

**AWARENESS ON HIV PREVENTION AND BEHAVIOR CHANGE AMONG THE
PEOPLE WHO COME FOR COUNSELLING AND TESTING IN KISOZI PARISH,
MADDU SUB-COUNTY – GOMBA DISTRICT**

BY

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**A RESEARCH REPORT PRESENTED TO THE COLLEGE OF EDUCATION, OPEN,
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DECLARATION

I **Ssettuba Francis** declare that all the information given in this report are wholly my own and has never been produced by anybody else for the award of any academic qualifications in any institution/University, and the information inside is correct and true to the best of my knowledge.

Signature: 

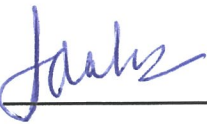
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APPROVAL

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DEDICATION

This research report is dedicated to my beloved parents, guardians most especially my sister Nabukalu Joy, my wife Naluwuge Susan and my child Alvin

ACKNOWLEDGEMENT

My eternal gratitude goes to God for His continuous blessings upon my life and education.

I also appreciate the institution of Kampala International University most especially the college of education, open, distance and e-learning and all the lecturers for the great work you have done in studies may the Almighty God bless you abundantly.

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Abbreviations and Acronyms

HIV	Human Immune Virus
AIDS	Acquired Immune Deficiency Syndrome
ART	Ant Retroviral Therapy
ARV	Ant Retroviral Drugs

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ABSTRACT

This study explored the awareness on Hiv prevention and behavior change among the people who come for counseling and testing in Kisozi parish in Gomba district. This was after the realization that Hiv /Aids pandemic is still a major challenge in global health with over 35 million people living with the disease. The study specifically sought to achieve the following objectives; to investigate the most common ways of Hiv/Aids transmission; to find out the various awareness and behavior change strategies employed to prevent the spread of Hiv in Maddu sub-county; and to relate awareness and behavior change in the prevention of Hiv/Aids. To achieve the stated objectives, the study was guided by the following research questions: What are the most common ways of Hiv /Aids transmission? What strategies are employed to prevent the spread of Hiv/Aids in Maddu Sub-county? What is the relationship between awareness and behavior change in the prevention of the spread of Hiv in Maddu sub-county?

The study design took the form of a case study of Gomba district in Kisozi parish where Hiv spread is at a high rate. The study also involved purposive sampling in which the data sought was qualitative. A Sample of 60 respondents was purposively sampled which included health workers, Hiv/Aids clients, activists and agencies, religious leaders and cultural leaders , local leaders as well. The data was collected using interviews and questionnaires .The data was analyzed qualitatively through the literal description and narrations of the emerging issues out of which opinions and conclusions were drawn.

The study established that the most common and widely known ways of Hiv transmission are sexual transmission, transmission through blood, and mother to child transmission. The study also revealed that people who are infected with Hiv need knowledge and support their own health and to ensure that they do not transmit it to others and this is known as positive transmission. The study also revealed Hiv prevention strategies such as encouraging the youths to delay sexual debut, empowering female sex workers as clients to use condoms or promoting the uptake of Hiv counseling and testing.

The study recommends that more focus should be on young people especially children who still have little ideas about what is happening at the time when they grow up, they will grow with full knowledge and awareness. This in turn will preserve our generation; young people are future generation of this country. People have to continue educating the middle group about this pandemic disease (Aids), emphasis should be put on activities which make people not to listen and ignore some of the important natural ways of controlling Hiv, most people who emphasize abstinence are the elderly people. The study recommends that people should stick to one partner in order to avoid this incurable disease and in case of anything, testing must be done first before coming together.

The study concludes that people really know about Hiv and how deadly it is, but due to the lifestyle of these days and the conditions where people have made it difficult to cope up with awareness and strategies. The stubborn group is the youths who have full knowledge about Hiv but some of their behaviors are intentional.

CHAPTER ONE

1.0 Introduction

This chapter given a presentation of a brief over View or background to the report, statement of the problem and purpose of the report, report objective, research questions, scope and significance of this report.

