HIV/AIDS AWARENESS AND SOCIO-CULTURAL BELIEFS ON RISKY SEXUAL BEHAVIOR AMONG MARRIED COUPLES IN BUNDIBUGYO DISTRICT

A thesis

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DECLARATION A

I, Joachim Baluku Kikenge, do hereby declare that this thesis is my original work and has not been published or submitted for a Degree or any other academic award in any university or institution of learning except where appropriately acknowledged.

Signature: .....

JOACHIM BALUKU KIKENGE

Date: 17-10-2011

DECLARATION B

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

Signature:  .....

DR. KENNEDY IMBUKI

Date: 17/Oct/2011

APPROVAL SHEET

This thesis entitled "***HIV / AIDS AWARENESS AND SOCIO-CULTURAL BELIEFS ON RISKY SEXUAL BEHAVIOUR AMONG MARRIED COUPLES IN BUNDIBUGYO DISTRICT***" prepared and submitted by Joackim Baluku Kikenge in partial fulfillment of the requirements for the Degree of Masters of Arts in Counseling Psychology has been examined and approved by the panel on oral examination with a grade of **PASSSED.**

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DEDICATION

This work is dedicated to my daughter, Joan Treasure Musoki who was only 4 months when I started the course and is now 2years, my wife, Julian Biira, Mom, Jane Biira and family.

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This work is a result of overt and covert efforts, cooperation, finance, support and encouragement of diverse spectrum. Family, academic, colleagues, friends to organization to whom I am greatly indebted. So many people have made input although it seems like it's mine alone in the conventional sense.

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LIST OF ACRONYMS

HIV Human ImmunoVirus

AIDS Acquired Immune Deficiency Syndrome

MoH Ministry of Health

ARVs Anti-Retroviral drugs

BCC Behavioral Change Communication

I.E.C. Information, Education and Communication

STDs Sexually Transmitted Diseases

WHO World Health Organisation

ABSTRACT

The U.S Centre for Disease Control and UNAIDS 2010 reported an increasing infection among married couples in Uganda in recent years, Yet Government of Uganda and Non Government actors had been involved in HIV/AIDS public awareness campaigns.The study sought to assess the contribution of current HIV/AIDS information, education and communication and socio-cultural beliefs on risky sexual behavior of married coples in Bundibugyo district.

The objectives were to assess the contribution of current HIV/AIDS awareness (I.E.C.) campaigns on risky sexual behavior of married couples,identify some social and cultural norms,values,beliefs and attitudes that may hinder HIV/AIDS prevention efforts and investigate the extent to which social and cultural norms, values beliefs and attitudes about relationships influence sexual behavior of married couples in Bundibugyo.

A descriptive research design was adopted that employed qualitative and quantitative approaches. Data were collected by questionnaires,interviews,observation,Focus Group Discussions (FGDs) supplemented by documentary review. A sample of 322 married couples male and females aged 18-58 and older from rural and urban areas of Bwamba and Bughendera counties in the district took part in the study.

The results show that HIV/AIDS information, education and communication are low for rural areas. Also that beliefs, norms, values continue to influence marital sexual relationships. Gender role expectation, and the belief that women are powerless in marital relationships with men influence sexual behavior as they have no power to negotiate or insist on or caution their husbands on their sexual behavior.

The study concluded that rural and urban areas have differential access to HIV/AIDS information, education and communication. The campaigns are not sufficiently targeting married couples.

The study recommends that Government and Non-Government actors need to re-energize HIV/AIDS information, education and communication, in particular, targeting rural married couples.

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CHAPTER ONE
THE PROBLEM AND ITS SCOPE

Background

Globally, the burden or need to fight HIV/AIDS is huge. There are about 33.3 million people living with HIV of which Africa contributes 22.5 million (67%) while Uganda has 1.2 million(UNAIDS,2009).

The devastating effects of HIV/AIDS pandemic have attracted a significant attention and mitigation efforts the worldover.Combating HIV/AIDS, Tuberclosis and malaria is among the Millennium Development Goals (MDGs), and the need for HIV/AIDS prevention strategies has ranked high among the priority areas suggested by development partners and researchers for the development of developing countries.

Current HIV prevalence in Uganda is estimated at 6.4% among adults (UNAIDS 2008). According to the Uganda HIV and AIDS Sero- Behavioral Survey, the number of people living with HIV is higher in urban areas (10.1%) than rural areas (5.7%); it is also higher amongst women (7.5%) than men (5.0%) (Government of Uganda, 2008). It is feared that HIV prevalence in Uganda may be rising again especially among married couples.

Prevention is a key element of Uganda's national AIDS response. The need to expand and bring on board proven interventions has been echoed in the country's road map for accelerating HIV prevention. The country has also increasingly recognized the role of research activities in HIV prevention and transmission between heterosexual adults but also other risky population groups. Moreover, Uganda faces the challenge of providing (ARVs) to a growing number of HIV infected person amidst very limited resources. Uganda is looked at world wide as a role model in her attempts to contain the HIV/AIDS scourge. For instance, by 2001, Uganda had realized HIV sero-prevalence level below

6% from about 19% in the early 1990s.The rapid decline has been attributed to behavioral change resulting from prevention and HIV/AIDS awareness strategies. The recent reports of a rising infection among married couples, therefore, point to the need to assess and investigate HIV/AIDS awareness and socio-cultural beliefs to update data and feed into HIV/AIDS health communication strategies.

Problem statement

Recent reports (UNAIDS,2010) have indicated that there is a rising new infections among married couples in Uganda.Moreover,ugandda had been applauded for its ABC strategy and Government and Non government actors had joined hands to raise HIV/AIDS awareness through dissemination of information, education and communication. The country in Africa registered some success in the fight against HIV/AIDS mainly because of behavioral change, and in particular, monogamy and a reduction in sexual partners among marital partners. The reports of rising new infections among married couples was a motivation the study-to assess the contribution of current HIV/AIDS information, education and communication and socio-cultural beliefs on risky sexual behavior of married couples in Bundibugyo district.

Purpose

The overall purpose of the proposed study was to assess the contribution of current HIV/AIDS information, education communication, education and social and cultural norms, values, beliefs, attitudes about relationships on risky sexual behavior of married couples.

Research objectives

The specific objectives of the study were:

1. To assess the contribution of current HIV / AIDS information, education and communication on risky sexual behavior of married couples.
2. Identify some social and cultural norms, values, beliefs and attitudes that may threaten HIV prevention efforts among married couples.

3. Investigate the extent to which social and cultural norms, values beliefs and attitudes about relationships influence sexual behavior of the married couples.

Research questions

The key questions for the study were as follows:

1. How does HIV/AIDS information, education and communication (awareness) influence sexual behavior of married couples?
2. What are some of the social and cultural norms, values, beliefs and attitudes that may threaten HIV/AIDS prevention efforts among married couples?
3. To what extent do social and cultural norms, values, beliefs, attitudes about relationships influence HIV/AIDS among married couples?

Scope

Geographically, the study concentrated on the two counties of Bwamba and Bughendera of present Bundibugyo district in South western Uganda. Married couples 18-58 and older age groups (male and females) served as respondents. In content, the study focused on HIV/AIDS information, education and communication (awareness) and socio-cultural beliefs as independent variables capable of influencing sexual behaviours, the dependent variable.

Significance

This study could help Uganda AIDS Commission (UAC), a body charged with the responsibility of responding to HIV/AIDS epidemic in the country; in highlighting area specific realities that may be contributing to risky sexual behaviours of married couples. In addition, this could lead to scaling up of current strategies to appropriately target married people. Additionally, UNAIDS, the Joint United Nations Programme on HIV/AIDS, and other international agencies may benefit from the findings of this study. This study could be beneficial to understanding the evaluation of current awareness programmes and to increase opportunities for these stakeholders to generate meaningful contributions and innovation into HIV/AIDS policy formulation and analysis.

Local realities of Ugandan communities and societies especially those living in rural areas will be brought to light. Cultural and socio-issue that continue to impact on HIV prevention strategies and a bearing on sexual behavior that need integration in HIV prevention initiatives-the design and implementation are highlighted.

As a result, counseling, psychologists and the general Ugandan society may borrow a leaf from the study when HIV/AIDS services and delivery takes into considerations of the local contexts (Bundibugyo District Local Government) that may be highlighted by the study, and to the academia, the study will add to the existing body of the knowledge about HIV/AIDS and point out potential areas for further research and methodology of such future studies.

Operational definitions of key terms

HIV

Human Immune deficiency Virus, a virus which causes AIDS when it enters the human body. HIV weakens the body's immune system while in the body making it succumb to several opportunistic infections. AIDS is the final stage of HIV infection.

AIDS

Stands for Acquired Immune Deficiency Syndrome. This is a stage when an HIV infected person begins to suffer many illnesses as a result of a weakened immune system due to HIV.

Risky sexual behaviours

Sexual contact or activity or encounter without the use of a condom correctly and consistently. It also means frequent unprotected sexual encounters with multiple partners and or sex outside marital partners.

Socio-cultural beliefs

Social and cultural norms, values, beliefs, attitudes about relationships and HIV/AIDS. These social and cultural understanding guide decisions and actions of married couples. In this study it also includes myths and misconceptions about sexual relationships in the world of HIV/AIDS.

Married couples

People who are in an intimate relationship including spouses and persons residing together or those that have within the previous year or persons who share a common child including those living in a family setting (Cohabiting).

Behavioral Change Communication (BCC)

A programme of the National HIV/AIDS control program that seeks to raise public awareness about HIV/AIDS through dissemination of HIV/AIDS message.

