by administrators					
4	Lack of accountability among the school authorities					
5	Low pay of school employees					
6	High unemployment levels					
7	Competition from rival schools					
8	Poverty and in equitable education opportunities					
9	Unjustified increase in school fees and other payments					
	Political Factors					
10	Leadership struggle among staff					
11	Leadership struggle among students (prefects)					
12	Instability (Rebel) related activities					
13	Cheap popularity by some community leaders					
14	Competition from rival schools in the same locality					
15	Negative influence by politicians and mass media					
	Management factors					
16	Unresolved conflict among school Management					
17	Poor communication by school authorities					
18	Poor relation with school neighborhood					
19	Poor usage of electricity					
20	Excessive use of corporal punishment.					
21	Lack of an effective school guidance and counseling					
22	Inappropriate conduct by school authorities					
23	Failure to stop drug abuse by students in schools					
24	Failure to satisfy student's demands					
25	Failure to stop bullying & teasing of students					

CURRICULUM VITAE

IDENTIFICATION

First name	Swaleh
Last name	Matovu
Date and place of birth	29/12/1978, KABAROLE
Sex	male
Marital status	Married
Nationality	Ugandan
Tel:	0772844554
Email	luqmanhilal@yahoo.com

ACADEMIC QUALIFICATION

2011	**Candidate masters degree in Educational Mgt (kiu)**
1999-2003	**Bachelors' Degree in education (ucoez)**
1997-1998	**Certificate A level Naggalama Islamic**
1993-1996	**Certificate O level Naggalama Islamic**
1991	**Certificate primary school saad islamic**

COMPUTER SKILLS
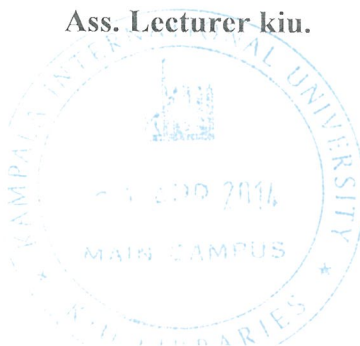
Microsoft word
Microsoft excel
Microsoft access
Microsoft internet Explorer
Statistical package for social scientists

LANGUAGE SKILLS

English	very good
Kiswahili	very goog
Arabic	very good
Runyoro rutooro	very good

PREVIOUS EMPLOYMENT

2004-2007	Teacher sumayyah girls high school
2007-todate	Ass. Lecturer kiu.

CHALLENGES OF COPING WITH HIV AND AIDS AMONG WOMEN IN
TANZANIA; A CASE OF TANZANIA NETWORK OF WOMEN LIVING
WITH HIV AND AIDS (TNW+), DAR ES SALAAM

BY

JANETH MSELEMU

MDS/10007/81/DF

A THESIS PRESENTED TO THE SCHOOL OF POSTGRADUATE STUDIES AND
RESEARCH IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE AWARD OF MASTER DEGREE OF ARTS IN DEVELOPMENT
STUDIES OF KAMPALA INTERNATIONAL
UNIVERSITY KAMPALA, UGANDA

September, 2010
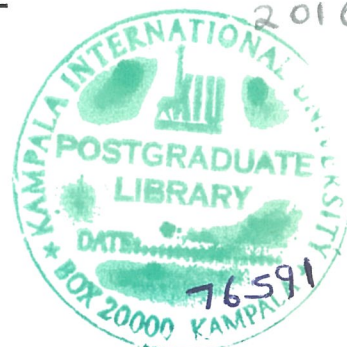
DECLARATION A

"This dissertation is my original work and has not been never been presented for a Degree or any other academic award in any university or institution of higher learning".

_____

Name and Signature of Candidate

30/09/2010.
_____

Date

DECLARATION B

"I confirm that the work reported in this dissertation was carried out by the candidate under my supervision"

_____

Name and Signature of Supervisor

30/09/2010

_____

Date

DEDICATION

I dedicate this work to my mother Josephine Mselemu and my brothers Alex and Baraka who inspired me to pursue this course.

ACKNOWLEDGEMENT

I express my gratitude to my mother, brothers, Iddah Swai, Edward Mapunda ,my supervisors Rev.Dr. Mattatical Ninan Chandy and Dr. Sinodia Angom as well as my lecturers for the support they provided during the course of this study.

May God bless them all.

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AAP	Asian AIDS Project
API	Asian/Pacific Islander
ARVs	Antiretroviral
ARTs	Antiretroviral Therapy
CD4	Cluster of Differentiation
CSWs	Commercial Sex Workers
DNA	Deoxyribonucleic acid
HIV	Human Immunodeficiency Virus
NGOs	Non Governmental Organization
RNA	Ribonucleic Acid
TACAIDS	Tanzania Commission for AIDS
TB	Tuberculosis
TNW+	Tanzania Network of Women living with HIV and AIDS
UNAIDS	The Joint United Nations Programme on HIV and AIDS
UNICEF	United Nations Children's Fund
UN	United Nations
USA	United States of America
USAID	The United States Agency for International Development
WHO	World Health Organization
SPSS	Statistical Package for the Social Sciences

ABSTRACT

The purpose of this study was to establish the challenges of coping up with HIV and AIDS among women in Tanzania, with particular reference to TNW+. The objectives of the study were to establish the socio-economic, individual and political factors that affected women from coping up with HIV and AIDS.

The research design adopted in this study was a case study research design. The researcher applied both quantitative and qualitative research methods. The researcher applied this method in the study because of large population of women. Simple random sampling was used to select the women while purpose sampling was used to select the staff of TNW+. The research instruments that were used during the process of data collection included questionnaires and interview guides. The relationship between socio-economic, individual, political factors and coping up with HIV and AIDS was evaluated using Pearson's product moment correlation co efficient.

According to the study findings, socio-economic factors, individual factors and political factors greatly affect women from coping up with HIV and AIDS. There was a positive and significant relationship between socio-economic factors, individual factors, political factors and coping with HIV and AIDS among women. The researcher rejected the null hypotheses (there is no relationship between socio-economic factors, individual factors, political factors and coping with HIV and AIDS among women). The researcher recommended reduction of discrimination against people living with HIV and AIDS in order to reduce stigma. In addition, cultural beliefs that hinder patients from utilizing available treatment for the patients need to be done away with to enhance adhering to treatment of HIV and AIDS.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

The magnitude and momentum of HIV and AIDS in Africa particularly in sub Saharan Africa has by far exceeded the projections. The impact on communities, families and individuals has been devastating. People living with HIV have great emotional needs and require support for coming to terms with infection. The HIV and AIDS epidemic is affecting women and girls in increasing numbers. Because of this particular concern, the study will focus on challenges to coping with HIV and AIDS among women and particularly focusing on the social, economic and political challenges. Chapter one of this study focuses on the background information, statement of the problem, purpose, objectives, research questions, significance and conceptual framework.

1.1 Background to the study

HIV stands for the Human Immunodeficiency Virus and is a 'Retrovirus'. Retro viruses consist of Ribonucleic Acid (RNA) and were discovered by Robert Gallo in 1978. Retro viruses contain a special viral enzyme called Reverse Transcriptase, which allows the virus to convert RNA to DNA and then integrate, and take over, a cell's own genetic material. Once taken over, the new cell - now HIV infected - begins to produce new HIV retroviruses (UNAIDS, 2005)

According to UNAIDS & WHO (2005), AIDS stands for Acquired Immune Deficiency Syndrome. When HIV infection becomes advanced it often is referred to as AIDS. It generally occurs when the Cluster of Differentiation 4 (CD4) count is below 200/mL and is characterized by the appearance of opportunistic infections such as Tuberculosis, Fungal infections and Syphilis.

According to the UN 2008 Report on the global AIDS epidemic, one half of all people living with HIV worldwide are women, and that proportion has remained stable since

the late 1990s. More than three in four (77%) of adult women (15 years and older) with HIV globally live in Sub-Saharan Africa – that's an estimated 12 million out of the 15.5 million women infected with HIV worldwide because women are more vulnerable to HIV and AIDS than their counterparts.

In the United States, women comprise about 27% of HIV infections, up from about 8% in 1984.   In many countries around the world, women already represent over 50% of HIV infections. Rates of sexually transmitted infections among youth and teenage pregnancy have risen over the last several years. In addition, although generally considered a chronic manageable condition in the U.S., HIV continues to be the leading cause of death among African American women aged 25 to 34 years old (WHO, 2002).

Asia is confronting a complex and devastating HIV and AIDS epidemic. Although HIV did not hit Asian countries until the late 1980s, by the late 1990s the epidemic was well established across the region. UNAIDS reports that in 2007, approximately 395,000 Asians/Pacific Islanders were newly infected with HIV, bringing the total number living with HIV and AIDS in Asia and the Pacific to 5 million. In the same year, more than 390,000 people died from AIDS-related illnesses in this region.
The prevalence of HIV in some Asian countries remains relatively low, but with a regional population that is roughly 60 percent of the world's total, even low prevalence translates into huge numbers infected. For example, in Thailand, where the AIDS epidemic started earliest and prevention efforts have achieved some success, HIV prevalence is 1.5 percent. By the end of 2007, an estimated half a million Thais were living with HIV and AIDS, with four in 10 new infections occurring among women, many infected by their husbands. Prevalence among injection drug users remains high, ranging between 30 and 50 percent (WHO, 2007).

In India, a recent national household survey and a tenfold increase in the number of sites participating in HIV surveillance have provided more accurate data and allowed

a reduction in estimates from 5.7 million to 2.5 million HIV infections. Adult HIV prevalence in India is estimated at 0.36 percent, with less than 15 percent of HIV-positive people who need antiretroviral therapy receiving it. HIV prevalence in southern Indian states is almost five times higher than in the north, accounting for nearly 75 percent of India's HIV infections (WHO, 2007).