1.1 Background of the study

The acquired immune deficiency syndrome (AIDS) pandemic is a wide spread disease caused by the human immune virus (HIV) since AIDS was first recognized in 1981, it has led to the deaths of more than 25 million people making it the most destructive disease in recorded history (auvert and bionomic 2000).

Despite recent improved access to antiretroviral treatment and care in many regions of the world, in 2000 the Aids pandemic killed an estimated 2.1 million people including 330,000 children. As of 2010, it was estimated that there are over 35 million people worldwide infection per year and 1.8 million annuals deaths due to Aids (cohen 2010).

Reach out kisozi parish HIV/AIDs initiated is a faith based nongovernmental organization under our lady of Africa catholic church-Gomba. It started in may 2001 by Fr. Joseph Archetti and Dr. Magritte Junker.

The main aim of the organization is provision of medical care, social, spiritual and emotional support to poor HIV/AIDs affected people.

Reach out is a community faith based NGO where the new gift is seen in a new life. The whole personal approach to every client creates an atmosphere at family or mutual concern where clients start all over again, there is hope ahead everyday is experience of presence of God who through us creates what is special in each of us yet AIDS through concern and love is a new beginning (fr. Joseph 2005)

Counseling and testing are fundamental for HIV prevention. People living with HIV are less likely to transmit the virus to others if they know they are infected and if they have received counseling about safer behavior for example a pregnant woman

who has HIV will not be able to benefit from interventions to protect her child unless her infection is diagnosed.

Those who discover they are not infected can also benefit, receiving counseling on how to remain uninfected.

Antiretroviral therapy (ART). The availability of antiretroviral therapy is crucial, it enables people living with HIV to enjoy longer, healthier lives and as such acts as an incentive for HIV testing, continued contact with health care workers also provides further opportunities for prevention messages and interventions.

Studies suggest that HIV positive people may be less likely to engage in risky behavior if they are enrolled in treatment programmes.

Preventing mother-to-child transmission HIV can be transmitted from a mother to her baby during pregnancy, labor delivery and later through breast feeding around 360,000 children in sub-Saharan Africa become infected with HIV in 2010 without intervention, there is a 20-45% chance that an HIV positive mother will pass the virus on to the child.

If a woman is supplied with ARV drugs, however this can be significantly reduced before these measures can be taken the mother must be aware of her HIV infection, so testing also plays a vital role in preventing mother-to-child transmission.

Statement of the problem

HIV/AIDS pandemic is still a major challenge in global health with over 35 million people living with HIV/AIDS close to 2 million deaths per year 350,000 of them are children and an alarming 2.1 new infections annually.

In Maddu sub-county only, it is estimated that out of 13,340 people, 500 die of HIV/AIDS with 28% children. And it is predicted that in the near future people die and get infected may rise if the problem is not checked.

With that change effects are extremely necessary in controlling the resurgence of this deadly pandemic in our country as a whole and Maddu sub-county in particular yet people's behaviors are driven by social conditions and therefore people need to

be constantly reminded to behave responsibly. The fact that the preventive measures have been centered on awareness and behavior change it is necessary to evaluate how effective these strategies can be in the prevention of further spread of HIV.

1.2 STATEMENT

HIV/AIDS is an epidemic disease that kills people due to lack of awareness of the prevention measures and counseling among the people of Kisozi parish Maddu sub-Gomba district. It is for this reason that the researcher would like to investigate awareness and behavior change in the spread of HIV/AIDSs.

1.3 Purpose of the study

To investigate awareness and behavior change in the spread of HIV/AIDSs in Maddu sub-county.

1.4 Specific objectives

The report will be aimed achieving the following objectives.

- i. To investigate the relationship between awareness and behavior change in the spread of HIV/AIDSs.
- ii. To find out the various awareness and behavior change strategies employed to prevent the spread of HIV in Maddu sub-county.
- iii. To relate awareness and behavior change in the prevention of the spread of HIV/AIDSs

1.5 Research questions

- i. What is the relationship between awareness and behavior change in the spread of HIV/AIDSs?
- ii. What strategies are employed to prevent the spread of HIV/AIDSs in Maddu sub-county?
- iii. What is the relationship between awareness and behavior change in the prevention of the spread of HIV in Madddu sub-county?