UNAIDS, Joint United Nations Programme on HIV/AIDS

A UN agency mandated with focusing on intensification of HIV/AIDS prevention and control.

I.E.C

Information, Education and Communication referring to materials carrying information, Education and Communication on HIV/AIDS to the public so that they understand cause-effect and fight against HIV / AIDS and related hazards

CHAPTER TWO
REVIEW OF RELATED LITERATURE

Concepts, ideas, opinions from authors/ experts

A review of concepts, ideas, and opinions from authors or experts on the issues in this study were guided by the theoretical perspectives and variables of the study thus,

Theoretical perspectives

HIV/AIDS awareness

Socio and cultural norms, values beliefs

Risky sexual behavior (RSB), and the link or relationship between HIV/AIDS awareness and RSB, and Socio-cultural beliefs and RSB.

Theoretical perspectives

Albert Bandura's social cognitive theory (1986) is a useful framework from which to analysis HIV/AIDS information, Education and communication (awareness), and socio-cultural beliefs on sexual behavior of married couples. With its roots in the behavioral principles of classical and operant conditioning, social learning and cognitive theories, the social cognitive theory view is an approach that views personality as the product of a continuous interaction between persons and their environment. That is, environmental forces may help shape our personalities, but we also choose and alter the situations we encounter and can interpret these situations in light of our own points of view. In Bandura's words, "your behavior, internal personal factors and environmental influences all operate interactive as determinants of each other" (Bandura, 1986 cited in Kassin, 2001). This reciprocal determinisms or transactional view (Bandura 1986) of self and society, personal factors in form of cognitive, affective and biological events, behavioral patterns and environmental events all operate interacting determinants that influence each other bi-directionally. People are self-organizing, proactive, self-reflecting and self-regulating, not just reactive organisms shaped and shepherded by environmental events or inner forces. Human self development, adaptation and change are embedded in social system. Therefore,

personal agency operates within a broad network of socio-structural influences. Man (used here, to include woman) has advanced neural systems specialized for process, retaining and using coded information provide capacity for human for forethought, evaluative self-regulation, reflective self-consciousness, and symbolic communication. The view that personality (behavior) emerges from a mutual interaction of individuals, their actions and their environments (Bandura 1986) is illustrated in figure 1

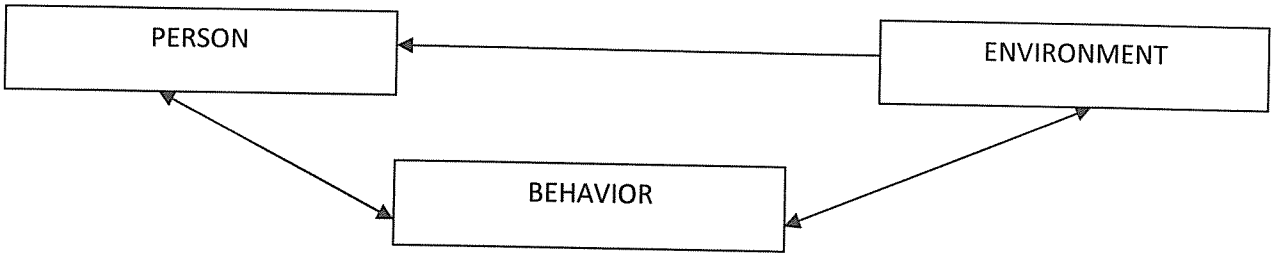

Figure 1: Schematisation of triadic reciprocal causation in the caused model of social cognitive theory. Adapted from Bandura (1986).

From this view, the conceptual framework for this study figure 2 is derived, modified and adapted

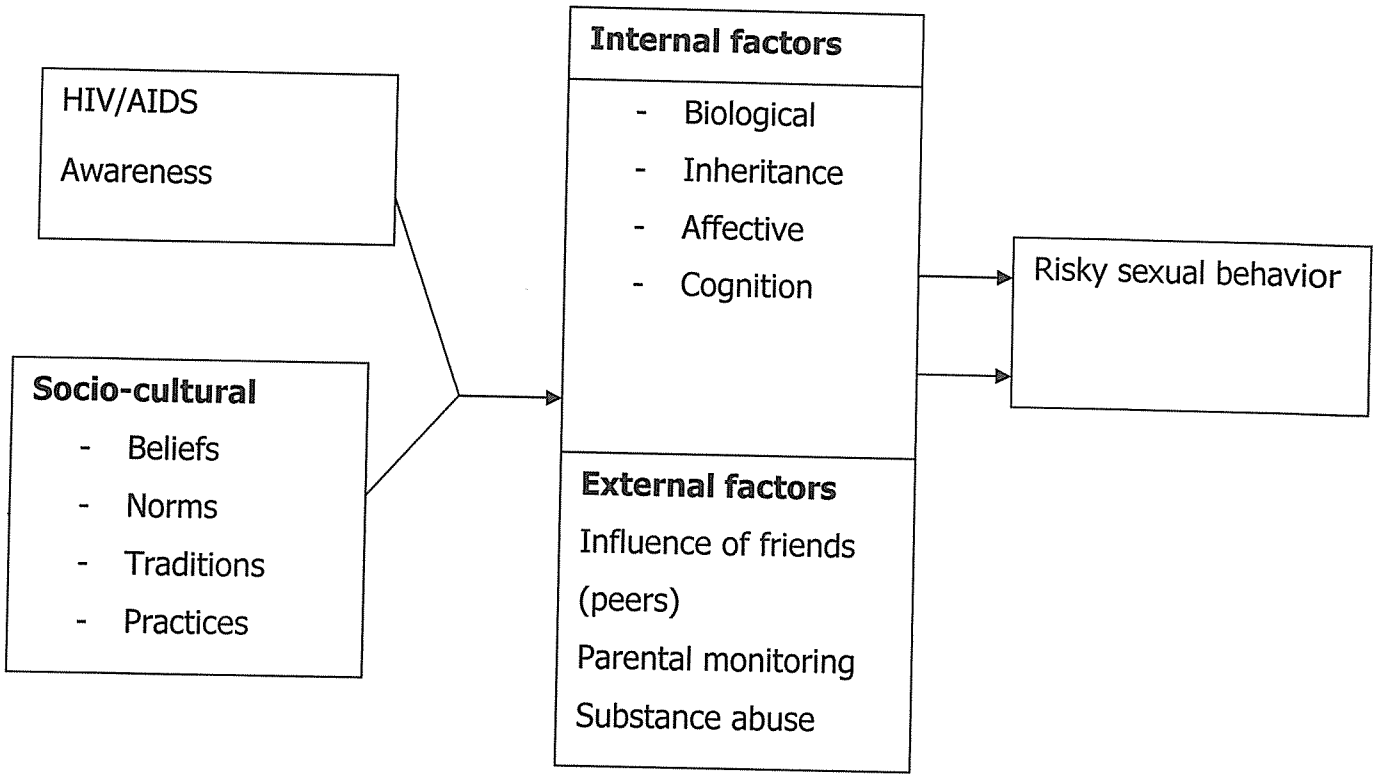

Figure 2. Conceptual Frame Work

HIV/AIDS awareness

According to the Ministry of Education and Sport sector HIV /AIDS policy (2006), HIV/AIDS awareness involves giving information to the public for the promotion of safer sexual behaviours using electronic and print media, drama, songs, videos, films, small group discussions as well as face to face personal interactions (peer educators). It is one of the major strategies for checking the spread of HIV/AIDS in the workplaces as well as in the general population. Age appropriate and focused information, education and communication (I.E.C) messages for target populations for example police, army, factory, long distance drivers and population workers are developed. However, the design of this communication in Uganda seems to have ignored rural minority communities-especially those in hard-to reach areas and married couples hitherto considered a low risk group. Allen and Heald (2004) observe that the design of these

messages resides in Kampala and that most of the HIV/AIDS researches and surveillance studies have concentrated in the Southern part of the country. This means that knowledge about the hazards of risky sexual activity and HIV/AIDS do not reach all sections of the population. Knowledge, information and education appear able to influence sexual activity. However, the socio-cultural beliefs and practices of a society may be associated with risky sexual activity and the degree to which safer sexual practices are maintained.

Kosslyn and Rosenberg (2005) state that awareness of HIV/AIDS may be correlated with (sexual) behaviour change to the extent that awareness messages take care of the socio-cultural issues of a community. Kosslyn and Rosenberg (2005) add, that education, is designed to change the content and process of our thoughts. Airhihenbuwa (2000) argues that effective HIV/AIDS communication strategy for prevention and education should be such that the resulting framework is flexible enough for application in different regional and cultural contexts. A study by Janis and Fesbach 1953 (cited in Kosslyn and Rosenberg, 2005) reported that when the message aroused high fear, it was less likely to be followed. This report adds that communications that arouse fear can be effective when the communicator has high credibility. Hewgill and Miller, 1965 (as cited in Airhenbuwa, 2000) and high fear is more persuasive than low fear when it is accompanied by specific recommendations about how to reduce fear (Leventhal, 1970; Leventhal & Singer, 1996) cited in Airhenbuwa (2000). Therefore, many of the persuasive appeals used in HIV/AIDS may not have taken the socio-cultural contexts and targeting married couples until recently when the GO RED for fidelity has been developed.

In Uganda, HIV/AIDS communication and Education has been based on the "ABC" model: Abstain, Be faithful and, if you have sex, use a condom. Uganda has quite a number of behaviour change communication and awareness media, safe-sex billboards and posters, drama, Radio programmes, print magazines; but it is unclear whether married people pay attention. Moreover, behaviour change communication needs a

prolonged campaign, sending out information over multiple channels, to cause change (Editorial, Saturday Vision, 12 March 2011)

The current protracted campaign seems to have not targeted appropriately married people especially of the rural folk. Also the campaign is more limited to the urban, modern and affluent citizens- who watch Televisions, read print media material.