In China, 700,000 people are living with HIV and AIDS, 50,000 more than the previous year, according to a 2007 report by UNAIDS, the World Health Organization, and the Chinese government. Approximately 42 percent of new infections occur among injection drug users and 12.2 percent among men who have sex with men (MSM). Nonetheless, China's health minister, Chen Zhu, said that heterosexual sex was "now the main route for the spread of AIDS," with new infections among this group estimated at 44.7 percent of the 2007 total (WHO, 2007).

Tanzania, a country with a population of 34.5 million is among the worst affected, having 7% of the adults infected with HIV (WHO, 2005). There is a diverse pattern of trends in HIV prevalence for different geographical areas in the country. In some areas there are decreased trend in the prevalence and incidence of HIV, especially among individuals aged 15–24 years (Kw esigabo, 2005). In others, there is a gradual and continuing spread of HIV (Mwaluko, 2000). In all areas however, women continue to experience higher rates of prevalence and incidence than men (TACAIDS, 2005), and 58% of the HIV-infected in the whole country are women (Tanzania Ministry of Health, 2004).

The Tanzania Network of Women living with HIV and AIDS (TNW+) was founded in November 2004. Their main objectives are to ensure a national focal point on information and issue related to women living with HIV as well as to unite all women living with HIV and AIDS in Tanzania. Further more, to strengthen the performing

capacity of TNW+ and to enhance greater involvement of People living with HIV in relevant national and inter-national forums.

1.2 Statement of problem

The key to living with HIV is staying healthy and coping with the disease. In Tanzania Network of Women Living with HIV and AIDS was established in order to help women copy up with HIV and AIDS. TNW+ was formed in order to facilitate the establishment of effective linkages between women living with HIV and AIDS in Tanzania and organizations that support women with HIV and AIDS related needs. Areas with high HIV prevalence have heightened incidents of stigma and discrimination. The most vulnerable individuals (Women, Commercial Sex Workers (CSWs), and the teenage girls) are frequently discriminated against owing to their gender, livelihood or disability. However, many women are still traumatized; feel isolated and unable to cope with HIV and AIDS. This study seeks to establish the challenges of coping up with HIV and AIDS among women in Tanzania.

1.3 Purpose

The purpose of this study was to establish the challenges of coping with HIV and AIDS among women in Tanzania Network of Women Living with HIV and AIDS.

1.4 Objectives

i.   To establish the socio-economic factors that hinder women from coping up with HIV and AIDS

ii. To find out the individual factors that hamper women from coping up with HIV and AIDS

iii. To study the political factors that prohibit women from coping up with HIV and AIDS

1.5 Research questions

i. What is the relationship between socio-economic factors and coping with HIV and AIDS among women in TNW+?

ii. Is there a relationship between individual factors and coping with HIV and AIDS among women in TNW+?

iii. What is the relationship between political factors and coping with HIV and AIDS among women in TNW+?

1.6 Scope

The study was conducted in Tanzania Network of Women Living with HIV and AIDS in Dar es-salaam. The study focused on the challenges of coping with HIV and AIDS among women in Tanzania. The study covered the period between 2004 to 2009. This was because the Tanzania Network of Women living with HIV and AIDS (TNW+) was founded in November 2004. The variables for investigation were the socio-economic, individual and political factors that hindered women from coping up with HIV and AIDS.

1.7 Significance

This study may help policy makers to come up with ways of addressing the challenges of coping up with HIV and AIDS among women. The most vulnerable individuals (women, commercial sex workers (CSWs), and the teenage girls) will also be able to address the challenges of coping with HIV and AIDS.

The study is intended to open minds of members of local community in understanding and appreciating the status of women living with HIV and AIDS in the society so as to be able to change their attitudes towards supporting them to cope up with the disease.

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To academicians, the study would also act as a source of literature for further research regarding he challenges of coping with HIV and AIDS among women in Tanzania.

1.8 Definition of key terms

HIV: Human Immunodeficiency Virus is a lentivirus (a member of the retrovirus family) that causes Acquired Immuno Deficiency Syndrome (AIDS), a condition in humans in which the immune system begins to fail, leading to life-threatening opportunistic infections. Infection with HIV occurs by the transfer of blood, semen, vaginal fluid, pre-ejaculate, or breast milk. Within these bodily fluids, HIV is present as both free virus particles and virus within infected immune cells. The four major routes of transmission are unsafe sex, contaminated needles, breast milk, and transmission from an infected mother to her baby at birth. (http://en.wikipedia.org/wiki/HIV)

AIDS: Acquired Immune Deficiency Syndrome (AIDS) is a disease of the human immune system caused by the human immunodeficiency virus (HIV).This condition progressively reduces the effectiveness of the immune system and leaves individuals susceptible to opportunistic infections and tumors. http://en.wikipedia.org/wiki/HIV/Aids

Coping: Coping describes cognitive and behavioral responses to a stressful situation. Coping can be defined as an effort to manage and overcome demands and critical events that pose a challenge, threat, harm, loss, or benefit to a person (Lazarus, 1991). http://wiki.answers.com/Q/What_is_coping_skill

Women: Women refers to an adult female person; a grown-up female person, as distinguished from a man or a child; sometimes, any female person.

Adherence: Adherence refers to how closely one follows a prescribed treatment regimen. It includes ones willingness to start treatment and her ability to take medications exactly as directed (http://aidsinfo.nih.gov/guidelines)

Fatigue: Medical aspects of tiredness in humans. It is the feeling of weariness, tiredness, or lack of energy (en.wikipedia.org/wiki/Fatigue)

Trauma: Trauma or injury refers to any body damage due to a physical impact or accident. The degree of injury may range from mild to life and limb threatening. Other definitions include: "a deeply distressing or disturbing experience. (en.wikipedia.org/wiki/Trauma)

Depression: Depression is a state of low mood and aversion to activity. Depressed people may feel sad, anxious, empty, hopeless, helpless, worthless, guilty, irritable or restless. They may lose interest in activities that once were pleasurable, experience loss of appetite or overeating, or problems concentrating, remembering details or making decisions; and may contemplate or attempt suicide.(National Institute of Mental Health. 2009)

1.9 Conceptual framework

Figure 1

Independent Variables

Dependent Variables

Individual factors
- Self-perceptions and self-esteem
- Cognitive functioning and ageing
- Psychological dysfunction.
- Fatigue.
- Trauma
- Aids related illnesses
- Depression
- Mood and emotion

Socio-economic factors
- Sex
- Ag
- Education level
- Marital status
- Occupation

Political factors
- Corruption
- Administration
- Public transport to the hospital

Extraneous variables
- Illiteracy
- Distance to health centers
- Stigma
- Discrimination
- Attendance of clinics
- Social support
- Health funding
- Quality of health services
- Income levels
- Cultural beliefs

Coping mechanisms
- Adherence to ARVs
- Counseling
- Abstinence
- Involvement in income generating activities
- Joining social support groups
- Home based care
- Dedicating life to church
- Condom use

8

CHAPTER TWO
LITERATURE REVIEW

2.0 Introduction

This chapter focuses on what other scholars have written about Women, HIV and challenges for coping with HIV and AIDS. Specifically, the chapter focuses on socio-economic, individual and the political factors that affect women from coping with HIV and AIDS.

2.1 Theoretical frame work

This study was based on the Liberal feminist theory. Pollock (2001) indicate that Feminism is a belief in the right of women to have political, social, and economic equality with men. It is a discourse that involves various movements, theories, and philosophies which are concerned with the issue of gender difference, advocate equality for women, and campaign for women's rights and interests. Basing on this observation, it is important to establish how political, social, and economic rights of women influence their coping with HIV and AIDS. In this study, it is thought that many men have always blamed women for the spread of HIV and AIDS because of their assumption that they are superior to their female counterparts.

In support of Pollock (2001) and Drucilla (1998) assert that Feminist theory aims to understand the nature of inequality and focuses on gender politics, power relations and sexuality. While generally providing a critique of social relations, much of feminist theory also focuses on analyzing gender inequality and the promotion of women's rights, interests, and issues.

Price and Shildrick (1999), states that Feminist activists have campaigned for women's legal rights (rights of contract, property rights, voting rights); for women's right to bodily integrity and autonomy, for abortion rights, and for reproductive rights (including access to contraception and quality prenatal care); for protection from domestic violence, sexual harassment and rape; for workplace rights,

including maternity leave and equal pay; and against other forms of discrimination. This study will find out if lack of discrimination impacts on coping with HIV and AIDS.

Hooks (1984), notes that Liberal Feminism promotes the equality of men and women through political and legal reform. It is an individualistic form of feminism, which focuses on women's ability to show and maintain their equality through their own actions and choices. Some of the questions that will be raised in this study will be to whether or not promotion of equality can enhance coping with HIV and AIDS among women.

Liberal feminism uses the personal interactions between men and women as the place from which to transform society. According to liberal feminists, all women are capable of asserting their ability to achieve equality; therefore it is possible for change to happen without altering the structure of society. Issues important to liberal feminists include reproductive and abortion rights, sexual harassment, voting, education, "equal pay for equal work", affordable health care, and bringing to light the frequency of sexual and domestic violence against women. This therefore, necessitates the study to identify whether or not such factors affect women from coping with HIV and AIDS.