1.6 Scope of the study

The scope of the report address three aspects in the cause of the practicum, these will involve the following.

1.6.1 Content scope

This report will focus on awareness and behavior change in HIV/AIDs prevention, it will be especially concentrated on the strategies and mechanism as well as the challenges involved in spreading awareness and behavior change as means of preventing the spread of HIV/AIDs.

1.6.2 Geographical scope

The research is carried out in kisozi parish Maddu sub-county, Maddu is located in Gomba district boaderd by Mpigi in the west, Ssembabule ditrict in the south, Mubende in the East and Mityana district in the South, so the research is based in Kisozi sub-parish just a kilometers from Maddu trading of Ssembabule road. This location was chosen because it is near the student counselors residents and so it will reduce on transport and accommodation costs.

1.6.3 Time scope

This research is done the months (60 days) that March and April and by may it will be complied fully. This is made so that time is enough for research to gather the relevant and primary and secondary data.

Proper use or time is important as it will help the researcher to minimize the costs in the field.

1.7 Significance of the study

The findings of the study will be useful or important in many different ways to people infected with HIV/AIDs, health workers, ministry of health and people who are not infected.

It will give courage to infected people with HIV/AIDs to live comfortably without a sense of isolation, it will enable health workers to devise means of reducing the spread of HIV/AIDs like use of condoms; the ministry of health will be aware of the infected people and provide antiretroviral drugs for them to live longer and people who are not yet infected will be aware of various strategies employed to prevent the spread of HIV/AIDs.

The findings of the study will help in drinking remedies to the challenges faced in the promotion of awareness and behavior change in HIV prevention.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter studied and presented the existing literature about the promotion of awareness and behavior change on HIV prevention.

It was based on the assessment of various scholars and researchers who have studied this problem before and analyze the accuracy appropriateness of their findings as well as assessing the applicability of their conclusions and recommendations.

2.2 The most common ways of HIV transmission

The most common and widely known ways of HIV transmission are sexual transmission, transmission through blood and mother to child transmission and whatever there is HIV, all the three routes of transmission can take place(SINGH Darrow and Bankale 2002) for each routes of transmission there are things that an individual can do to reduce or eliminate risk. Anyone can become infected with HIV, also promoting widespread awareness of HIV through basic HIV and Aids education is vital for preventing all forms of HIV transmission (Auvert and Buonanimo 2000).

According to Singh Darrow and Bankole (2002), HIV prevention needs to reach both people who are at risk of HIV infection and those who are already infected, people who do not have HIV need intervention that will enable them to protect themselves from becoming infected.

People who are already infected with HIV need knowledge and support their own health and to ensure that they do not transmit HIV to others known as "positive prevention". Positive prevention has become increasingly important as improvements in treatment have led to a rise in the number of people living with HIV.

HIV is spread through contact with the following body fluids, blood (including menstrual blood),semen("cum")and other male sexual fluids ("pre-cum"),vaginal fluids and breast milk.HIV is also spread through contact with these body fluids,

however, usually only health care workers come into contact with these fluids ; fluids around the brain and the spinal cord(cerebrospinal fluid),fluid around the joints (synovial fluids)and fluid around the developing foetus (Amniotic fluids).

Today the most common ways HIV is passed from one person to another are;Re-using and sharing needles or other equipment for injecting drugs(including steroids or hormones),un protected /un safe sex (no-condom or other barriers) and mother to child (during pregnancy birth or breast feeding)

Other ways of HIV transmission are in the past HIV was spread by transmission with blood products such as whole blood or the factor used by hemophiliacs. Many people were infected in this way. Blood supply is now more strictly tested and controlled. the odds of being infected from receiving blood or blood factor are very low. It is also possible to get HIV from skin grafts or transplanted organs taken from HIV +positive people. Again the risk is considered very low as these body products are required to be strictly tested in the same way as blood products. Semen donations collected by sperm banks for artificial insemination are also considered body products and strictly tested. Some health care workers are infected through needle sticks with infected blood or through other medical accidents. This is a very small percentage of overall infections. When exposed to fluid or body products that may be infected while on the job, health care workers are offered occupational post-exposure prophylaxis(OPEP).