Education

Educating girls makes them more equipped to make safer sexual decisions (Cher miss, 2000, Osagar, 2003). The expansion and improvement of HIV education around the world is crucial to preventing HIV/AIDS. There are estimated 33.3 million people living with the virus, and each year millions more people become infected. Effective HIV/AIDS education can help to prevent these new infections by providing people with information about HIV and how it is passed on, and in doing so equipping individuals with knowledge to protect themselves from becoming infected with the virus.

HIV/AIDS education also plays a vital role in reducing stigma and discrimination. There continues to be a great deal of fear and stigmatization of people living with HIV fuelled by misunderstanding and misinformation. This not only has a negative impact on people living with HIV but can also fuel the spread of HIV by discouraging people from seeking testing and treatment.

Condom use is growing with increased awareness campaigns, which bodes well for the future of prevention, and could explain the decline in HIV prevalence and incidence among teenagers and younger adults. According to the 2009 AIDS Surveillance Report on HIV/AIDS, 15 percent of married men and women used a condom at last sex compared to 74-83 percent men and 55-66 percent of women who had casual sex or one night encounters, underscoring the need for prevention programs to target teenagers. Drug stock outs, continued use of ARVs with severe side effects, and a lack of entry points to care, are additional factors that must be overcome in order to scale-

up effective treatment provision, and to reach the national goal of providing ARVs to 80 percent of those who require them (GOU, 2009)

HIV and sex education exists in schools as part of the wider awareness and prevention. The quality of the education, however, is hindered due to a lack of training of community facilitators, and unwillingness on the part of facilitators to provide voluntary awareness and education campaigns. Training for facilitators often takes place within working hours which acts as a disincentive to training, especially when no monetary gains are indicated. The shortage of trained facilitators may result in just a few facilitators in the community being able to educate target groups (Cher miss, 2000). In one survey, some facilitators reported feeling uncomfortable about teaching a subject that contradicted with their own values and beliefs.

Socio-cultural beliefs

Beliefs represent the knowledge or information we have about the world (Fishbein, 1975). However, these perceptions may be incomplete and inaccurate. Fishbein (1975) asserts that beliefs link an object of some attributes. And in most cases beliefs are based on Traditional, social values and religious connotations. Hence traditional, cultural, religious beliefs and social norms.

A critical point in the development of interventions is the recognition of culture as central to planning, implementation, and evaluation of Health Communication and Health promotion programs in general (Airhihenbuwa, 1995; Edgar, Fitzpatrick, & Freimuth, 1992; Lupton, 1994 cited in Airhihenbuwa, 2000). The design of a culturally relevant program and communicating messages in small groups are two critical factors reported to influence positively the outcome of 37 community-based HIV/AIDS prevention programs evaluated in the United States (Janz et al., 1996 cited in Airhihenbuwa, 2000).

Cultural beliefs and social networks, knowledge, attitudes and preconceived ideas about sex and HIV/AIDS could expose members of a society to HIV/AIDS. This is in agreement with Makiu, Kosia and Mansaray study in which they concluded that majority

of Sierra Leoneans are at risk of HIV infection as a result of the strong socio-cultural and religious beliefs and practices. Also, the U.S Centre for Disease Control reports that women's beliefs, attitudes and self-perceived power in Heterosexual relationships influence safer sex practices. Gender role expectations, the shortage of marriageable men, cultural norms and daily stress are expected to influence beliefs, attitudes and self-perception in relationships (CDC, 1999). The centre concludes that HIV prevention programs need to address social and cultural realities of communities. The National Strategic Framework for HIV/AIDS activities in Uganda-2000/1 to 2005/6 notes negative cultural practices such as widow inheritance, polygamy and female genital cutting as one of the predisposing factors to HIV/AIDS infection.

According to Barton and Butiti 1994 cited in the National Strategic Framework for HIV/AIDS activities in Uganda-2000/1 to 2005/6 irresponsible sexual behaviour and alcohol consumption during burials, last funeral rites and other traditional ceremonies are common. Other cultural behavioural norms such as polygamy, wife sharing and wife replacement, blood brotherhood, treatment for barrenness and male circumcision rituals create conducive environment for the spread of HIV. Other cultural factors that perpetuate HIV infection include stereotype roles, which encourage submissiveness on the part of the women and aggressiveness on the part of men-with the notion that a woman does not deny her husband sex-even if the woman suspects unfaithfulness on the part of her husband. This socially sanctioned sexual behaviours of the male partners are more likely to be the cause of the initial infection, although, women are often blamed for bringing HIV into a family. Because men generally assume the more assertive and directive role in sexual decision-making backed by culture, they are at liberty to have multiple sexual relationships including polygamy and sex with prostitutes unlike their female counter parts. In other cases, cultural norms and beliefs keep people in chains of marriage and exposure to HIV infection. For example, where a boy child is preferred over a girl. The belief that a boy must inherit the father's property. The men in monogamous marriages are forced to engage in extra-marital sex in a bid to "look" for a boy child including abandoning use of a condom among discordant couples in

cases where a child is needed. It is also widely believed among most African communities that a quarrel in marriage is solved by sex-it is used to appease a man after a quarrel.

The U.S Population Reference Bureau 2011 data sheet on the world's women and girls found that is Uganda, women more than men, are more accepting of wife-beating in instances where a wife argues with her husband. The Bureau adds that they educated or not, women are more accepting and even expect adultery and wife battering by sayings like: "Omusajja tabawoomu" (a husband is never for one woman). That is why men continually engage in extra- marital sexual affairs. The cause of this could be rooted in the cultural norms cherished. "Omusaijja Tebamwanga"- perpetuate marital rape. Modernization theory identifies traditions as the greatest barrier to economic (and social) development in societies with strong family systems and reverence for the past (Macionis, 2001). The same source adds, "Cultural inertia" discourages people from adopting new ways of life and change. It adds that people build their lives around families and local communities and follow well-worn paths that allow for little individual freedom or change. Macionis (2001), observes that the newly educated consider tradition "backward" opening the door for further change. This supports the notion that education in society is paramount for change to occur. In addition, the relevance of cultures, which guide individual decisions and actions are a result of group norms.

Risky sexual behavior

The dominant route for the transmission of HIV infection in Uganda is through sexual contact (The National Strategic Framework for HIV/AIDS activities in Uganda-2000/1 to 2005/6), and the risk factors are closely associated with the frequency of unprotected sex with infected partners. Risky sexual behaviour will also entail having sexual intercourse with a non-regular partner whose Sero-status is not known without using a condom-thereby exposing the partners to high chances of HIV/AIDS transmission. In its purest sense, under the Uganda ABC strategy, B entails practicing sex with just one partner, in a long term or life long relationship such as marriage and only after

determining that none of the partners in a monogamous relationship is HIV infected. The term "Zero-grazing" has been used to mean that one keeps to an exclusive and monogamous relationship for sexual satisfaction (Stone-Burner, Low-Beer).

Related studies

Models of the HIV/ AIDS epidemic and surveys from the late 1980s and 1990s show that encouraging fewer sexual partners was effective. The world health organization (WHO) reported that between 1989 and 1995 the number of Uganda men reporting three or more non martial sexual partners fell from 15 percent to 3 percent. This means that men were being faithful. This interpretation is supported by data from two Cross-sectional demographic and health survey (DHS), conducted in 1989 and 1995, which showed a reduction of 60 percent in respondent who reported having had sex with non regular partners during the previous 12 months. Stoner burner and low -beer (2004) argue strongly that a large portion of the Ugandan population has taken up the practice of zero grazing, a phenomenon that has been described as being equivalent to 80 percent effective vaccine for HIV. This trend, however, seems to have lost its impact in the recent past, explaining the resurgence of the epidemic especially among married couples. This, some scholars attribute to what is termed as" HIV/ AIDS fatigue".

A 2006 study by the Ugandan ministry of health found an apparent increase in multiple partners. The proportion of sexually active Ugandans who reported having had two or more sexual partners in the previous 12 months increased from 2 to 4 percent between 2000 – 01 and 2004 – 05 among women and from 25 to 29 percent among men. Therefore, risky sexual activity by and large, still remains practiced despite the threat or HIV/ AIDS

A research done by programme for Accessible Health Communication and Education (PACE) results indicate that young people (some of who married) working with corporate companies believe that every body cheats and so they too are promiscuous. In the end, young married couples are promiscuous and could be one of the reasons explaining the recent surge of HIV/ AIDS infection among married people.

In rural Masaka, incidence rates in a general population Cohort study showed a decline in HIV prevalence rate from 7.6 to 3.2 per 1000 persons per year of observation, and there has been a reported decline of over 60 percent of casual sex among 15–49 years (USAID, 2002). Although this presents evidence for significant sexual behaviour changes in Uganda, This could have waned.

Recent demographic and health surveys (1995- 2005), (UNAIDS 2010) in Uganda show considerable increase in the number of sexually active adult reporting multiple partners, specifically among men older than 25years. 446 percent of new injections are occurring among persons reporting multiple partnerships and their partners (UNGASS Progress Report, 2010). Therefore, focus should be turned to new programmes and communication initiatives.

CHAPTER THREE
METHODOLOGY

Research design

The study was a descriptive research design that employed qualitative and quantitative approaches. For purposes of the study, qualitative data collection methods were used on social norms,beliefs,values and attitudes about relationships and risky sexual behavior. This yielded more elaborate and detailed answers to questions on study variables. This was through the use of an interview guide, Focus group discussions, and interviews.