2.2 HIV and AIDS and its Toll on Women

Heterosexual women are the group showing the greatest increases in prevalence of HIV and AIDS. UNAIDS (2002), estimates that, in sub-Saharan Africa, women are more likely at least 1.3 times to be infected with HIV than men. Among younger age-groups, such as those aged 15–24 years, women are three times as likely to be infected as men. In Eastern Europe, rates of infection are rising among women.

From the global perspective, Russia is one of the countries hardest hit by the pandemic, and thirty eight percent (38 percent) of the newly diagnosed HIV cases in

2003 were among women, compared with 24 percent in 2001. Asia is also seeing increases in the number of women living with HIV and AIDS, with HIV transmission between spouses becoming a more prominent mode of transmission than in the past. In the United States, African-American women account for an increasing share of new infections, and AIDS has become one of the three leading causes of death among African-American women

The major cause of HIV and AIDS among children is transmission of HIV during pregnancy, delivery, and breast-feeding (UNAIDS 2002)

Infant and child mortality has noticeably increased in many Sub-Saharan countries due to HIV infection both as a direct result of vertical transmission (which increases child morbidity), and as a consequence of the general impact of HIV-related deaths on the health-care delivery system. In the absence of treatment, an infant's risk of acquiring HIV from a mother living with HIV and AIDS ranges from fifteen percent (15 percent) to (thirty percent) 30 percent among women who do not breast-feed their infants. The risk of transmission increases when a woman has a higher viral load (e.g., she is newly infected with HIV or is at an advanced stage of the disease), or if an infant is directly exposed to the mother's infected body fluids during birth (WHO, 2004).

However, as the AIDS pandemic enters its third decade, women of color have emerged as one of the highest risk groups for new HIV infections (Karon, Fleming, Steketee &De Cock, 2001). Research on HIV among women of color has focused mostly on African American and Latina women, showing that unprotected sexual behavior, victims of sexual abuse and social inequality contribute to their high rates of infection (Piper, & Perdue, 2001).

In San Francisco, Asian/Pacific Islander (API) AIDS cases had the second highest percentage increase (225%) among all racial groups and AIDS was the second leading cause of death among APIs aged 25 through 44 (San Francisco Department

of Public Health (SFDPH, 2001). Findings have shown that API women in San Francisco are most likely to be infected with HIV through heterosexual transmission, while women in all other racial groups are likely to be infected through intravenous drug use (SFDPH, 2001).

2.3 Socio-economic factors that hinder women from coping with HIV AND AIDS

HIV testing is critical because women who do not know they are HIV positive cannot benefit from interventions. However, some women refuse to be tested because they fear learning that they have a life-threatening condition; because they distrust HIV tests; or because they do not expect their results to remain confidential, and fear stigma and discrimination following a positive result http://www.avert.org/motherchild.htm.

Some women who test HIV positive do not return to clinics for follow up visits, or fail to take the drugs they have been given. This can happen because they have had negative experiences interacting with clinic staff, or because they have been poorly informed about HIV transmission and how it can be prevented. Also, some women choose not to attend clinics because by doing so they might disclose their HIV positive status. http://www.avert.org/motherchild.htm

Among people living in non-urban areas in Vermont, USA, heightened levels of depression were associated with facing barriers to accessing HIV care (including distance to travel, stigma, availability of quality medical and psychological services, and personal resources). In turn, depressive symptoms were linked with people having less safe sexual behavior, and not expecting support if they disclosed. This highlights how targeting symptoms of depression in people with HIV can be a way to reduce sexual risk behavior (Ryan, Kretsinger and Peter 2008).

In a study conducted by Arba Minch Hospital, about Antiretroviral Therapy in Ethiopia (2006), it is revealed that at the end of the study, 136 patients (76 percent)

were under regular follow-up, 25 that is, thirteen point nine percent (13.9 percent) died, 9 of them, (5 percent) stopped treatment, 5 that is, two point eight percent (2.8 percent) were lost to follow-up and 5 patients, that is two point eight percent (2.8 percent) were transferred to other health institutions. 13 out of the 25 deaths, that is, fifty two percent (52 percent) occurred at home, eleven, which is, forty four percent (44 percent) at the hospital, and in one patient place of death was not recorded.

The reasons for stopping treatment were: drug related side effects (three patients), lack of public transport to the hospital (one patient), afraid of swallowing tablets in front of her husband (one patient), two patients preferred taking traditional medicine ("holy water") instead of drugs, and no reason was given for two patients (Sterne 2005).

Research has identified a number of cultural factors that increase HIV risk behavior among Asian women, including sexual reticence, taboos regarding sexual discourse, low self-efficacy to negotiate condom use, and norms to accommodate others' needs (Chin, Jemmott, Maula & Bush, 1999).

Rapid spread of HIV throughout Asian countries has presaged the rise in HIV among APIs in the United States. Data from Thailand, Cambodia, Vietnam, Japan, Indonesia, and the Philippines suggest that commercial sex activity is a leading contributor toward HIV infection among women in Asian countries (Fajans & Ford, 1993). HIV-related risk behaviors among Asian sex workers employed at bars have been investigated in these countries. Very low rates of condom use have been reported throughout Southeast Asia among female sex workers on the street and at massage parlors (Beyrer 1997).

According to a needs assessment in San Francisco, a majority of these women are refugees or recent immigrants from Thailand and Vietnam with few employment

options due to their immigration status and limited English skills (Asian AIDS Project [AAP], 1995). Sex work is one of the few avenues of income for many of these women.

The literature reviewed also indicated that poverty and low levels of education among households has a negative impact on the coping mechanisms to HIV and AIDS. For example, Desmond Cohen (2000) indicates that when Individuals, families and communities are impoverished, there is thus enormous strain on the capacity of families to cope with psycho-social and economic consequences of illness, such that many families experience great distress and often disintegrate as social and economic units. There was therefore need to find out if the same socio-economic factors applied to women living with HIV and AIDS in TNW+, hence the need for this study.

2.4 Individual factors that hamper women from coping with HIV and AIDS

The literature reviewed under this section indicates that there were many individual factors that affect women from coping with HIV and AIDS, for example, Chippindale and French (2001) indicate that being diagnosed with HIV can create a raft of emotions including anger, denial, depression, anxiety, shock, and fear of death. Further emotional stress could stem from thoughts about whop people should tell, how lifestyle will change and if it will be possible to have children. Some may also experience guilt, viewing their infection as a punishment for being gay or taking drugs, or for the worry they may cause to other people and for possibly infecting others. Just as reactions differ, so too will the ways in which people deal with them. There is no "one-size-fits-all" method of dealing with something as profound as a positive HIV diagnosis and people should find what works best for them.

Disclosing one's status to partners, families, friends, colleagues and health workers can be an incredibly tough and emotional experience, and something which people without HIV would probably not fully comprehend. Issues may differ depending on

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who is being told but it is likely that people will be deeply anxious about how the other person will react and they will not want to cause them unnecessary worry. Disclosure is vitally important though and can lead to safer sexual practices as well as encouraging partners to get tested. It can also be the first call for support from friends and family and a way of discovering support groups and networks of people living with HIV. In a survey of 187 people with HIV in Nigeria, expectation of economic, spiritual, social and emotional support was the major reason for disclosure, indicating the value of such sources of support in encouraging disclosure (Selman 2009).

However, due to the high levels of stigmatization of people with HIV, and wide misunderstanding of the disease, disclosure of an HIV-positive status is made very difficult for some people, perhaps harder than informing people about infections with other viruses or diseases. Interviews examining problems faced by HIV-positive schoolchildren in Namibia and Tanzania revealed it was often parents and care takers who forbade children from disclosing their status as a way to protect them. This was seen as a consequence of an environment that offers no incentive to disclose (Akani and Erhabor, 2006).

According to Selman (2009), individuals, families and communities are impoverished by their experience of HIV and AIDS in ways that are typical for long drawn-out and terminal illnesses. It is a feature of HIV infection that it clusters in families with often both parents HIV positive (who in time experience morbidity and mortality). There is thus enormous strain on the capacity of families to cope with psycho-social and economic consequences of illness, such that many families experience great distress and often disintegrate as social and economic units.

In addition, Selman (2009), states that poor families have a reduced capacity to deal with the effects of morbidity and mortality than do richer ones for very obvious reasons. These include the absence of savings and other assets which can cushion the impact of illness and death. The poor are already on the margins of survival and

thus are also unable to deal with the consequent health and other costs. These include the costs of drugs when available to treat opportunistic infections, transport costs to health centers, reduced household productivity through illness and diversion of labor to caring roles, losses of employment through illness and job discrimination, funeral and related costs, and so on. In the longer term such poor households never recover even their initial level of living as their capacity is reduced through the losses of productive family members through death and through migration, and through the sales of any productive assets they once possessed. A true process of immiseration is now observable in many parts of Africa.

In support of Selman L et al (2009) and Chippendale &French (2001) points out that an important aspect of the coping experience of those infected and affected by HIV and directly related to poverty is the survival time from initial HIV infection to death in Africa. HIV infected persons in Africa live for a shorter time after initial infection than in developed countries, and this is not simply related to access to new anti-retroviral treatments (although this is now an important factor in the differential experience of rich and poor countries). Even prior to the availability of ARV in rich countries the evidence was that HIV infected persons in Africa had a survival time from infection to death of approximately 5-7 years, about half that in developed countries. The explanation is complex but is to a significant degree related to the poverty of most of those infected with HIV in Africa.