2.3 Awareness strategies for HIV prevention

The most important thing anyone can do about the HIV/AIDS epidemic is to educate themselves and others. Education is helpful because it can dispel a lot of myths that hold people back (Wolitski and Jorgensen, 1997) in the beginning of HIV/AIDS were people feared and categorized for no really good reason over the years though this has slowly changed. With more education and awareness about illness, the better the research and human aspect of it has become.

For individuals with HIV infection to fully benefit from potent combination antiretroviral therapy, they need to know that they are HIV infected, be engaged in regular HIV care and receive and adhere to effective antiretroviral therapy.

Test and treat strategies for HIV prevention posit that expanded testing and earlier treatment of HIV infection could markedly decrease ongoing HIV transmission stemming the HIV epidemic.

However, poor management in care for HIV-infected individuals will substantially limit the effectiveness of test-and-treat strategies.

We review the spectrum of engagement in care for HIV-infected individuals in Uganda.

Over the past decades, antiretroviral therapy has become more potent, better to tolerate and fewer complexes. Today most HIV-infected individuals receiving combination antiretroviral therapy, achieve an undetectable plasma HIV.

These impediments to engagement in HIV care also pose considerable obstacles to the successful implementation of strategies suggest that early identification of HIV-infected individuals and initiation of antiretroviral therapy, in these individuals could lead to dramatic reductions in the incidence of HIV infection a test and treat strategy for HIV prevention is supported mathematical models and epidemiological data.

In addition, locations with high, antiretroviral coverage have decreasing incidence of HIV infection.

Despite these initial suggestions of success, the barriers to implementation of test and treat strategies need to be more fully evaluated.

2.4 Behavior change strategies for HIV prevention

Many HIV prevention strategies include a behavior change component, whether it is encouraging the youths to delay sexual debut, empowering female sex workers as clients to use condoms or promoting the uptake of HIV counseling and testing (Wilkiski and Jorgensen 1997). According to the available evidence effective strategies pursue a combination of behavior change approaches that are delivered with sufficient coverage, intensity and duration and that are tailored to address the main drivers of HIV transmission in national epidemics, effective prevention addresses the specific circumstances of the target population and aims to effect

multiple determinants of human behavior including knowledge and motivations, interpersonal relationships and societal norms (measure DHS2005).

Community engagement and strong political support have been key ingredients of successful national efforts to change behavior to prevent HIV infection.

Behavior change is at the heart of the epidemic because sexual behavior is central to HIV and ignoring this fact is denials (park Hust 2002). Behavior innovations have worked at the population level, and it would be unwise to exclude them. The basic strategy should be to promote a synergy of different innovations as we try to understand the engine of transmission behind the epidemic, minimizing sexual networks is potentially effective strategy, which mitigates the impact of multiple and concurrent partners during an acute stage of infection as there is no other way to explain the epidemic other than ever lapping sexual networks the singh Daroh and (Bankale 2002).

Until there is an effective vaccine, changing sexual behavior like use of condoms or fewer partners is still the only cause of action that can slow the spread of HIV/AIDs for most Africans but exactly which factors influence behavior change and how are still debated. This article examines the nation that as the HIV epidemic strengthens and spreads through communities in Uganda in particular and Africa in general and mentality amounts, behaviors that prevent transmission should be changing. We focus on men three countries that is Uganda, Kenya and Zambia examining determinants of their behavior change and analyze the relative importance of knowing who has died of AIDs as compared with other factors like age, education level knowledge of HIV economic status and marital status. Data from three DHS surveys in Uganda (1995) Zambia (1996) and Kenya (1998) are titled to the model predicting behavior change results from the cross-sectional multinational study suggest that married and working men aged 20-40 are significantly more likely to have changed their behavior personal experience of AIDs a significant predictor of behavior change in Uganda.