In addition to these, the study used quantitative methods to collect data on HIV/AIDS information, education and communication. These methods helped to track the activities, messages in the study area.

Research population

The study targeted married people of Bundibugyo district. The district is located in south Western, Uganda at the foot hills of Rwenzori Mountains on the border with the Democratic Republic of Congo. The people are mainly subsistence farmers of the Bakonjo and Bamba (Bundibugyo District, 2003). The age of the respondents ranged from 18-58 and older years because the legal age of consent and marriage is 18 (Republic of Uganda, 1995 Constitution)

Sample size

The study was based on Bundibugyo District estimate figures of married couples. The adult married population is estimated at 2000 (Bundibugyo district report,2009).Hence,from sample size(s) required for the given population size (N) table (Amin,2005),a sample size of 322 respondents was taken.

Sampling procedure

Purposive random sampling was used to select the respondents. According to Saunders et al. (2003) purposive sampling or judgmental sampling enables the researcher to select cases (respondents) that will enable him or her to answer research questions to meet research objectives. They posit that this form of sampling is suitable when a researcher has a small sample. This inspired this researcher to use this method of sampling. This technique ensured representation of each age group of the married people. It provided great opportunity in ascertaining a high degree of accuracy and generalization of the results. Purposive sampling was done with the aid of information from Key community local (LCs) and opinion leaders of the respective counties on their perceived knowledge about socio-cultural issues.

Key informants (KIs) were selected purposively while other respondents were selected randomly from sampling frames obtained from/ constructed with the chairmen LC1 of the respective villages selected randomly for the sample.

In addition, Random sampling was used to select the sub-counties, Parish and villages to cover per county. Within each sub county, one parish was selected. Two villages were randomly selected from each parish. Within each sampled village, the LCI office was approached for introduction purposes. This, also was done because it acted as the sampling point of the survey so that married couples/ Households were randomly selected from a sampling frame that were developed with the aid of the LCI office of each village selected for the sample. In short a multi –stage random sampling of respondents was done at county, Sub county, Parish to Village or Local Council levels.

Table 1 .Random selection of respondents by environment/ setting

Urban	Bundibugyo	80
	Nyahuka	48
Rural	Bubukwanga	66
	Bubandi	80
	Kasitu	48

The selection of sub counties and villages in Bwamba and Bughendera counties in Bundibuyo district was done by random sampling, based on 93 percent and 7 percent rural and urban population as per the district report. Bundibugyo, Nyahuka town councils represented urban while Bubukwanga, Bubandi, Kasitu represented rural. This gives 62.5% representation of 5 out of 8 sub-counties taken as at July 2008 because other sub counties have been newly created. Within these sampled sub counties, villages were randomly sampled and respondents identified with the help of village local council chair persons. Each sub county was then represented by two villages again picked by random sampling. From sample (s) selection from population (N) table (Amin, 2005)

Bubukwanga (N) =80 (s) =66

Bubandi (N) =100 (s) =80

Kasitu (N) =55 (s) =48

Bundibugyo (N) =80 (s) =66

Nyahuka (N) =40 (s) =36

The samples were covered by the two villages picked for every sub county

This sampling was done at different stages including,county,sub county and village levels.

Research instruments

Various instruments for data collection were used and included,questionnaire,interview guide and observation protocol.

The study used a self-administered standardized questionnaire (adopted and modified) of the Inter University Council for East Africa: HIV Sero-Behavioural survey for Universities (2009) that consisted of 4 sections A to D outlined below.

Section A: Respondent's personal data and identification, B. HIV/AIDS Awareness and knowledge, C. Socio–cultural beliefs and D. Risky sexual behaviors and perceptions.

A structured questionnaire was deemed important to allow quantitative analysis of data. Multiple categories of closed-ended questions were used.

In addition, a semi-structured questionnaire with open and closed- ended questions was designed. This was done to complement data from the standardized questionnaire. It involved items which were administered to respondents by the researcher. In—depth interview for probing questions punctuated the sessions. This gave the respondents full participation in the study and reflection of their opinions, views,norms,values,attitudes and beliefs without inhibition.

Kassin (2001) notes that to measure personality (behaviours) cognitive social learning theorists use fairly direct forms of assessment. One method is behavioral observation. Another involves asking subjects to report on their own experiences; values and past behaviours using standardized interviews or questionnaires.

An interview guide guided face to face interviews that were conducted in a language of the respondent's choice. These are Lukonjo, Lwamba, Lubwisi, Runyoro- Runyankole as the locally widely spoken, and English. The guide targeted key KIs

An observation protocol (OP) one that specified what the researcher observed while in the field was also used. In particular, I.E.C materials, HIV/ AIDS radio programmes

were the focus. Recording in a field dairy sessions of FGDs and interviews with informant was done.

Validity and reliability of the instruments

The instruments were administered to a small number of subjects who were not part of the selected sample. By doing this, the researcher was able to assess the clarity of the instrument, items that confused respondents, therefore, made modifications and revision of the instrument.

In addition, multiple sources of data contributed to data reliability as observed by stake (1995) and Yin (1994). Therefore, in this study, multiple sources were used as these instruments contribute to reliability. An estimation of the reliability and internal consistency of the questionnaire was done; Cronbach alpha test (Mugenda & Mugenda, 1999). Cronbach alpha coefficient reliability test was conducted to evaluate each variable from the questionnaire of the pre-test or pilot study. A result of .75 obtained was found satisfactory.

Amin (2005) suggests that a pilot study should be undertaken to test effectiveness of the methodology and a pre-test to test the instruments for validity and reliability.

Data gathering procedures

Before actual data collection commenced, a letter of transmittal (appendix I) was obtained from the Research Coordinator, School of Postgraduate Studies upon approval of the proposal. Data collection instruments were pre-tested to enable the researcher gain firsthand experience on administering the tools, assess the clarity and logic of the tools, and understand how data would be analyzed.

Permission from district, area, local leaders, heads of households and the individuals who were selected for the sample was sought. Permission to record in a field dairy nterview sessions was also sought from each informant. Individual consent was sought hrough assurance of each respondent/informant of strict confidentiality and their Right o withdraw from the study at any stage. Appointments were made with respondents to vhom interviews were administered to seek consent and time of interview. All

respondents were briefed before administration of the questionnaires and interviews. This gave the researcher an opportunity to give clarifications about the objectives of the study and to establish rapport.

Self-administered questionnaires were distributed to selected respondents and time and date of collection was agreed upon. This was intended to give the respondents ample time to think about and respond to the issues raised in the questionnaire.

To explore people's perceptions, norms, values, attitudes, beliefs, experiences and opinions about HIV/AIDS and I.E.C, focus group discussions (FGDs) were conducted. These were viewed appropriate because they allow a deeper interrogation of otherwise sensitive and at times complex issues. 5 homogeneous FGDs were held with purposively selected groups of married people men and women aged 18-58 and above in each of the two counties of Bwamba and Bughendera including the urban (town councils) ranging between 6-12 per group.FGDs were held as follows:
2 for men,2 for women and another for both men and women jointly. The aim was to gain some insight into the social driver factors affecting people's attitudes around HIv; and how communities engage with communication about HIV.FGDs participants were purposively selected on their perceived sufficient knowledge and experience of social cultural issues criteria. They were picked with the aid of local and opinion leaders. A skilled translator and note taker fluent in the local languages assisted in the management of FGDs because the researcher was not versed with Lwamba-Lubwisi, a local dialect spoken widely by over 90 percent of the population (Bundibugyo, District, 2004)

FGDs lasted at least 45 minutes and were recorded in a field diary. A thematic guide was used, which included: HIV/AIDS, I.E.C, socio-cultural beliefs, Perceptions, norms values, attitudes and opinions about HIV/AIDS.

To complement FGDs data, 10 Key Informants (KIs) interviews were done by the researcher to obtain in-depth data on HIV/AIDS, I.E.C situations in the area, beliefs as well as the opinions held by married people. KIs were purposively selected based on their position in the community, their roles or their perceived sufficient information they posses based on their age. KIs included; health workers from the sub counties selected for the sample. KIs were identified with the help of local leaders. When data from interviewees becomes repetitive for each of the themes, interviews stopped.

In addition, the researcher took observations and informal discussions for one month period. An observation protocol that contained I.E.C materials and posters, radio programs on HIV/AIDS; while the informal discussions centered on the central issues of the study viz HIV/AIDS, IEC, societal and cultural aspects including opinions and beliefs. Transact walks were also deemed to yield rich information to ascertain any I.E.C materials presence in the study area. Peculiar, existing and everyday Mundane activities-relevant for this study was recorded in a field dairy. Review of a few district documents was done, in particular the district reports. This was intended to give data regarding the historical structure of the population under study, deepen understanding of the area and the available communication strategies and in the process identify key issues to follow up in the field.

Data analysis

The researcher carried out data organisation, editing field records for completeness and accuracy. Data were organized according to different responses from married couples. Quantitative data was analyzed and presented by use of frequency tables where percentages were drawn and analysis made for each respective table. Final data was then processed using Statistical Packages for Social Scientists (SPSS) for comprehensive analysis.Furthermore; qualitative data was analyzed by the use of content analysis, where findings were compared with quantitative data to confirm validity. Response patterns were categorized into meaning full units or segments or categories. The codes

were used in order to construct and interpret common themes or patterns (Crabtree & Miller, 1992).