UNAIDS (2006) indicates that elements in the survival-time-differential of Africans which are undoubtedly important include the inability to purchase relatively inexpensive drugs to deal with HIV opportunistic infections (such as TB and diarrhea), poor basic health and nutrition, limited psycho-social support and generally poor quality care both in hospital and home settings. These factors are all remedial through programme activities which can be provided at relatively low cost by the state and NGOs, although they remain well beyond the capacity of poor

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households to provide for themselves. Once provided they will extend and enhance the lives of those infected and will permit them to support both themselves and their families. However, while the views of UNAIDS (2006) are convincingly correct, there was need to establish the individual factors affecting coping with HIV and AIDS.

UNAIDS (2006) further indicates that central to these processes are often conditions of isolation and discrimination such that traditional forms of social support for the poor and the sick become inoperable. Societies characterized by random events such as illness and death have developed mechanisms of social support - traditional safety nets for those impoverished by disease and crop failure. What appears to be happening is that traditional systems of support are themselves in decline for structural reasons and are not being replaced by state mechanisms. At the same time the clustering of poverty caused by HIV, which concentrates spatially and in certain communities, places demands on disintegrating social support systems to which they cannot respond. Furthermore because HIV and AIDS are viewed in many communities as the outcome of reprehensible behavior there is often an unwillingness both to seek help by those affected and negative responses often by those able to provide assistance. A dual process has emerged which is the antithesis of what is required if the poor are to deal with the social and economic costs of HIV and AIDS.

According to USAID (2006), in regions like West Africa, where many women and children are living on the streets, are trafficked and/or exploited for child labour (domestic servants, miners etc.) or are forced into combat in a civil war, psychosocial support interventions are a key strategy for developing human capital. Despite the difficult living conditions in West Africa, little research has been conducted on the challenges faced by women in coping up with HIV and AIDS.

According to Serutoke (2001), ARTs have many risks and challenges. In addition, the case-management of ART is complex, with potential serious side-effects, and

requires a high level of compliance of patients to a life-long treatment. Second, it is relatively easy and common for the HIV virus to become resistant to ARV drugs if treatment is not followed assiduously or is interrupted. In the long run, drug resistance could compromise the overall ART policy and this affects the coping with the virus.

Serutoke (2001), further states that, it is relatively complicated to monitor the drugs and the whole treatment process, as this requires a series of laboratory and clinical tests. Fourth, the complete set of ART services also requires extensive counseling before acceptance of treatment, during assessment of eligibility and at various points in the chronology of care.

However, global drive by WHO to increase access to antiretroviral drugs (ARVs) by HIV-infected patients in developing countries is underway. An unprecedented level of resolve and funding, channeled through the Global Fund to treat AIDS, Malaria, and Tuberculosis (the Global Fund), and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), have been directed at various treatment targets, the most ambitious of which is the G8 goal of universal access by 2010 (Butler and Schiermeier, 2005). Nevertheless, there remains a challenge of accessing the ARVs and coping with the disease. Unfortunately, little has been done to address the challenges of coping with HIV and AIDS particularly among women.

Since December 2003, the World Health Organization (WHO) has collected transaction data about purchases of ARVs for developing countries through the Global Price Reporting Mechanism (GPRM) WHO/UNAIDS/UNICEF (2008). This dataset presents the opportunity to do an observational study of the procurement of brand and generic HIV and AIDS drugs and consider its implications for scaling up. However, WHO/UNAIDS/UNICEF (2008) does not indicate the challenges to coping with use of ARV, a gap which this study filled.

According to WHO (1998), ARVs are increasingly present in many cities in the developing world. Their availability to the majority is limited by their costs. Their supply is often unregulated and intermittent and their use poorly supervised and inadequately monitored. There is a shortage of physicians who have training in the use of ARVs. Care and support systems are not in place to guarantee their safe, effective and sustainable use. These realities often result in dangerous and ethically unacceptable practices. Patients may take ARVs for very short periods of time because they run out of funds and some physicians may raise unrealistic expectations about their benefits. Patients are sometimes started on ARVs at a terminal stage of their illness when they and their families are desperate. ARVs in this context are often ineffective and use up any remaining financial resources of the patient and his/her family. It is important to note that, while WHO indicates various reasons why ARVs are scarce in developing countries, the findings revealed are too generalized and no similar study has been conducted in Uganda to establish differences in access to and utilization of ARVs in both rural and urban setting.

WHO, UNAIDS, UNICEF (2008), indicated that although antiretroviral drugs are still not widely available in many resource-poor areas; a child's family-members may be able to reach a clinic or hospital that can provide these drugs. Treatment access is slowly improving in resource-poor countries, but much more money and effort will be needed if the situation is to improve. However, in Sub-Saharan Africa, only around 30% of people in need of treatment are receiving it, roughly the same proportion receiving treatment (31%) of all those in need in lower- and middle-income countries. It should be noted that while it is true that the ARVs are still inadequate, there was also need to find differences in access and utilization.

Chint, Bhat and Walker (2004) stated that HIV and AIDS have held back development and economic growth in many of the world's poorest communities, and have caused practical problems and emotional distress to large networks of families, friends and neighbors. For the children growing up in these communities even those

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who are uninfected and who have no family members that are infected, HIV and AIDS are negatively affecting their lives and this puts a strains on the lives of care takers.

2.5 Political factors prohibit women from coping with HIV and AIDS

In Uganda, there are problems resulting from Uganda's health infrastructure and these include; shortage of health workers, and lacking storage facilities, laboratories, equipment, medicines, and efficient data management. Sometimes mismanagement keeps drugs on the shelves so long that their use-by date expires; sometimes poor record-keeping means that too few drugs are ordered (Sserwanga 2008).

However, as stated here, corruption influences the supply and distribution. "Some ARVs are sold on the black market or diverted to private clinics. The report recognizes that economic poverty, travel difficulties, poor administration, and other barriers increase the difficulty of ensuring that patients access the drugs that may extend their lives. Some people stop treatment because of drug related side effects, lack of public transport to the hospital (one patient), afraid of swallowing tablets in front of partners, patients prefer taking traditional medicine instead of drugs (Sserwanga 2008).

However, UNAIDS (2006) indicates that the lack of adequate medical infrastructure and human resources shortage could compromise the provision of ART in a safe and effective manner. Besides, there is a risk of those not infected feeling freer to engage in behavior that risks the transmission of HIV since they feel less threatened by it. In addition, challenges in making access to ARVs a public health priority include logistical and regulatory issues related to importation of ARVs; the potential development of parallel black market; the accreditation and quality assurance system; the risk of creating ART as a parallel system to the general health system; and resources diversion away from other development programs.

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Many countries are still poor to afford ARVs to women, for example, UNAIDS (2006) further indicates that Uganda's health funding is estimated at $15 USD per capita. Of these, $10 USD are provided out of pocket and the balance of $5 USD by the public system (Government and donors combined). Physical access to basic health care has currently reduced from 49% to 41% due to the conflict in the north of the country. Only 57% of health workers are qualified, most of whom are in hospitals or urban areas. Most health facilities do not have adequate laboratory and clinical equipment. However, the situation has improved somewhat over the past five years. A good number of health facilities require physical rehabilitation. New storage facilities are needed. These include systems for quality assurance, monitoring, supervision, procurement, distribution, and for financial and personnel management.

Although more drugs will be needed to reach these goals, scaling up treatment will require a reliable and affordable supply of ARVs. However, to date, comprehensive empirical data on the characteristics and determinants of this supply are scarce. While a number of reports have focused on price (Butler and Schiermeier, 2005), an understanding of the role of brand and generic suppliers is currently lacking. This understanding could be used to inform strategies to increase the availability of affordable and appropriate ARVs. Such strategies are critical to bolstering the short-term credibility of scale up efforts and long-term sustainability of treatment as drugs must be taken for the lifetime of a patient, and donor funds such as the Global Fund have already faced shortfalls (Lee, Walt and Haines, 2004).

From the literature reviewed, it can be stated that HIV and AIDS remains a global challenge and women are slightly more vulnerable to the pandemic than the men. It is also important to note that those who fail to use effective coping may resolve in a decrease in intellectual abilities such as learning and thinking and increase in regular emotions such as fear, anxiety and depression. These were observations of the research and it was further found out the major challenge of women living with HIV

and AIDS was that there is no cure for HIV and AIDS, but there are HIV medicines (also called antiretroviral) that slow down the disease.

from the literature reviewed, the coping mechanisms included, adherence to ARVs, counseling , abstinence , involvement in income generating activities, joining social support groups, home based care, dedicating life to church and condom use, all of which were supported by TNW+. However, the support of TNW+ was adequate due to increased number of clients (HIV positive women). Nevertheless, while there were many authors about challenges of coping with HIV and AIDS among women, no similar study had been conducted in TNW+, a gap which this study filled.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter describes the procedures that were followed in conducting the study. It gives details regarding research design, population of the study area, sample and sampling techniques, a description of data collection instruments to be used, as well as the techniques that were used to analyze data. It also indicates the problems encountered in the study.