One implication in the context of the epidemic is that behavior change is partly determined by the high level of mortality experienced by Ugandans.

The second implication is that higher levels of disclosure or lower levels of denial of AIDs are a cause of death may help individuals change their behavior (Eric Tenkerang 2013).

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter dealt with the research methodology to the study, the research design, the study population, sampling techniques, the sample size, the study instruments, source of data, data analysis methods, data process methods respectively.

3.1 Research design

The study took a form of a descriptive survey design. This was because the pandemic of HIV/AIDs and its effects were wide spread across the world, and also because the awareness and the behavior change strategies have for long been applied on ground. Therefore, this study described the conditions on ground as a way of assessing progress of awareness and behavior change in HIV/AIDs prevention.

3.2 Research population

The target population in the study comprised of health workers, HIV/AIDs activities and people living with HIV/AIDs, cultural and religious leaders as well as the local citizen. It was from these that a study sample was drawn.

3.3 Sample size

Due to the time and financial limitations the researcher was not able to get information from all the relevant people in the field of study. Therefore, a sample was drawn to represent the entire population. This sample to be used consisted of 60 respondents from Kisozi parish in Maddu sub-county.

3.4 Sample procedure

A total of 60 respondents were used as a sample for study. They included health workers clients of HIV/AIDs activists and agencies, religious leaders and cultural leaders as well as local citizens.

Simple random sampling method was used in choosing the study sample. In this method respondents were selected randomly in a way that every employee has an equal chance of being chosen. This was important in preventing bias choosing.

3.5 Tools of data collection

The main methods of data collection were questionnaires and interviews. Structure questionnaires for qualitative research and interview guide of key informants were employed.

3.5.1 Questionnaires

This involved listing questions by the researcher and presented them to the respondents. This was used because the researcher was too busy therefore, to avoid disappointments a list of questions were presented. Also because the researcher was at distant place and hence it was expensive in terms of transport.

3.5.2 Interview

This involved instant interaction of the researcher and the respondents. It was a face to face conversation between the researcher and the respondent for the purpose of gathering relevant information. Here open ended questions were to be asked like have you ever tested for HIV?

The researcher used this method because it enabled him to extract information from even the alliterated; the researcher easily adjusted the wrong information which had been given by the respondents.

3.6 Data control and measurement

The data obtained were tested for authenticity by the researcher; this was done by carrying out additional search and applying other methods like observation and literature check. The information got from all these sources were put together and measured to determine its correctness and accuracy to ensure consistency of the data obtained.

3.7 Processing and analysis

In analyzing data, the qualitative data were edited, coded and tabulated manually by the researcher while qualitative data included key information interviewers and literature.

TABLE 1

Responses	Health workers	Clients	HIV/Aids activities	Total	%age
Fully aware	15	01	01	17	30
Moderately aware	–	02	01	03	5
Less aware	–	02	–	02	3
Not aware at all	–	37	–	37	62
Total	15	42	02	59	100

Presentation of the level of awareness on HIV presentation in the figure 1.

According to table 1 and figure 1 above and below respectively, 17 (30%) of the respondents described the level of awareness on HIV prevention to be, they were fully aware of HIV, 3(5%) described moderately aware, 2(03%) said they were less aware and 35(62%) described not aware of all. So, the findings moderated that mostly before are not aware of HIV [prevention in their area. In what way do you promote HIV awareness?