FGDs and field diary records of interviews were translated into English by a FGDs moderator. Data from other sources that had been recorded manually in field diary and note books was systematically coded and analyzed electronically using a computer for content. Recurrent and emerging themes were identified and organized into meaning full categories and sub- categories. Some quotations were extracted and are presented verbatim. For comprehensiveness, data from the different data collections techniques was triangulated to validate and complement the findings from each of the sources. Presentation of findings has been done using tables to show descriptive statistical and cross tabulation of data.

Ethical considerations

In line with the National AIDS Control Organization (NACO) ethical standards, and the Indian Council of Medical Research (ICMR) guidelines, the researcher sought informed consent from study participants by:

Providing pre-research information on the purpose of the research, ensuring understanding of the facts on this research by providing explanations, respecting the rights of participants to decide whether to participate or not. Data collection protocols or procedures included an explicit description of the participants' right to privacy and confidentiality. Permission was obtained from the district authorities, local leaders, heads of households and individuals to have interviews with them or spouses who were selected to avoid "suspicion of strangers" mentality and conform to informed consent principle.

Limitations of the study

HIV/AIDS is a sexually transmitted infection linked to a sensitive- secretive sexual behavior that some people were afraid to talk about. However, by avoiding more

embarrassing questions, expressing shock or disgust for, while collecting data, use of threatening statements made the respondents comfortable.

In addition, some respondents were reluctant to discuss weaknesses in their socio-cultural and sexual behavior since it would show a bad picture on their part. However, by triangulating several qualitative and quantitative methods, it was possible to identify and confirm pertinent issues. Observation complemented other findings and provided contextual information useful for analysis.

The geographical terrain of the area backslided or hindered traversing the area easily and reaching selected respondents for interviews with ease.

Further, it was not easy to trace for information at the district regarding marriages celebrated and other reports. The district lacks statistics on the actual number of married partners and HIV activities.

CHAPTER FOUR
PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA

Respondents' characteristics

The gender, age and environment of the respondents was as presented below;

Table 2. Respondents by Age, Gender and settings

Age	Gender			Setting	
	M	F	total	Urban	Rural
18-27	51	62	113	34	79
28-37	38	57	95	29	66
38-47	23	31	54	25	29
48-57	16	21	37	21	16
58+	11	12	23	19	04
Total	139	183	322	128	194
Percentage	43.17	56.83		39.75	60.25

Summary

Gender	%
F	57
M	43

From table1, the study was informed by rural and urban respondents 18-58 and above age groups male and females. However, there were more female respondents (56.8)

percent than males 43.2 percent. There was proportional allocation for rural and urban in Bundibugyo district on the basis of rural and urban population that is 93 and 7 percent respectively. When asked to report on their levels of the education, Religion and occupation, the data is as presented in Table2.

Table 3. Respondents levels of Education, Religion and occupation

Religion				Occupation			Education				
Cath.	Prot.	Musl.	Other	Emp	Pea	other	P.G	Deg	Dip	Cert	Other
87	58	48	129	72	102	148	12	24	57	98	131

HIV/AIDS awareness and risky sexual behavior of married couples

The first study objective synchronized with the research question relates to HIV/AIDS awareness (through information, education and communication): To assess the contribution of current HIV/AIDS awareness campaigns, education and communication on risky sexual behaviour of married couples.

HIV/AIDS Awareness indicators

Respondents were asked to spontaneously mention ways in which one can contract HIV/AIDS. Table.3 shows the people's knowledge on HIV/AIDS modes of transmission. Only 4 from rural areas did not know how HIV/AIDS was transmitted. The majority 63.7 percent were aware that HIV/AIDS is transmitted through unprotected sex with urban respondents having the highest proportion of its population aware about this mode of transmission.

Table 4. Knowledge on HIV/AIDS modes of Transmission

Area	Unprotected sex	Mother to child pregnancy &breasting	From exposure to blood or injection	Sharing sharp objects	No answer	%
Rural	113	33	27	17	04	60.2
Urban	92	07	16	12	01	39.8
%	63.7	12.4	13.4	9.0	1.6	

From table 3, knowledge on the modes of HIV/AIDS transmission is low. Only 12.4 percent mentioned that an infected mother could infect her child through pregnancy and breast feeding; 13.4 percent mentioned exposure to infected blood or injection and 9.0 percent mentioned sharing sharp objects. Generally respondents from the urban areas were more aware of the HIV/AIDS modes of transmission compared to their rural counter parts.

Table 5: Respondents access to HIV/AIDS information, education and communication.

Category/Response	Rural	Urban	All %
Yes	107	113	68.3
No	87	15	31.7
Total	194	128	100

From table4, majority of the respondents are aware of the existence of HIV/AIDS in their environment. The percentage, however, is higher for the urban respondents than for the rural (village) areas. Those who reported exposure to HIV/AIDS awareness materials mentioned; print materials, Newspapers, videos/films and radio programme on Voice of Toro, a local fm frequency radio. When these revelations were cross-

checked through observation, key informant interviews and FGDs, the researcher found out that most of the print materials on HIV/AIDs in the district were put up in a Hospital and Health care centres. Even then, majority of these materials carrying HIV/AIDS messages were mutilated. However, an attempt had been made to translate them into two major local languages –Lukonjo and Lwamba –Lubwisi. Most of the respondents demonstrated inability tuning in to the HIV/AIDS awareness radio programmes stating that household chores (kitchen work) and other socially and culturally defined roles of women dictated that they must perform these roles. For example, fetch firewood, cook, wash, bathe children (for women) as required of a married woman. While the men must interact with their fellow men especially in the evenings. Consequently, they miss out on radio programmes. Therefore overall, HIV awareness programmes appear to have not appropriately targeted married couples driving them into risky sexual behaviour.

In addition, with no television signal received in the area, apart from a small section of the population with decoders, clear absence of Get off the sexual networks posters that usually welcome people to most urban areas, Mobile Telephone(MTN), Airtel, Orange banners and posters welcome people with most commercial buildings painted in the respective colours of these mobile telephone companies. Those who reported awareness praise Ministry of Health since HIV/AIDS information exposure transformed their lives. For example, they cited that the exposure made them able to gain some skills and knowledge that helped them avoid risky sexual behaviour. But the portion of respondents who had access to HIV/AIDS information, education and communication was higher in urban areas. Generally respondents from Bundibugyo Sub county were more aware of HIV/AIDS modes of transmission compared to other Sub counties. A register of NGOs/CBOs working in the area of HIV/AIDS maintained by the Department of Community Based Services revealed that there are about 12 organizations of which majority are in Bundibugyo Town Council with some few implementing their services in rural sub counties. However, the percentage was also higher for involvement in risky sex-when put the question to report on having sex outside marriage and number of sexual partners outside marriage for the past 12 months prior to the study. Again the

number was higher for the educated –urban males than for their rural-illiterate counterparts. The controversy of those having access to HIV/AIDS awareness but also scoring higher in risky sex is not a strange phenomenon. Roomer et.al (2010) found that adolescents' knowledge about the hazards of sex increased with age but their sexual activity also increased. This suggests that other perimeters influence one's sexual behaviour. According to Kabonesa (2010) condom use in Uganda is influenced by culture, personal characteristics, age, education literacy, marital status power relations and gender. Similarly, sexual behaviour is influenced by these factors.

Some respondents said they were not aware HIV/AIDS existed in their villages. They thought the epidemic is serious at national levels. "HIV/AIDS is in Kampala and other busy towns". This is in agreement with Kabonesa (2010) report findings in her research on "Gender and the politics of condom use" in which some respondents reported un awareness of HIV/AIDS in their environments. However, this contradicts the claims by government of Uganda that over 99 percent of its population are HIV/AIDS aware and sensitised (Allen and Heald 2004). These figures could have lowered in recent years suggesting need for scaling up HIV/AIDS awareness campaigns especially in rural areas. Further, the national council on disability (NCD) report 2011, on Accessibility of health care services to persons with disabilities also notes that PWDs in particular are inadequately furnished with HIV/AIDS messages and were ignorant about the symptoms and implications of HIV/AIDS. In the rural district of Nebbi, a survey carried out by Nebbi district found out that at least 71 percent of the women in Nebbi were ignorant of the ways to prevent the transmission of HIV/AIDs and other sexually transmitted diseases (STDs).The study also showed that 59 percent of the women in the district could not identify two symptoms of HIV/AIDs while 92 percent knew nothing about the prevention Mother To Child transmission of HIV/AIDS. This point to the minimal sensitisation on HIV/AIDS in the country particularly for remote districts. When probed further, on rural-urban divide with regard to higher numbers in urban reporting more partners outside marriage, the respondents attributed this to the economic hardships like inability to afford food, money and other necessities which they receive from men in exchange for this support. The women reported cheating on their men due

to among other reasons, economic hardships. This data was independently verified by observation. More than 90 percent of people's lands are under cocoa, a cash crop with less under food cultivation. This means that the area is market-oriented with most food stuffs bought from the market.

More males 37 percent reported having multiple sexual partners than females 26 percent. Nearly 48 percent of the males reported having used a condom during most recent sexual intercourse but added not consistently. Some respondents reported having another partner during their current relationship 30 percent of men and 8 percent of women. Those who believed that their partner had had other partners during their current relationship;22 percent of men and 32 percent of women. When respondents were asked whether they agreed with a series of statements concerning the severity of HIV and AIDS; People with HIV lead a normal life, Treatment for HIV/AIDS is Available to everyone 'and AIDS is not as bad as it used to be.Respodents born after 1980's appear to be less aware of the severity and devastating effect of the epidemic. Its fatality was compared to Ebola which struck the District in 2007 killing 32 people in only two weeks. Thus some respondents preferred HIV/AIDS to Ebola reasoning that HIV/AIDS patients are cared for by relatives.