3.1 Research design

The research design adopted in this study was a case study research design. Case studies emphasize detailed contextual analysis of a limited number of events or conditions and their relationships. The researcher employed both quantitative and qualitative research methods. The quantitative method was used to analyze statistical data, while the qualitative method was used on descriptive data. Both qualitative and quantitative research design were used to carry out this research. This not only aimed at enabling the researcher gather adequate information but because both methods supplement each other in providing more valid results than single research strategy (Jankowski&Wester, 1995)

Table 3.1 Sampling techniques and procedures

Number	Category	Target population	Sample size	Method of selection
1	Women infected with HIV and AIDS	80 women (HIV positive women from TNW+)	66	Simple random sampling
2	Staff of TNW+ dealing with HIV and AIDS cases	10 TNW+ staff (Because they had adequate knowledge about HIV and AIDS)	10	Purposive
Total		90	76	

The Morgan and Krejcie (1970) sample size determination was used (Appendix A)

Using Morgan and Krejcie (1970) sample size determination table, the above sample is reprehensive because only 14 women of the target population were left out while all the 10 members of staff were selected. The following sampling procedures were used by the researcher to select the sample while in the field:

3.1.1 Simple random sampling

The researcher applied this method to women because of they were many and in order to make every one to have equal chance of being selected. Random sampling is advantageous because it is free of bias. The researcher applied the formulae:

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

Where, N is the target population, n is the sample size and e is the level of statistical significance. The confidence level in this study is 5%. Hence the level of statistical

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significance is 0.05. According to TNW+ - Tanzania Network of Women Living with HIV and AIDS, there are 80 women members (N) who are HIV positive. Using the above formula, the sample size=66 respondents (women), who were selected using simple random sampling.

3.1.2 Purposive sampling

In this method, the researcher targeted specific group of employees of TNW+. These acted as key informants since they are believed to be reliable and knowledgeable about the topic under study, so they were in position to give dependable and detailed information about challenges of coping with HIV and AIDS by women in TNW+. According to TNW+ - Tanzania Network of Women Living with HIV and AIDS, there are 10 members of staff and all of them will constitute part of this study.

3.2 Research Instruments

The research instruments that were used during the process of data collection included; questionnaires and interview guides.

3.2.1 Questionnaires

The questionnaires are popular because the respondents filled them at their own convenience and are appropriate for large samples. Some questions were open ended while others close ended. According to Amin (2005), questionnaires are popular with researchers because information can be obtained fairly, easily and the questionnaire responses are easily coded. However, the major weaknesses of questionnaires are that they do not provide detailed information to the problem and this is why they were substantiated by interviews.

3.3.2 Interviews

The researcher carried out personal interviews to collect data from the respondents. The questions were planned in advance and the researcher used an interview guide

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to guide the interview. Interviews were used because it is easy to fully understand someone's impressions or experiences, or learn more about their answers to questionnaires. In-depth interviews were used because it is easy to fully understand someone's impressions or experiences, or learn more about their answers to questionnaires. According to Mugenda (1999), interviews are advantageous in that they provide in-depth data which is not possible to get using questionnaires.

3.3 Validity and Reliability of Instrument

Validity is the accuracy and meaningfulness of inferences, which are based on the research results (Mugenda 1999). Validity of instruments were ascertained by first of all discussing the questionnaire and interview schedule drafts with the supervisor. The content validity of the instrument was found worthy executing for the pilot run and thus the study. The validity index was estimated to be 0.9.This shows that the validity of the questionnaire was above 0.76 which according to Kathuri and Palls (1993) is minimum acceptable content validity index.

According to Mugenda, (1999), reliability is a measure of the degree to which a research instrument yields consistent results or data after repeated trials. The reliability of instruments was established basing on the preliminary results derived from the pilot study. The study instruments were set for the pilot run. Results realized were discussed with the supervisor and the content reliability of the instrument was accepted. The reliability index was estimated to be 0.7.

3.4 Data analysis

The relationship among the socio-economic, individual, political factors and coping up with HIV and AIDS was evaluated using Pearson's product moment correlation coefficient. According to Amin (2005), given a set of observations (x_1, y_1), (x_2, y_2)... (x_n, y_n), the formula for computing the correlation coefficient is given by

$$r = \frac{1}{n-1} \Sigma \left(\frac{x - \overline{x}}{S_x}\right)\left(\frac{y - \overline{y}}{S_y}\right)$$

Where,

   r=correlation coefficient

   n=sample

   $\overline{}$

   X-X=differences in mean

   S $_x$ =Standard error of sampling distribution.

Source: Amin (2005).

The correlation coefficients were obtained using SPSS. The correlation coefficient always takes a value between -1 and 1, with 1 or -1 indicating perfect correlation (all points would lay along a straight line in this case). A positive correlation indicates a positive association between the variables (increasing values in one variable correspond to increasing values in the other variable), while a negative correlation indicates a negative association between the variables (increasing values is one variable correspond to decreasing values in the other variable). A relationship value close to 0 indicates no association between the variables. However, the researcher used SPSS to get the relationships among variables.

Since the method for calculating the correlation coefficient standardizes the variables, changes in scale or units of measurement will not affect its value. For this reason, the correlation coefficient is often more useful than a graphical depiction in determining the strength of the association between two variables. Data from questionnaires will be presented in form of frequency tables, pie charts and bar graphs.

3.5 Ethical considerations

Permission to do the study was sought from Kampala International University. The researcher sought for the consent of respondents to conduct the study. Strict

confidentiality was observed. Names of study participants were not recorded on questionnaires and interview guides. Filled in questionnaires, were kept only by the principal investigator and supervisor accessed to them.

3.6 Limitations of study

A number of limitations were encountered and these include the following

i. Some of the respondents were not willing to give information and this problem and was solved by assuring them that this study is purely for academic purposes.

ii. Since the questionnaire was designed in English language, some of the respondents could not easily conceptualize the topic and thus required a translator to explain the questions to them to be able to get answers. This was not only costly in terms of time and energy, but also to some extent could lead to misunderstanding of the questions posed. However, this was basically affecting few of those respondents who had low levels of education and as such could not affect the findings of the majority of the questionnaires and instruments.

iii. It was also hard to get women living with HIV and AIDS and this was due to fear of disclosure. They didn't want to be known that they were HIV positive

3.7 Procedure

The researcher wrote research proposal which was presented to the supervisor for approval and there after was given and introductory letter and permission to conduct research. This is expected to be completed by the end of December 2009. This was followed by the preparation of the instruments and introducing himself to the relevant respondents (members of the community and officials from the district planning unit).

The researcher carried out data collection from TNW+. This was done through the use of instruments like questionnaires and interview guides. The respondents were expected to provide the relevant information that helped the researcher to achieve his objectives of the study. This was followed by data analysis where by there was sorting out of the required information and analyzing it. The researcher there after went ahead after being allowed by the supervisor write a report giving detailed information about the research findings.

With approval of the supervisor, a detailed report was submitted to the board of examiners of Kampala International University by May 2010 for examination.

CHAPTER FOUR

DATA ANALYSIS AND PRESENTATION OF FINDINGS

4.0 Introduction

This chapter presents the findings of the study and it's in accordance to the specific objectives of the study, thus, to establish the socio-economic factors, individual factors that affect women from coping with HIV and AIDS and political factors that affect women from coping with HIV and AIDS.

Table 4.1 Demographic characteristics of respondents

Sex	Frequency (n=66)	Percentage (%)
Male	0	0
Female	66	100
Age		
26-40yrs	24	36.4
Above 40yrs	42	63.6
Education level		
Certificate	66	100
Marital status		
Married	4	6.1
Widowed	39	59.1
Divorced	23	34.8
Occupation		
Business	32	48.5
House wife	25	37.9
HIV and AIDS volunteer	9	13.6

Source: Primary data

All the respondents were females as shown by 100% response because the study targeted only HIV and AIDS positive women although there were some men among

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the staff members. Majority of these were aged above 40 years as shown by 63.3% response and 36.4% were aged 26-40 years. In addition, all the respondents had attained a certificate and 59.1% were widowed and 34.8 were divorced but only 6.1% were married. A greater part of the respondents (48.5%) indicated that they were business people whereas 37.9% were housewives and 13.6% were HIV and AIDS volunteers.

Figure 4.2 Rating of coping with HIV and AIDS
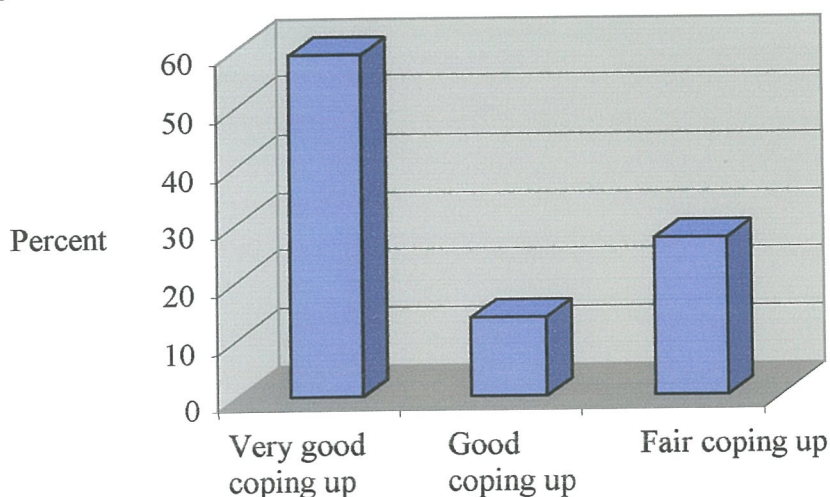
Source: Primary data

Majority of the respondents (59.1%) noted that the rate of copping with HIV and AIDS was very good and 13.6% revealed that copying was good but 27.3% indicated that the rate of copying with HIV and AIDS was fair. In an interview with TNW+ staff, it was also found out that despite the main objectives being to ensure a national focal point on information and issue related to women living with HIV as well as to unite all women living with HIV and AIDS in Tanzania, the rate of coping with HIV and AIDS is still not good to some women.