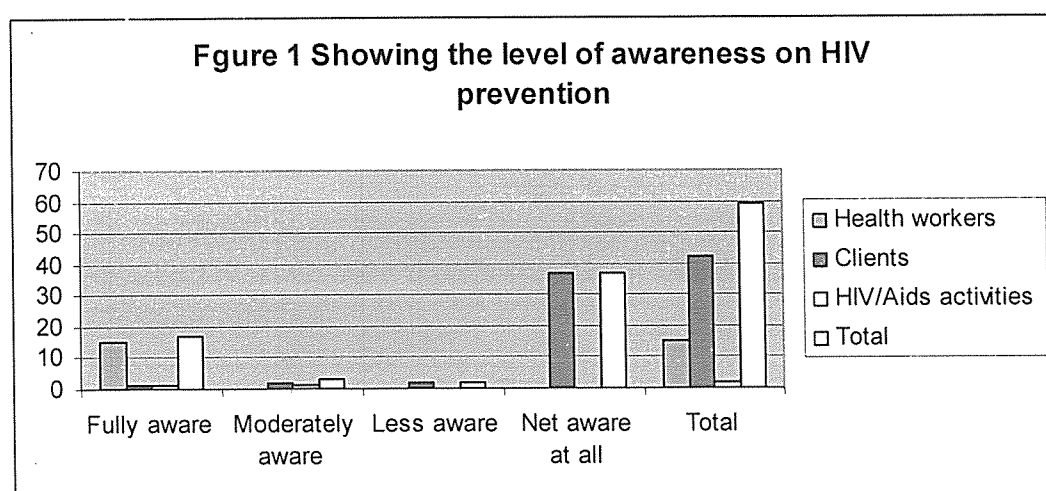
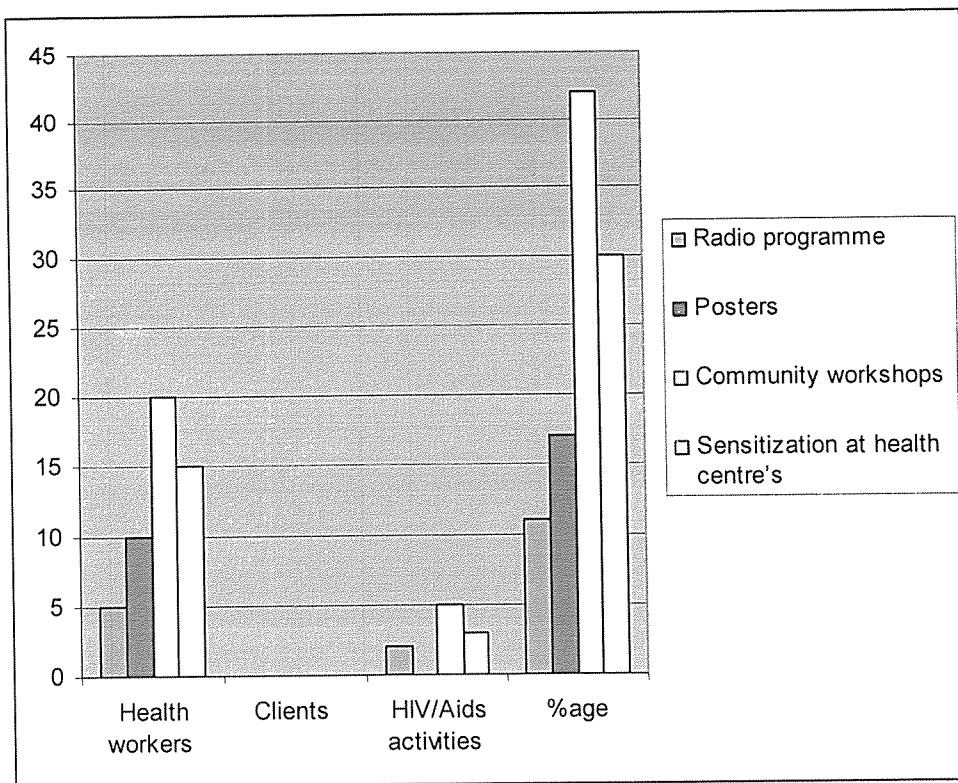


TABLE 2 responses on the ways how to promote HIV awareness

Responses	Health workers	Clients	HIV/Aids activities	Total	%age
Radio programme	05	–	02	07	11
Posters	10	–	–	10	17
Community workshops	20	–	05	25	42
Sensitization at health centres	15	–	03	18	30
Total	50	00	10	60	100

Presentation of promotion of HIV awareness into bar graph.