Respondents who rated HIV/AIDS as being more severe were more likely to stick to one sexual partner.

On the relevance of HIV/AIDS information, education and communication and risky sexual behavior, the responses are summarized in table 6

Table 6. Respondents' response with regard to HIV/AIDS awareness and sexual behavior

Response	Frequency
Reduced number of sexual partners outside marriage.	45
Control and regulate consumption of alcohol and other drugs	57
Going for STI/STDs diagnosis and treatment	28
Being faithful to marital partners	40
Using the condom for Sero discordant couples	72

From table 6 it is clear that HIV/AIDS information, education and communication are able to greatly change sexual behaviour. Many of the respondents stated that HIV/AIDS awareness materials and other services have enabled them guard against involvement in risky sex but added that some of these materials are non-existent to their rural village communities with a lot of risks to HIV infection. This is attributed to physical barriers like non-existent or poor community road more over it is where the majority of the district's population live. Therefore, there is need for renewed efforts targeting rural areas, married couples in particular. Respondents appear to be aware of the presence of HIV/AIDS although many could not distinguish clearly between HIV and AIDS, demonstrating half or partial knowledge. Many who came for HIV testing would say, "We have come to test for AIDS" and when asked to differentiate between HIV /AIDS, many could not distinguish between the two. Many could not demonstrate the proper use of the condoms as they mentioned some times as opposed to consistently.

Socio-cultural beliefs and risky sexual behavior

The second study objective was to identify some social and cultural norms, values and beliefs that may threaten HIV/AIDS prevention efforts among married couples. When put the question to identify some social norms, values and cultural beliefs, that may undermine HIV/AIDS prevention strategies, the respondents held:

That culturally, a man is supposed to have many women for sex. In addition, a man is supposed to leave upon death a boy-child who would inherit his father's property. This belief is deep rooted that a married man is supposed to engage in sex even outside marriage in a bid to "look" for a boy-child in cases where the subsisting woman has born girl-children. This, they reported is socially sanctioned. An elaborate explanation emerged from FGDs. The women in Uganda are socially and economically subordinate to men. This inadequately fuels HIV/AIDS infection as traditional gender roles allow men to have sex with a number of partners including polygamy and put married women in a position where they are powerless to encourage condom use or even caution their husbands on their sexual behaviour. In fact, they reported that a man is supposed to beat his wife if he denied him sex or argue with her husband but that the reverse is not culturally sanctioned as true. This finding is in agreement with the World's women and Girls 2011 data sheet, where 40 percent of Ugandan women are documented to tolerate wife beating. Even the men accept for a man to beat his wife if she refuses to have sex with him. Therefore, in many developing countries, women and men believe that wife beating is acceptable. In addition, women who are unable to refuse sex with their husbands for fear of violence (battering) are less able to protect themselves from HIV/AIDS.

This culture, according to Feminist theory (Basow, 1993) the patriarchal system which assigns men the responsibility of controlling and managing women partners means that men can engage in many actions including risky sex.

When respondents were asked if it was right for a woman to ask a partner to use a condom, more than half of the men said it was out of the normal behaviour for women. Moreover, majority of the female respondents 83 percent shunned condoms and therefore, would more likely engage in unprotected sex. They reported cultural norms and values do not encourage condoms. 35.7 percent women reported that they would feel embarrassed discussing condom use with their sexual partners because it is against their culture.

The third study objective was to investigate the extent to which social norms, values, beliefs and attitudes about relationships influence sexual behaviour of married couples. When respondents were probed to rate the extent to which social norms, values, beliefs and attitudes about relationships influence sexual behaviour of married couples, majority reported great extent. This was substantiated with statements like, "Those who go against the social and cultural norms, values, beliefs and attitudes of a society are branded social outcasts. In addition, they added, society has social sanctions for those who get outside. its confines like disapproval, fines in the traditional family courts. Cultural beliefs and social norms, inadequate and unregulated traditional practices in rural villages (e.g. polygamy, "poaching" on deceased brother's wife continue being practiced) and prevent married couples from avoiding risky sex. The respondents further reported that HIV/AIDS awareness is still crowded with myths attitudes and misconceptions about HIV/AIDS and prevention strategies citing lack of education about HIV/AIDS. For example, in the absence of education, nausea, dizziness and other associated side effects of ARVs make victims believe AIDS has been caused by witch craft. Many of the people with HIV/AIDS have therefore ended dying under witch doctors hands in shrines. To emphasise the role of beliefs in these communities, the respondents said that even educated people still marry many women up to about 5 for social and cultural reasons. Further, that malnourishment is also still taken as a case of witch craft- a reason among others why Bundibugyo district is only second nationally to Karamoja with regard to malnutrition. (UN report,2010).To show the magnitude of social and cultural dictates, a respondent narrates: a newly born baby is bathed in herbs. This is an age-old cultural practice which is done to just make sure a baby is off to a good start; otherwise the baby would set off with bad luck and a myriad of infections. She adds, In many African cultures around the World, having children outside marriage is not considered a curse or aproblem.As long as the man can meet the needs of his off springs, he can have many children as he wants. Even when in love and happily married, men who do not have control over their sexual desires will cheat.

Children are a blessing whether from marriage or not. With these cultural beliefs men and women are unfaithful, untrustworthy in marriage

To this far and extent, social and cultural norms, values, beliefs and attitudes are reported to influence sexual behavior of married couples.

From FDGs, it emerged that culture is one of the great drivers of HIV/AIDS epidemic in the district. "In Bundibugyo, widow inheritance without testing and disclosure is a cultural norm which leads to the spread if one partner is infected." In addition, some people still believe HIV/AIDS is due to bewitching. In other words, witchcraft and superstitution are still linked to HIV/AIDS. An informal conversation held with X1,who works with Community Department revealed that cultural values are still a strong factor in the world of HIV/AIDS. Breaking the cultural barriers is still a barrier to development in this District including fighting HIV/AIDS. "there are some areas where you find culture affects development of the area. When a woman is pregnant, she is advised not to go to the toilet because they fear the fetus will drop into the pit latrine" a reason why Bubukwanga Sub county still has low latrine coverage in the District.

The main predisposing factors to HIV infection in marital relationships are multiple and extra marital sexual relationships without using condoms correctly and consistently, and inadequate knowledge on HIV/AIDS.

Socio-economic factors such as poverty, commercial sex, the low status of women including dependency on men, illiteracy, lack of formal education, stigma, discrimination and substance abuse especially alcoholism have a big bearing on HIV among marital relationships.

Inadequate communication skills among the marital females expose them to HIV infection as they cannot be assertive.

CHAPTER FIVE
FINDINGS, CONCLUSIONS AND RECOMMENDATIONS.

Findings

The study findings show that HIV/AIDS information, education and communication have not targeted appropriately rural married couples because 24.8% demonstrated inability or limited access to HIV/AIDS message. Consequently married couples continue involving themselves in risky sex. Risky sex was defined as frequent unprotected sexual encounters with multiple partners, sex outside marital partners. Risky sex was more common among the urban elite and working class (Bundibugyo and Nyahuka town councils) respondents than their rural counters; however, the rural respondents seemed to cherish more their social and cultural foundations than their urban, modern respondents. Traditional dogma seemed more pronounced amongst this group.37 percent of men and 26 percent of women reported having had more than one sexual partner in the past six months prior to the study.

Substance abuse appeared able to influence risky sex among married couples. More married people who reported use of drugs and substance use reported many times of risky sex. Therefore, people who are drug users and drug addicts are more likely to engage in risky sexual behaviour than non-drug users.

In the absence of HIV/AIDS information, education and communication in rural area, social and cultural norms, values, beliefs and attitudes about relationships and HIV/AIDS prevail making a bearing on sexual encounters. Therefore, HIV/AIDS sensitization and awareness campaigns to change bad social and cultural norms, values, beliefs and attitudes should be stepped up in rural areas.

The study also discovered that young married couples, youth (30 years and below) were more likely to engage in risky sex, but also more likely to use condoms than the older people (40 years and above). This could be linked to subsistence abuse which is more common among the youth than the older people- and substance abuse is a

predictor of risky sex (Bachanas, 2009). This is in agreement with the Uganda Sero-Behavioural Survey (UNSBS) 2004/2005 which found that HIV infection was high among the youth (15-29)

The proportion of the population that has accessed HIV/AIDS awareness messages is higher in urban than rural areas. However, the percentage of respondents there who also reported many times to engage in risky sex was higher. But awareness appears able to influence responsible sexual behaviour. Physical barriers like non-existent or poor community roads curtail extension of HIV/AIDS campaign to rural areas. Witch craft and superstitutions still crowd the world of HIV/AIDS among certain sections of the population.

Social and cultural norms, values, beliefs and attitudes about relationships and HIV/AIDS appear able to greatly influence sexual activity. These findings are consistent with those of Romer et.al (2010) who concluded that social networks influence onset and prevalence of sexual behavior. They add, the perceived behavior of friends is associated with the rate at which sexual activity progressed

Conclusions

The study shows that HIV/AIDS information, education And communication and socio-cultural beliefs continue to influence sexual behaviour of married couples in a population that suffers from poverty and hunger, economic hardships continue to drive a proportion of the population into risky sex. Many Urban Ugandans may be involved in one way or another in net works of multiple and co current sexual partnerships despite access to HIV/AIDS information, Education and communication. Efforts to expand access to HIV/AIDS information, education and communication targeting married couples in the rural villages should be stepped up.