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Table 4.3 Time spent working with HIV and AIDS groups

ITEM	Frequency	Percentage (%)
1-5yrs	27	40.9
6-11yrs	25	37.9
12-19yrs	14	21.2
Total	**66**	**100**

Source: Primary data

From the table above, majority of the respondents (40.9%) indicated that they had worked for a period between 1-5 years with HIV groups followed by those who had worked for a period between 6-11 years as shown by 37.9% whereas 21.2% had worked for a period between 12-19 years. According to TNW+ staffs that constituted part of this study, having worked with the organization for such a long period of time the members had been able to strengthen the performing capacity of TNW+ and to enhance greater involvement of People living with HIV and AIDS in relevant national and inter-national forums.

Table 4.4 Socio-economic factors that hinder coping with HIV and AIDS

Socio-economic factors	Very high	High	Low	Very low	Not sure
Stigma	52(78.8%)	5(7.6%)	9(13.6%)	-	-
Discrimination	47(71.2%)	5(7.6%)	5(7.6%)	-	9(13.6%)
Attendance to clinics	33(50%)	18(27.3%)	10(15.2%)	5(7.6%)	-
Social support	53(80.3%)	-	4(6.1%)	4(6.1%)	5(7.6%)
Health funding	48(72.7%)	9(13.6%)	9(13.6%)	-	-
Quality of health services	24(36.4%)	19(28.8%)	13(19.7%)	5(7.6%)	
Income levels	57(86.4%)	5(7.6%)	4(6.1%)	-	-
Cultural beliefs	24(36.4%)	13(19.7%)	10(15.2%)	14(21.2%)	5()7.6%
Counseling	4(6.1%)	14(21.2%)	25(37.9%)	19(28.8%)	4(6.1%)
Price of drugs	52(78.8%)	5(7.6%)	9(13.6%)	-	-

Source: Primary data

The degree of hindrance was measured using likert scale, with very high indicating a more hindrance and with low indicating low hindrance. From the results in table above, a greater part of the respondents (78.8%) noted that stigma hindered copping with HIV and AIDS among women whereas 71.2% also noted that discrimination hindered copying with HIV and AIDS and 77.3% revealed that attendance to clinics highly hindered copying with HIV and AIDS among women. More so, 72.2% showed that health funding hindered copying with HIV and AIDS whereas 65.2% indicated that quality of health services and Income levels hindered copying with HIV and AIDS as revealed by 65.2% and 86.4% respondents respectively. Cultural beliefs and pricing of drugs had hindered copying with HIV and AIDS among women as indicated by 56.1% and 78.8% respectively but 66.7 noted that counseling has low hindrance on copying with HIV and AIDS among women.

In an interview with key informants, it was also revealed that some women reject to be tested because they fear learning that they have a life-threatening situation; because they distrust HIV tests; or because they do not expect their results to remain confidential, and fear stigma and discrimination following a positive result. In addition, some women who test HIV positive do not return to clinics for follow up visits, or fail to take the drugs they have been given. This happened because they had depressing experiences interacting with clinic staff or because they have been poorly informed about HIV transmission and how it can be prevented. Also, some women choose not to go to clinics because by doing so they might disclose their HIV positive status.

According to key informants (staff of TNW+), the reasons for stopping treatment were: medicine related side effects, lack of public transport to the hospital, afraid of swallowing tablets in front of her husband and some patients preferred taking traditional medicine instead of drugs, and no reason was given for two patients. The risk behaviors were also evident and the study the study identified a number of cultural factors that increase HIV risk behavior among Tanzanian women, including

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sexual shyness, taboos regarding sexual dialogue, low self-efficacy to negotiate condom use, and norms to accommodate others' needs.

Table 4.5 Correlation matrix showing the relationship between Socio-economic factors and coping with HIV and AIDS among women

Socio-economic factors	Coping with HIV and AIDS among women		
	Chi-square values	Pearson correlation value	Sign value
Stigma	12.9	-0.189	0.129
Discrimination	8.8	-0.034	0.784
Attendance to clinics	2.0	0.542**	0.000
Social support	10.2	0.607**	0.000
Health funding	12.1	0.522**	0.000
Quality of health services	4.0	0.033	0.799
Income levels	2.6	0.234	0.058
Cultural beliefs	7.8	-0.086	0.491
Counseling	10.2	-0.325	0.057
Price of drugs	19.7	0.106	0.397

Source: Primary data

Using correlation matrix above, it was revealed that there was a positive and significant relationship between socio-economic factors and Coping with HIV and AIDS among women. Variables which had a positive relationship were the majority and they included; attendance to clinics (0.542**), social support (0.607**), health funding (0.033), income levels (0.234) and price of drugs (0.106). Other variables which had a negative relationship and they included; stigma (-0.189), discrimination (-0.034), Cultural beliefs (-0.086) and counseling (-0.325).

Table 4.6 Individual factors that hamper coping up with HIV and AIDS

Individual factors	Very high	High	Low	Very low	Not sure
Self-perceptions and self esteem	23(34.8%)	38(57.6%)	-	5(7.6%)	-
Cognitive functioning and ageing	10(15.5%)	9(13.6%)	27(40.9%)	15(22.7%)	5(7.6%)
Psychological dysfunction	-	9(13.6%)	34(51.5%)	8(12.1%)	15(22.7%)
Fatigue	15(22.7%)	19(28.8%)	19(28.8%)	8(12.1%)	5(7.6%)
Trauma	14(21.2%)	15(22.7%)	14(21.2%)	4(6.1%)	9(13.6)
AIDS related illnesses	29(43.9%)	-	23(34.8%)	14(21.2%)	-
Depression	28(42.4%)	5(7.6%)	14(21.2%)	19(28.8%)	-
Mood and emotion	32(48.5%)	20(30.3%)	52(78.8%)	14(21.2%)	-
Appetite for food	15(22.7%)	19(28.8%)	19(28.8%)	8(12.1%)	5(7.6%)

Source: Primary data

The variables were measured using likert scale of very high depicting high degree of hindrance and very low for low levels of hindrances and the following results were obtained.

From the table above, self-perceptions and self esteem have an effect on copying with HIV and AIDS among women as shown by 92.4% whereas cognitive functioning and psychological dysfunction didn't have an affect on copying with HIV and AIDS among women. More so, 51.5% and 43.9% revealed that fatigue and trauma have an effect on copying with HIV and AIDS among women. AIDS related illnesses and depression were noted to have an effect on copying with HIV and AIDS as shown by 43.9% and 50% respectively. Majority of the respondents (78.8%) noted that mood and emotion greatly affect copying with HIV and AIDS among women but appetite for food didn't have a big impact on copying with the disease.

In an interview with TNW+ staff, it was found out that to some women, being diagnosed with HIV created a raft of emotions including anger, denial, depression, anxiety, shock, and fear of death. Some women also experienced guilt, viewing their infection as a punishment for being gay or taking drugs. In addition, found out that disclosing one's status to partners, families, friends, colleagues and health workers can be an incredibly tough and emotional experience, and something which people without HIV would probably not fully comprehend. There were also high levels of stigmatization of women with HIV, and wide misunderstanding of the disease which also affected coping with the disease.

The results from interviews further revealed that although many women received the medicine free of charge, there were many more HIV-positive women who did not have access to these medicines. The study adds that despite numerous educational and information campaigns, stigma is another issue that is a barrier for those who fear knowing their HIV status. Some feared that they would be rejected by their communities and work colleagues for immorality and accused of spreading the disease if they take HIV tests and register for medicine. Others wanted to take the test, but are deterred by the cost and time of traveling to a test centre.

Table 4.7 Correlation matrix relationship between Individual factors and Coping with HIV and AIDS among women

Individual factors	Coping with HIV and AIDS among women		
	Chi-square value	Pearson correlation value	Sign value
Self-perceptions and self esteem	2.586	-0.051	0.686
Cognitive functioning and ageing	2.339	0.101	0.439
Psychological dysfunction	5.500	0.486**	0.000
Fatigue	6.701	0.421**	0.001
Trauma	7.154	-0.193	0.154
AIDS related illnesses	7.248	0.253**	0.040
Depression	3.960	0.022	0.860
Mood and emotion	1.904	0.035	0.804
Appetite for food	2.700	0.477**	0.000

Source: Primary data

Using Pearson correlation, it was revealed that there was a significant and positive relationship between individual factors and coping with HIV and AIDS among women. Thus, Cognitive functioning, ageing (0.101), Psychological dysfunction (0.486**), Psychological dysfunction (0.486**), Fatigue (0.421**), AIDS related illnesses (0.253**), Depression (0.022) and Mood and emotion (0.035) were all

significant. Variables which had a negative relationship included Self-perceptions and self esteem (-0.051) and Trauma (- 0.193).

Table 4.8 Political factors that prohibit women from coping with HIV and AIDS

Level of corruption	43(65.2%)	9(13.6%)	5(7.6%)	5(7.6%)	-
Level of administration	32(49.5%)	20(30.3%)	4(6.1%)	5(7.6%)	-
Public transport	48(72.7%)	10(15.2%)	4(6.1%)	-	-
Level of health services	17(25.8%)	5(7.6%)	35(53%)	4(6.1%)	-
Management of health sector	35(53%)	19(28.8%)	4(6.1%)	8(12.1%)	-
Financial support	57(86.4%)	-	5(7.6%)	18(27.3%)	-
Mobilization of members	44(66.7%)	4(6.1%)	-	-	18(27.3

Source: Primary data

The level of corruption was noted to have prohibited the rate of copying with HIV and AIDS among women as shown by 65.2% whereas administration was shown to also have an prohibited on copying with the disease as indicated by 49.5% but 72.7% revealed that public transport affects copying with the disease among women. Further more, 53% noted that the level of health services had a low effect on copying with the disease but 53% respondents revealed that management of health sector had an effect on copying with the disease among women. Majority of

the respondents (86.4%) and 66.7% noted that financial support and mobilization of members have an effect on copying with HIV and AIDS among women.