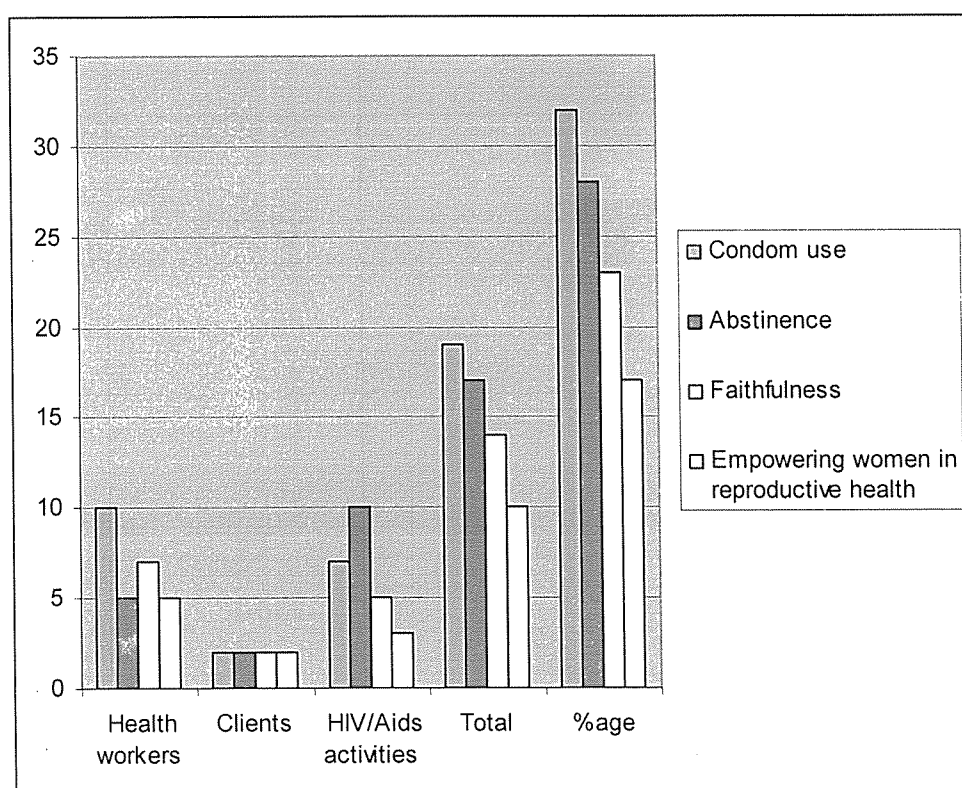
From the result, it shows that awareness is mostly done through community workshop with 25(42%) followed by sensitization of health centre's which is 18 (30%), posters 10(17%), the least is by radio programmes which is less effective with 07(11%).

In this case of shows that community workshop is more effective than other ways. This is true because during workshop people can ask clarification and it is done now and then. What behavior change strategies do you apply or emphasize?

Table 3 Presentation of promotion of HIV awareness

Responses	Health workers	Clients	HIV/Aids activities	Total	%age
Condom use	10	2	7	19	32
Abstinence	5	2	10	17	28
Faithfulness	7	2	5	14	23
Empowering women in reproductive health	5	2	3	10	17
Total	27	08	25	60	100

Presentation of behavior change strategies on a bar graph.



In the behavior change strategies people emphasize condom use more than other strategies.

Challenges

Language barrier: most people in that place speak Luganda and Lunyankole which I am unable to pick some words currently; hence it makes it difficult to interpret.

Time: the time for the research and combining report is too short. This makes the researcher not to go into details of some of the things which are needed in proposal writing, information's on HIV places like bars should be restricted to the young people and law should be enforced about those activities.

CHAPTER FIVE

DISCUSSION, RECOMMENDATION AND CONCLUSIONS

5.0 Introduction

This chapter presented the findings on the study done into the awareness and HIV presentation in Kisozi Parish, Maddu Sub-County-Gomba District.

As far as answer from question description of the level of awareness, mostly people said that the information about HIV/AIDs was not really enough that was why 62% of the respondents were not aware. Though 30% of the people had knowledge about HIV.