Progress to Millennium Development Goal (MDG) 6-reversing the spread of HIV/AIDS has been slow- there has been a reverse trend compared to the progress made in the past and new infections among married couples that have been reported in the recent past may continue to increase. The report also shows that national averages often mask

great unevenness between different population groups and between different geographical areas (rural and urban) of the country.

These findings point to the need for Uganda and other stake holders in HIV fight to take special measures to renew prevention strategies, HIV/AIDS awareness campaigns targeting various population groups, more especially those in rural areas where over 80% of the population live. In this context, a flexible strategy that takes care of the social norms, values, beliefs and attitudes should be applied to asses more specifically how the strategies and messages could be done in the context of social and cultural lenses to avoid risky sexual behaviour.

HIV/AIDS prevention programmes need to address social and cultural realities of rural married couples. The objective of HIV/AIDS intervention programmes should be to reinforce feelings of self esteem, confidence, pride and hope especially for the married women who are at a greater risk of HIV infection and to teach them socio-economic and behavioural skills which they need to make changes in their economic lives and reduce involvement in risky sex. Married couples in urban environments seem to engage in risky sex despite being HIV/AIDs aware. Substance use-oriented interventions aimed at reducing risky sexual behaviours and preventing the development of irresponsible lifestyles should be introduces-because substance use appear the significant predictor of risky sex.

Recommendations

Based on the study findings and conclusions, a number of recommendations are proposed as below:

The study noted that respondents in rural settings were not adequately targeted by HIV/AIDs messages with regard to modes of transmission, social and cultural drivers of HIV/AIDS, prevention and treatment strategies. The district local governments, Non Governmental organisations, government of Uganda and other stake holders in the fight against HIV/AIDS should extend HIV/AIDS messages, campaigns and programmes

targeting married couples most especially the rural folk. In other words the data calls for prevention programmes which aim to reduce multiple partnerships (Concurrency).

Emphasis should be placed on couple HIV testing to identify Sero discordant couples, routine counselling and condom use. Social and cultural connotations seem to drive discordant couples into risky sex infecting their partners.

Development partners could stand ready to provide additional financial and technical assistance the renewed effort and strategies. This would entail drawing on the existing plans and strategies bringing on board both non-state actors and particularly on the climate sectors, non-governmental organisations and community groups to research further deeper in rural area.

Bundibugyo district HIV/AIDS strategic plan should address issue amounting from this report. In particular, the rural-urban divide with regard to HIV/AIDS awareness materials.

Methodological recommendations

The report relied essentially on the survey instrument (questionnaire). The researcher believes that a lot of questions were packed in the instrument that made it too long. Some questions needed desegregation. Questions which required quantitative (views and opinions) answers should have been handled under in- depth discussions (with KIs) and focus group discussions.

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Appendix I: Transmittal letter.

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OFFICE OF THE ASSOCAIOTE DEAN, SOCIAL SCIENCE
SCHOOL OF POSTGRADUATE STUDIES AND RESEARCH (SPGSR)

Dear Sir/Madam,

June 14, 2011

This office received the above Student on 15th/8/11

RE: REQUEST FOR JOACKIM BALUKU KIKENGE TO CONDUCT RESEARCH IN YOUR ORGANIZATION

The above mentioned is a bonafide student of Kampala International University pursuing a Master of Guidance and Counseling.

He is currently conducting a field research of which the title is "**HIV/AIDs Awareness and Socio – Cultural Beliefs on Risky Sexual Behavior among Married Couples in Bundibugyo District.**"

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,

Dr. Roseann Mwaniki
Associate Dean Social Sciences, (SPGSR)

TOWN CLERK
BUNDIBUGYO TOWN COUNCIL
16/8/11

Appendix II: Informed Consent

HIV/AIDS awareness and socio-cultural beliefs on risky sexual behavior among married couples in Bundibugyo district

Consent

Introduction

Good morning/ afternoon, my name is (interviewer), and I am a student conducting a study on HIV/AIDS awareness and socio-cultural beliefs on risky sexual behavior among married couples in Bundibugyo district. Before we proceed, I would like to seek your permission.

Purpose

Joackim Baluku Kikenge, a Master of Arts in Counseling Psychology Candidate at Kampala International University is carrying out research as part of the requirements for this award. The purpose of this study is to assess the contribution of current HIV/AIDS campaigns and socio-cultural beliefs on risky sexual. Particular attention is paid to the role or influence of the available HIV/AIDS information, education and communication and socio-cultural beliefs on sexual behavior of married couples.

Consent form A: Consent to participate in the study interview

Research procedure and confidentiality

Because of limited resources, the study cannot cover all married couples in the district. So the study is taking a representative random sample of married couples in the district. You have been selected through random sampling procedures. I am requesting you to participate in the study by accepting an interview and also filling a self-administered questionnaire.

Participation in this study is voluntary and the purpose of this form is to obtain your consent to participate. If you choose to take part, I will provide to you a questionnaire

to complete. You are not obliged to answer any questions if you do not feel comfortable to do so. To ensure confidentiality, unique identifications have been used. Your name will not be written anywhere. Please be assured that your responses are completely anonymous. All information provided in here will be treated with strict confidentiality, and the findings are for academic purpose only.

Although there is no right or wrong answers/ responses, I request that you give accurate views/ opinions as accurately as possible

Your participation is critical to the success of the study. If you have any questions or clarifications before you proceed, please ask. It is your choice to choose to participate in the study. You are also free to stop at any stage of the study should you feel uncomfortable.

Do you consent to participate in the interview/questionnaire for the study?

Please circle yes No

I have been fully explained about this survey and understand its purpose and objectives. I understand the details and have been informed about the requirements and here by agree to participate in the study.

Signature of respondent..... Date.....

Signature of interviewer..... Date.....

If you have any questions regarding the study; please do not hesitate to call Joackim Baluku Kikenge at 0772395216, 0700982829, email: Kikenge;2008@yahoo.com.

Appendix III: Research Instruments

(A) Questionnaire/ interview

Dear respondent:

Joackim Baluku Kikenge, a Master of Arts counselling Candidate at Kampala International University is carrying out a research as part of the requirements for this award. Kindly spare some time from your busy schedule and fill in this questionnaire as accurately as possible. Although there are no correct or incorrect responses/ answers, I expect that you give your accurate views/ opinions. Your participation is very critical to the success of the study.

You were picked by sampling procedures and please be assured that your responses are completely anonymous. All information provided in here will be treated with strict privacy and confidentiality, and the findings are for academic purposes only. However, you are free to choose to participate in this study or not.

Thank you

Instructions

1. Do not write your name anywhere on this questionnaire.
2. Tick the number of your choice and fill in the blank spaces

Questionnaire

Section A- Respondents Identification and Personal Data

Respondents' county	Bwamba	1
	Bughendera	2
Is your home area rural, urban or semi urban	Urban-town council	1
	Trading centre	2
	Rural (i.e. village	3
Sex	Male	1
	Female	2
Age (indicate in complete years)		
Religion	Catholic	1
	Protestant	2
	Moslem	3
	Other	4
Marital status	Married	1
	Not married	2
What is the total number of years you have spent in marriage	(indicate in complete years)	
Are you a certificate, Diploma/ Degree or Graduate holder	Postgraduate	1
	Degree	2
	Diploma	3
	Certificate	4
	Other	5
Main occupation	Paid employment	1
	Peasant	2
	Other	3

Section B- HIV/AIDS Awareness and Knowledge

Have you ever seen or been exposed to any HIV/AIDS materials?	Yes 1 No 2
If yes, which type of materials have you been exposed to in the last 12 months (circle all that apply	Videos/ films 1 Print materials 2 Print Newspapers 3 Print-Magazines 4 Print-pamphlets 5 Internet 6 Others 7
Do you know of any radio programme on HIV/AIDS?	Yes 1 No 2
If yes, on what radio and what day and time is that programme Indicate, radio day and time	
Do you usually tune in to that programme?	Yes 1 No 2
Do you think it has appropriately targeted married people	Yes 1 No 2
If no why and if yes why (indicate reasons)	
Has the sexual behaviour of married people in this area been changed because of the programme?	Yes 1 No 2
Indicate the main ways through which HIV is transmitted (Tick all that apply)	Unprotected sexual intercourse 1 Sharing skin piercing instruments 2 Mother to child 3 Blood related/transfusion 4

	Shaking hands with infected person 5 Kissing 6 Non vaginal sexual intercourse 7 Do not know any 8
Many people think in different ways about HIV/AIDS. Please indicate whether you agree or disagree about these statements	
It is possible for a healthy looking person to have the virus that causes HIV/ AIDS	Yes 1 No 2 Do not know 3
One can get HIV/ AIDS by sharing food, utensils or clothes with a person who have HIV/ AIDS	Yes 1 No 2 Do not know 3
One can get AIDS by being bitten by a mosquito	Yes 1 No 2 Do not know 3
Abstaining from sex is a realistic way of avoiding HIV	Yes 1 No 2 Do not know 3
One can get HIV/ AIDS by being bewitched	Yes 1 No 2 Do not know 3

Genital sores greatly increase chances of getting HIV infection	Yes 1 No 2 Do not know 3
From the following list of options, indicate the ways most applicable to you in protecting yourself from getting HIV (Multiple responses allowed but do not exceed 3)	Abstain from sex 1 Always use Condoms 2 Limit sex to few partners/ stay faithful 3 Avoid sex with prostitutes 4 Avoid homosexuality or drug use 5 Avoid Blood Transfusions 6 Avoid Injections 7 Avoid Kissing and Mosquito bites 8 Ask spouse or partner to get tested 9 Circumcision (self or partner) 10 Other 11 None of these 12
Have you heard of any drugs that can cure HIV?	Yes 1 No 2
Have you heard of any drugs that can prolong the life of a person with HIV/ AIDS?	Yes 1 No 2
What drugs do you know? (Circle all that apply)	Anti-Retroviral drugs 1 Herbal drugs 2 That treat opportunistic

	infections 3 Nutritional supplements 4 Traditional medicine 5 Alternative therapies like Yoga 6 Do not know 7
How long should a person with HIV/AIDS, who has started on ARVs, take the ARVs?	Less than one year 1 One to two years 2 More than two years 3 For Life 4 Do not know 5
If a person has HIV/AIDS, does his/her sexual partner have the HIV always, almost always or sometimes?	Always 1 Almost always 2 Some times 3 Likely but not commonly 4 Rarely 5
If a pregnant woman or mother has HIV, in which stages can the virus be transmitted to the child (Indicate all you know of)	During pregnancy 1 During delivery 2 Breast feeding 3 None of the three 4 Do not know 5
Are there drugs that can be given to a mother with HIV to reduce the chances of infecting the baby?	Yes 1 No 2 Do not know 3

Section C - Sexual Behaviour and Perceptions

Please be reminded that the information you give will be kept secrete and information will be analyzed anonymously. Be as honest and open as possible because the study wants a correct estimate of the occurrences of these behaviours.