The interviews also revealed that in Tanzania, there are problems resulting from country's health infrastructure and these include; shortage of health workers, and lacking storage facilities, laboratories, equipment, medicines, and efficient data management. Sometimes mismanagement keeps drugs on the shelves so long that their use-by date expires; sometimes poor record-keeping means that too few drugs are ordered.

In addition, corruption influenced the supply and distribution of ARVs. "Some ARVs were sold on the black market or diverted to private clinics. The TNW+ staff recognized that economic poverty, travel difficulties, poor administration, and other barriers increased the difficulty of ensuring that patients access the drugs that may extend their lives.

Table 4.9 Correlation matrix showing a relationship between political factors and Coping with HIV and AIDS among women

Political factors	Coping with HIV and AIDS among women		
	Chi-square value	Pearson correlation value	Sign value
Level of corruption	2.586	0.062	0.632
Level of administration	2.339	0.149	0.250
Public transport	5.500	0.387**	0.002
Level of health services	6.701	-0.195	0.132
Management of health sector	7.154	0.330**	0.007
Financial support	7.248	0.182	0.144
Mobilization of members	3.960	-0.156	0.211

Source: Primary data

Majority of the respondents (92.4%) revealed that Adherence to ARV's makes the patients cope with HIV and AIDS whereas 100% and 66.7% also indicated that counseling to HIV victim and abstinence by the Victim helps coping with AIDS. More so, doing income generating activities, condom use and joining social support groups helps coping with HIV and AIDS as shown by 84.8%, 71.2% and 100% of the respondents. Majority noted that home based care and dedicating life to the church would help the patients to cope with the disease as revealed by 86.4% and 71.2% respectively.

However, in addition to all the above, the interviews revealed that ARVs are increasingly present in many cities in Tanzania. Their availability to the majority is limited by their costs. Their supply is often unregulated and intermittent and their use poorly supervised and inadequately monitored. There is a shortage of physicians who have training in the use of ARVs. Care and support systems are not in place to guarantee their safe, effective and sustainable use. These realities often result in dangerous and ethically unacceptable practices. Patients may take ARVs for very short periods of time because they run out of funds and some physicians may raise unrealistic expectations about their benefits. Patients are sometimes started on ARVs at a terminal stage of their illness when they and their families are desperate. ARVs in this context are often ineffective and use up any remaining financial resources of the patient and his/her family.

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter presents the discussion, conclusion and recommendations of the study and the discussion is in accordance to the objectives, thus, to establish the socio-economic factors, individual factors that affect women from coping with HIV and AIDS and political factors that affect women from coping with HIV and AIDS.

5.1 Discussion

5.1.1 Socio-economic factors that hindered women from coping with HIV and AIDS

A greater part of the respondents acknowledged that stigma affects coping up with HIV and AIDS among women. This finding is in line with the views of Akani and Erhabor. (2006) views who indicate that, due to the high levels of stigmatization of people with HIV, and wide misunderstanding of the disease, disclosure of an HIV-positive status is made very difficult for some people, perhaps harder than informing people about infections with other viruses or diseases. In addition, interviews examining problems faced by HIV-positive schoolchildren in Namibia and Tanzania revealed it was often parents and care takers who forbade children from disclosing their status as a way to protect them. This was seen as a consequence of an environment that offered no incentive to disclosure by HIV positive women.

In addition, most of the respondents noted that discrimination hindered women from coping up with HIV and AIDS. Majority also revealed that attendance to clinics highly affects copying with HIV and AIDS among women. A good number of respondents showed that health funding for HIV and AIDS had a positive impact on coping mechanisms because this made drugs like ARVs accessible.

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According to information from interviews with staff members, some women who test HIV positive do not return to clinics for follow up visits, or fail to take the drugs they have been given. This can happen because they have had negative experiences interacting with clinic staff, or because they have been poorly informed about HIV transmission and how it can be prevented. Also, some women choose not to attend clinics because by doing so they might disclose their HIV positive status. The limited attendance to clinics also hindered coping up with HIV and AIDS.

This study further found out that a good number of respondents indicated that quality of health services and Income levels affected copying with HIV and AIDS as revealed by majority responses. Cultural beliefs and pricing of drugs have an effect on copying with HIV and AIDS among women as indicated by majority response, although many more noted that counseling has low effect on copying with HIV and AIDS among women. The above results are in line with the views of Selman L et al (2009), who points out that individuals, families and communities are impoverished by their experience of HIV and AIDS in ways that are typical for long drawn-out and terminal illnesses. It is a feature of HIV infection that it clusters in families with often both parents HIV positive (who in time experience morbidity and mortality). There is thus enormous strain on the capacity of families to cope with psycho-social and economic consequences of illness, such that many families experience great distress and often disintegrate as social and economic units.

Using Pearson correlation, it was revealed that there was a positive and significant relationship between socio-economic factors and coping with HIV and AIDS among women.

5.1.2 Individual factors that hamper women from coping with HIV and AIDS

Self-perceptions and self esteem have an effect on copying with HIV and AIDS among women as shown by 92.4% whereas cognitive functioning and psychological

dysfunction didn't have an affect on copying with HIV and AIDS among women. More so, 51.5% and 43.9% revealed that fatigue and trauma have an effect on copying with HIV and AIDS among women. AIDS related illnesses and depression were noted to have an effect on copying with HIV and AIDS as shown by 43.9% and 50% respectively. Majority of the respondents (78.8%) noted that mood and emotion greatly affect copying with HIV and AIDS among.

The above finding is in line with the views of Chippendale and French (2001) who indicates that being diagnosed with HIV can create a raft of emotions including anger, denial, depression, anxiety, shock, and fear of death. Further emotional stress could stem from thoughts about whop people should tell, how lifestyle will change and if it will be possible to have children. Some may also experience guilt, viewing their infection as a punishment for being gay or taking drugs, or for the worry they may cause to other people and for possibly infecting others. Just as reactions differ, so too will the ways in which people deal with them. And using Pearson correlation, it was revealed that there is a significant and positive relationship between individual factors and coping with HIV and AIDS among women.

5.1.3 Political factors that prohibit women from coping with HIV and AIDS

The level of corruption was noted to have an effect on the rate of copying with HIV and AIDS among women as shown by majority of the respondents. In an interview with one staff members who requested for confidentiality, it was pointed that some members of staff could divert health facilities such as drugs to their private pharmacies.

In addition, administration was shown to also have hindrance on copying with the disease as indicated by a good number of respondents. Accordingly discrimination led to depression and trauma, all which had a negative impact on coping mechanism.

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The findings also revealed that poor public transport to health centers hindered copying with the disease among women, in addition to lack of medical facilities. In support of the above, UNAIDS (2006) indicates that the lack of adequate medical infrastructure and human resources shortage could compromise the provision of ART in a safe and effective manner.

Besides, majority of the respondents (86.4%) and 66.7% noted that financial support and mobilization of members have an effect on copying with HIV and AIDS among women. The Pearson correlation coefficient showed that there was a positive and significant relationship between political factors and coping with HIV and AIDS among women.

5.2 Conclusion

From the study findings, the researcher draws the following conclusions:

1. There was a positive and significant relationship between socio-economic factors and coping with HIV and AIDS among women. In addition, a number of factors such as cultural beliefs and pricing of drugs had an effect on copying with HIV and AIDS among women as indicated although a good number noted that counseling has low effect on coping up with HIV and AIDS among women. From the socio-economic point of view, it also revealed that some women reject to be tested because they fear learning that they have a life-threatening situation; because they distrust HIV tests; or because they do not expect their results to remain confidential, and fear stigma and discrimination following a positive result. In addition, some women who tested HIV positive did not return to clinics for follow up visits, or fail to take the drugs they have been given.

2. According to information obtained from objective 2 (To find out the individual factors that hamper women from coping with HIV and AIDS), there was a positive and significant relationship between individual factors and women coping with HIV and AIDS. Accordingly, a number of factors such as fear and stimulation had an

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impact on coping with HIV and AIDS. In addition, majority of the respondents noted that mood and emotion greatly affect coping up with HIV and AIDS among women but appetite for food didn't have a big impact on coping with the disease. In an interview with TNW+ staff, it was found out that to a number of women, being diagnosed with HIV created a raft of emotions including anger, denial, depression, anxiety, shock, and fear of death. Some women also experienced guilt, viewing their infection as a punishment for being gay or taking drugs, all of which hindered women from coping up with HIV and AIDS.

3. The last objective was to establish the political factors that prohibit women from coping with HIV and AIDS. The results indicated that some respondents noted that financial support and mobilization of members have an effect on copying with HIV and AIDS among women. The interviews also revealed that in Tanzania, there are problems resulting from country's health infrastructure and these include; shortage of health workers, and lacking storage facilities, laboratories, equipment, medicines, and efficient data management. "Some ARVs were sold on the black market or diverted to private clinics. The TNW+ staff recognized that economic poverty, travel difficulties, poor administration, and other barriers increased the difficulty of ensuring that patients access the drugs that may extend their lives.

5.3 Recommendations

Based on the results of the study, the researcher recommended the following:

- Individual and social support needs to be accorded to the victims and this can be in form of health funding and quality health services to be given to the victims of HIV and AIDS. Cultural beliefs that hinder patients from utilizing treatment available for the patients need to be done away with such that the patients can continue adhering to treatment to HIV and AIDS.