In the other question about ways of passing awareness to the people, workshop and sensitization play a greater role in the awareness campaigns. Workshop was important because some of the points of clarification were answered here and then but things like radio when it passes you that was all, even many people did not have radios.

Condoms and obstacles were one of the major tools used in behavior change strategies that was why condoms took a greater percentage followed by abstinence which people called to that was why it takes 17(32%), abstinence 17(28%) reproductive health 10(17%). So condoms play a greater role in the behavior change strategies in the prevention of HIV.

Results or interview

Due to time factor, the research conducted interviewed few respondents with the following answer, had ever tested for HIV

Table 4

Responses	Health workers	Clients	HIV/Aids activities	Total	%age
Yes	18	03	15	36	60
No	1	13	10	24	40
Total	19	16	25	60	100

According to the table above, the majority 36(60%) of the respondents have tested for HIV.HIV was by sticking to one partner.

Preventing the transmission of HIV to a child benefit, the child parent and the family as a whole.

Table 5

Responses	Health workers	Clients	HIV/Aids activities	Total	%age
True	32	2	20	54	90
False	—	06	—	06	10
Total	32	08	20	60	100

Majority of the people agreed that the prevention of HIV to a child benefited test only the child but also the family as a whole which is 54(90%).

Table 6

Responses	Health workers	Clients	HIV/Aids activities	Total	%age
True	15	06	20	41	82
False	1	1	4	6	12
Somehow	6	3	4	13	26
Total	22	10	28	60	100

The results indicated that most accepted that one of the best ways of preventing HIV is to give awareness through guidance and counseling.

5.1 Conclusion

Here the researcher concluded that people really know about HIV and how deadly it was, but due to lifestyle of these days and the conditions where some people have made it difficult to cope up with awareness and prevention strategies. The stubborn group was the youths who had full knowledge about HIV but some of their behaviors were intentional.

5.2 Recommendation

The researcher recommends that more focus should be on young people especially the children who still have little ideas about what is happening at the time when they grow up, they will grow with full knowledge and full awareness. This in turn will preserve our generation; young people are the future generation of this country.

In addition to that the middle group that is people have to continue in educating them about this pandemic disease.

Finally more emphasis should be put on the activities which make people not to listen and ignore some of the important natural ways of controlling HIV, most people who emphasize on abstinence were the elderly people.

The other thing which interested me very much and got impressed is the prevention of HIV to child benefit not only the child but also the family at large. Most people said that HIV should be prevented from child because the child is innocent and is the future of the family and the country at large. It took 90% of the total.

Addition to that, they said one wife and one husband so one should stick to his/her partner in order to avoid this incurable disease called Aids. In case of anything testing must be done first before coming together.

Evidence and counseling helps a lot in promoting HIV prevention when you know your status, you will be able to control yourself that is to get HIV or how you can get help and live a negative life and enjoy it responsibly and one will avoid to get a new infection

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APPENDIX 1

QUESTIONNAIRE FOR SELECTED RESPONDENTS

Dear Respondent

I am a student of Kampala International University carrying out research as HIV awareness and behavior change in Kisozi Parish, Maddu Sub – County – Gomba. You are hereby requested to avail me with honest response to the questions below, which are in connection to the topic.

A: demographic information

Gender

Male ☐

Female ☐

Age in years

16 – 19 ☐

20 – 24 ☐

25 – 29 ☐

30 -34 ☐

35 – 39 ☐

40 – Above ☐

Highest academic level

Masters degree ☐

Bachelors degree ☐

Diploma ☐

Certificate ☐

Secondary ☐

Primary ☐

APPENDIX II

INTERVIEW GUIDE

1. Have you ever tested your HIV?

Yes ☐

No ☐

2. What are the major ways of stopping the spread of HIV

` Abstinence ☐

Sticking to one partner ☐

3. Who benefits from the prevention of the transmission of HIV to child?

Parents ☐

Child ☐

The whole family ☐

4. Is counseling and guidance of the best ways of awareness and prevention of HIV

Yes ☐

No ☐

5. In what ways do you promote HIV awareness?

Radio programmes ☐

Posters ☐

Community workshop ☐