Relationships and Relationship Network

Have you had sexual intercourse outside marriage	Yes 1 No 2
If yes, do you currently have a sexual partner outside marriage	Yes 1 No 2
If yes, how many sexual partners (indicate number)	Yes 1 No 2
Did you use condoms with these partners while having sexual intercourse?	Yes 1 No 2
If no, what reasons could you give for not using a condom?	Yes 1 No 2
Have you ever had a relationships in which your main intention was to obtain material gains or money from your sexual partner	Yes 1 No 2
What in your view would be other reasons for engaging in extra-marital sex	....
The last time you had sexual intercourse, with your married partner you were pressured into having sex, or you were pressured by your partner?	Yes 1 No 2
What was the source of pressure	Culture 1 Other 2
The last time you had sexual intercourse did you or your marital partner take some alcohol	Yes, I had had some alcohol I Yes, my partner had had

in the hours preceding the act	some alcohol 2 Yes, both of us had had some alcohol 3 No, none of us had had any alcohol 4 Do not remember/ do not know 5
The last time you had sexual intercourse outside marriage, what was the relationship with the person with whom you had sex	Cohabiting partner 1 Boy/girl friend not living with casual friend 2 commercial sex worker 3
Do you know the age of this man or woman	Yes 1 No 2
If yes, how old is the man or woman with whom you had this intercourse	Indicate in complete years
If you do not know your partner's age, do you think he or she is at least 10 years older or younger than you?	Yes 1 No 2 Do not recall/do not know 3
For what cultural beliefs or reasons would make you engage in sexual intercourse outside marriage	Indicate reasons briefly

Section D- HIV/AIDS and Cultural Beliefs

Do you think a person is justified in using some level of force to get their marital partner to have sex with them at any stage in their relationship	Yes, for sure 1 Yes, it depends on the situation 2 No/ not for any reason 3
Do you feel that married people should use condoms when the other partner is HIV/AIDS	Yes 1 No 2
Do you think a man is obliged to have sexual intercourse with his partner without restraint?	Yes 1 No 2
Do you think your cultural beliefs, norms or practices expose some married members to HIV/AIDS infection?	Yes 1 No 2
Under what circumstances (elaborate briefly)	

Thank you

(B) Focus Group Discussion Questionnaire

Interview guide

HIV/STIs

1. What are HIV/STIs?
2. How is HIV spread from one person to another?
3. How can married people contract HIV?
4. What are some of the local beliefs about HIV
5. How can married people avoid HIV?

Access to HIV/AIDS, I.E.C

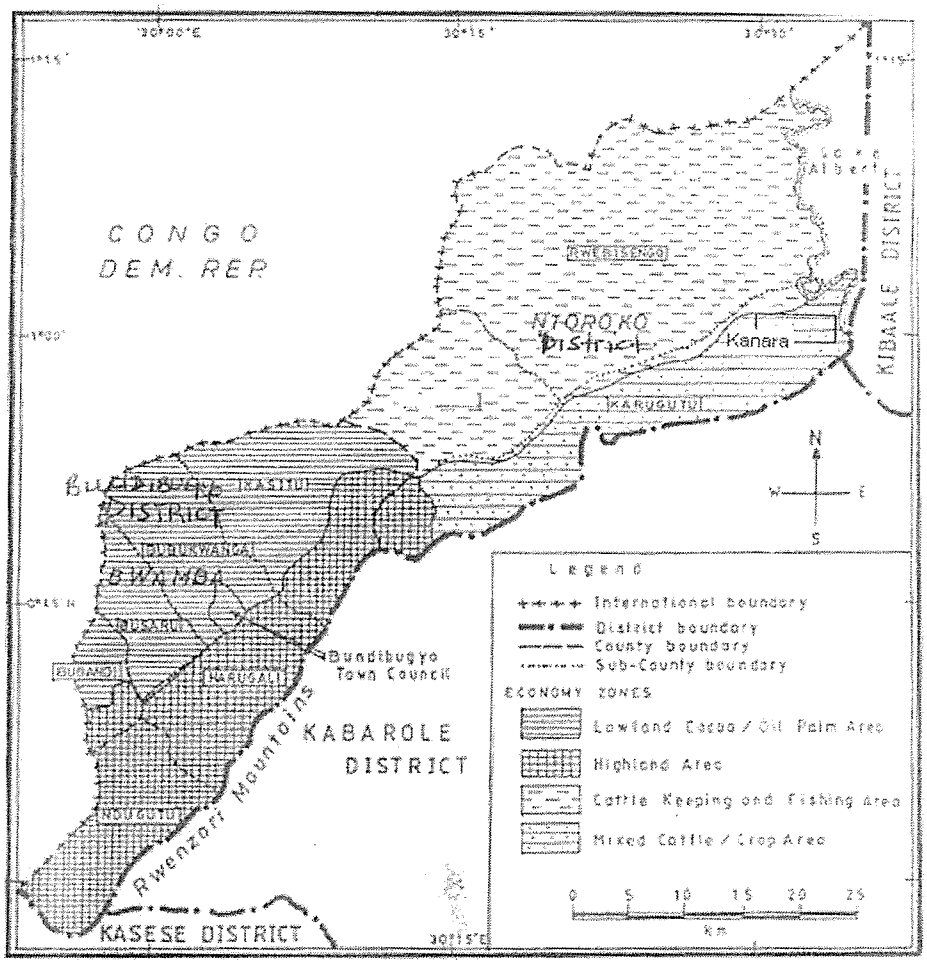
1. Where do you get information about I.E.C?
2. How often do you get access to Newspapers, straight Talk, Magazines, Songs, Drama and Dance on HIV/AIDS?
3. How often do you listen to radios?
4. Do you think married people are benefiting from HIV IEC?
5. How?

Alcoholism/ Drug abuse and cultural beliefs.

1. Do married people in your area take alcohol?
2. What are the likely dangers associated with drug abuse
3. Are there any cultural beliefs related to sex in marriage and HIV/AIDS in this community?

Thank you for your time

Appendix IV: Map of the Study Area



Source: Adapted and modified from Bundibugyo District Local Government DDP 2010 / 2011- 2013

Appendix V: Researcher's Curriculum Vitae

Personal Data

Name : Joackim Baluku Kikenge

Address : P.O Box 118
Bundibugyo

Tel : 0772-3952 16 / 0772- 362634

Email : kikengej2008@yahoo.com

Educational Background

August 2009 Master or Arts in Counseling Psychology Candidate
with HIV / AIDS specialization
Kampala International University
Kampala, Uganda

Sept 2001– April 2004 Bachelor of Arts in Social Sciences
Makerere University
Kampala, Uganda

1995 – 1997 Diploma in Education - Secondary
National Teacher's College – Nkozi
Mitamaria Campus

1993- Nov 1995 Uganda Advanced Certificate of Education
Rwenzori High School, Kasese

1989- Nov 1992 Uganda Certificate of Education
Rwenzori High School, Kasese

1982 – 1988 Primary Leaving Examinations
Bugoye Primary School, Kasese

Other Training

Jan 2009 Postgraduate Certificate in Research Methods and Writing Skills

Centre for Basic Research (CBR)
Kampala, Uganda

2009 Certificate in Employability Skills Federation of Uganda Employers (FUE)
Kampala, Uganda

2006 Certificate in Law
Law Development Centre
Kampala, Uganda

2004 Certificate in Computer Applications,
Institute of Computer Science and Information Technology
Makerere University

Work Experience

2005 – 2009 Ag Deputy Headteacher fulltime position,Burambagira ss

Duties

- Supervised staff of twenty
- Handled all student and staff complaints
- Coordinated works of staff and student committees
- Coordinated works of staff and student committees

- Conducted meetings, and secretary to Board of Governors
- Conducted classroom lessons

Dec 1999 – 2001 Assistant Education Officer, Burambagira S.S

Duties

- Conducted classroom lessons
- Responsible for students discipline

Membership

Uganda Counseling Association (U.C.A)

Uganda Red Cross (Life Member)

Blood Donor

Wildlife Clubs of Uganda

Referees

Dr. Kennedy Imbuki

Head of Department, Guidance and Counseling

Kampala International University

Tel: 0794-644782

Hon. William Musabe Nzoghu

'ember of Parliament

songora North Constituency

ese District

0772-306302