- The HIV and AIDS women need to have good perception about their status and have a better self esteem and this would ensure that they live longer

which also makes the cope with the disease over time. This can be achieved through counseling sessions to realize that a person can still live positively with HIV and AIDS.

- To the government and other stakeholders, there is need for better administration and reduced corruption among the officials of the government and officials of the hospital dealing with HIV and AIDS related groups need to be put in place such that the victims can ably access better health services which are also of good quality to help them cope with the disease

Areas for further research

Based on the study, the following areas for further research were suggested;

- The Effect of Gender on Access to and Utilization of ARVs in Tanzania.
- The impact of HIV and AIDS on social economic development of women in Tanzania.

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APPENDICIES

APPENDIX A

SAMPLE SIZE DETERMINATION TABLE

Population size	Sample size	Population size	Sample size	Population size	Sample size
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	280	100000	384

Source: R.V.Krejcie and D.W.Morgan(1970) Sample size (s) from (Amin: 2005)

APENDIX B

QUESTIONNAIRE

Dear sir/Madam

My name is Janeth Mselemu a student of Kampala International University pursuing a Master Degree in Development Studies. This study is about the challenges coping with HIV and AIDS among women in Tanzania. The information you give is purely for academic purposes and no body's name will be mentioned during report writing. You are requested to choose the answer that most suits your level of agreement or disagreement with the question.

Background information

Title-------------------------------

1. Sex of respondent Male [ ] Female [ ]

2. Age of the respondent

 15 – 20 [ ] 21 – 25 [ ] 26 – 40 [ ] Above 40 [ ]

3. What is your level of education?

 Certificate [ ] Diploma [ ] Degree [ ]

5. What is your marital status?

Married [ ] widowed [ ] Divorced [ ] Not married [ ]

6. For how long have you worked in lived with HIV and AIDS?

Months --------------------years..................

7. What is your occupation? ---

8. How do you rate your coping with HIV and AIDS?

Very good	Good	Fair	Poor	Not sure
1	2	3	4	5

Socio-economic factors

How do the level of following socio-economic factors affecting women with HIV and AIDS?

Very high	High	Low	Very low	Not sure
1	2	3	4	5

Statement	Very high	High	Low	Very low	Not sure
Stigma					
Discrimination					
Attendance of clinics					
Social support					
Health funding					
Quality of health services					
Income levels					
Cultural beliefs					
Counseling					
Price of drugs					

Individual factors

How do the level of following individual factors hamper women with HIV and AIDS?

Very high	High	Low	Very low	Not sure
1	2	3	4	5

Statement	Very good	Good	Faire	Poor	Not sure
Self-perceptions and self-esteem					
Cognitive functioning and ageing					
Psychological dysfunction					
Fatigue					
Trauma					
Aids related illnesses					
Depression					
Mood and emotion					
Appetite for food					

Political factors

How do the level of following individual factors hamper women with HIV and AIDS?

Very high	High	Low	Very low	Not sure
1	2	3	4	5

Statement	Very good	Good	Faire	Poor	Not sure
Corruption					
Administration					
Public transport to the hospital					
Health services					
Management of the health sector					
Financial support to health sector					
Mobilization of members					

Indicate the importance of the following coping mechanisms to HIV and AIDS?

| Coping mechanism	Very important	Important	Less important	Not sure
Adherence to ARVs				
Counseling				
Abstinence				
Involvement in income generating activities				
Joining social support groups				
Home based care				
Dedicating life to church				

Thanks for your cooperation

APENDIX C

INTERVIEW GUIDE FOR STAFF

i.   For how long have you worked in your organization?

ii.   What are the socio-economic factors that hinder women from coping with HIV and AIDS?

iii.   What are the individual factors that hamper women from coping with HIV and AIDS?

iv.   What are the political factors that prohibit women from coping with HIV and AIDS?

v.   What are the coping mechanisms to HIV and AIDS by women in your organization?

APPENDIX D

MAP OF TANZANIA
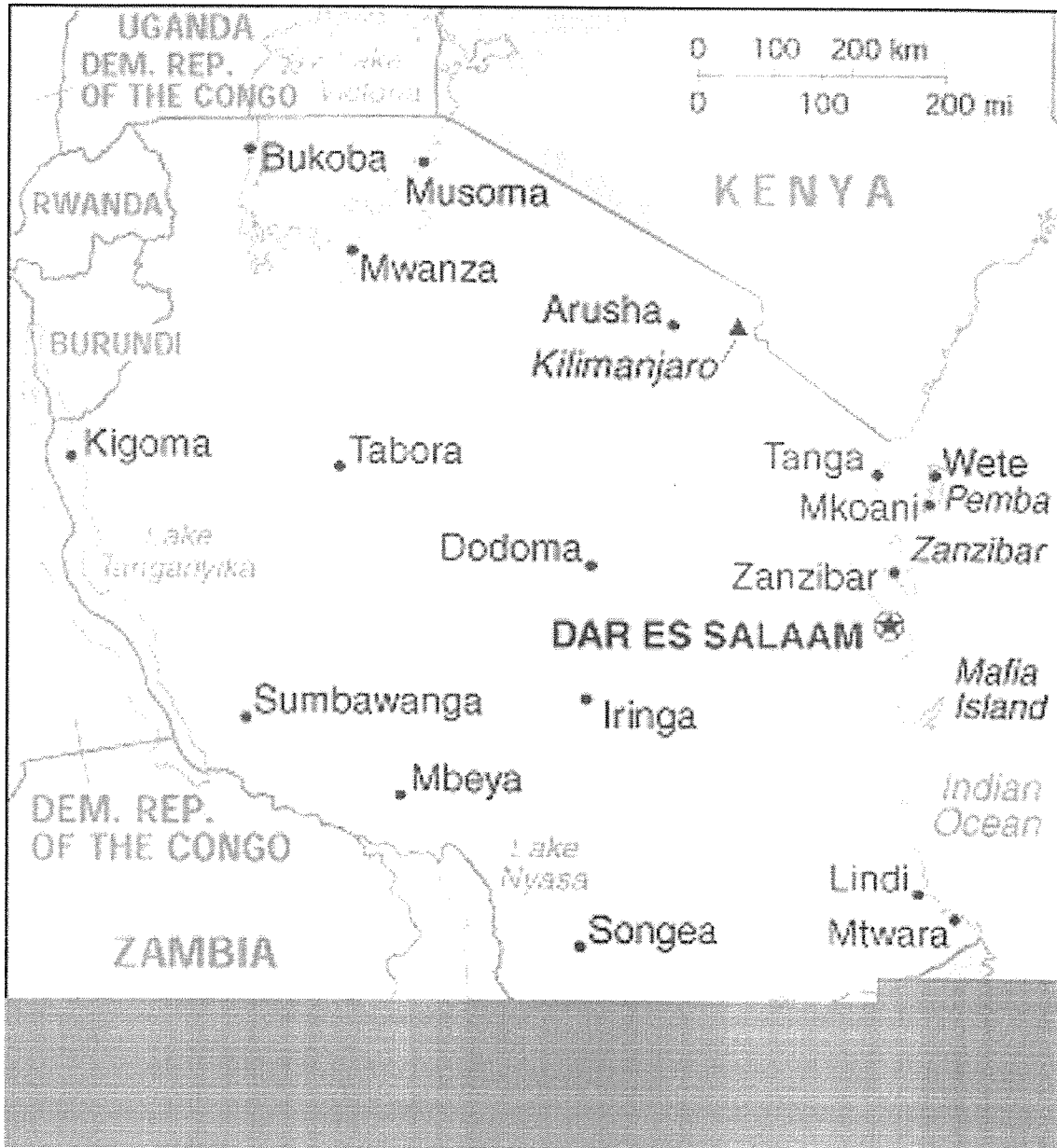
Source Work Fact Book 2002

APPENDIX E

TIME SCHEDULE

ACTIVITY	PERIOD	OUTCOMES
Writing the Research proposal	October-2009	Proposal written
Typesetting, editing and printing of the proposal	November-2009	Proposal printed
Binding of the Proposal	November 2009	Proposal bound
Submission of the Proposal	November-2009	Proposal submitted
Information Gathering	January –February 2010	Information gathered
Organization of data gathered from the field	February- March 2010	Data organized
Typesetting, editing and printing the Research report	April-2010	Research report printed
Binding the Research Report	May-2010	Research Report bounded
Submission of the Research Report	June 2010	Research Report Submitted

APPENDIX F

INTRODUCTORY LETTER

KAMPALA
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OFFICE OF THE ASSOCIATE DEAN
FACULTY OF SOCIAL SCIENCES
POSTGRADUATE STUDIES AND RESEARCH

Date: 15/12/2009

COORDINATOR

TNW +

DARES SALAAM

RE: JANETH MSELEMU REG. NO. MDS/10007/81/DF

The above mentioned is a bonafide student of Kampala International University pursuing a Masters of Arts in Development Studies (MDS).

She is currently conducting field research and the title of the Research Project is **"Challenges of Copying With HIV/AIDS Among Women in Tanzania: A Case of Tanzania Network of Women Living With HIV/AIDS in Dar-Es Salaam".** As part of her studies (Research work) she has to collect relevant information through questionnaires, interviews and other relevant reading materials.

Your institution has been identified as valuable source information pertaining to her research project. The purpose of this letter is to request you to avail her with the pertinent information she may need.

All and any information shared with him will be used for academic purpose only and we promise to share our findings with your institution.

Any assistance rendered to her will be highly appreciated.

Yours truly,

DR. ROSEANN MWANIKI
ASSOC. DEAN SCHOOL OF POST GRADUATE STUDIES AND RESEARCH

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