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CULTURE AND PREVENTION OF HIV/AIDS IN BULERA SUB-COUNTY MITYANA DISTRICT

BUWEMBO HASSIMO

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A RESEARCH REPORT PRESENTED TO THE COLLEGE OF EDUCATION, OPEN DISTANCE AND e- LEARNING IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF A BACHELOR OF ARTS WITH EDUCATION OF KAMPALA INTERNATIONAL UNIVERSITY

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DECLARATION

I, the undersigned, hereby declare that this research report is my own original work as in partial fulfillment of the requirement for the award of a bachelor's degree in Arts with Education and that it has not previously been submitted to any University for the award of a degree.

Signature ..... 04th/03/2019..

BUWEMBO HASSIMO

APPROVAL

This research report on "culture and HIV/AIDS prevention" was carried out in Bulera sub county Mityana district has been supervised by me and is ready for submission to the college of education ,open , distance and e-learning.

Signature---------- Date 06/03/19

LAAKI SAMSON

SUPERVISOR

DEDICATION

I dedicate my work to my parents Mr. Kabuye Sulaiti and Mrs. Najjinda Aisha, my siblings Kayiza Twaha, Mayengo Musisi, Nsanja Ismail and Nagawa Allen. I would like to dedicate this piece of work to all my friends who include Kasule Farhad and Peter.

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TABLE CONTENT

LIST OF TABLES

LIST OF FIGURES

ABSTRACT

This Research Report on "Culture and HIV/AIDS PREVENTION" was carried out in Bulera sub county Mityana district. The objectives of the study included Assessing the spread of HIV/AIDS and its impact in a cultural perspective determining how and to what extent culture has featured to be the major source of consideration in the prevention of HIV/AIDS and to examine the role of local leaders in the prevention of HIV/AIDS in Bulera sub county Mityana district

The methodology of the study was a cross-sectional descriptive study which was more of qualitative in its methods of data collection. The study was more of qualitative because it studied in depth the relationship between cultural practices and the prevention of HIV/AIDS in Bulera sub county Mityana district . In view of the target population, the sample size was 75 respondents taken from five selected Parishes. In Conclusion culture has negatively affected the social dimension of HIV/AIDS victims in Bulera sub county Mityana district

Some of the recommendations of the study was that there is need to bridge the gap between culture and HIV/AIDS. This can be achieved by having the parents, teachers and other caregivers supervised on the methods of handling tradition and cultural practices in Bulera sub county Mityana district . The NGO's and CBOs in collaboration with the government should continue taking care of the affected and infected families as a result of cultural practices. Traditional belief in witchcraft, inheritance of wives and husbands of whose spouses have died of HIV/AIDS be abandoned. The ABC formulae should be followed to avoid contracting HIV/AIDS disease. Stern rules and penalties should be given to all those who rape and defile children, and also those who practice child labour to avoid anti social behavior. There have been poor traditional and cultural practices which have enhanced poor social development children. These include FGM which cause HIV/AIDS infections. The worst is inheriting of wives and husbands whose spouses have died of HIV/AIDS, the witchcraft beliefs and unprotected sexual relationship all needs to be abandoned and banned.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

About 25 years ago, Uganda became the first country to acknowledge the presence of the devastating Human Immunodeficiency Virus (HIV) epidemic. Since then, over 2.5 million people in the country have died due to AIDS, and more than 120,000 people were infected with HIV in 2010. Currently, there are more than 1.2 million people living with HIV infection in the country. Nearly everyone has lost a close relative or friend to this devastating epidemic (MOH 2011).

In line with the national HIV surveillance system, the Ministry of Health, in collaboration with its Health Development Partners, conducted the 2011 Uganda AIDS Indicator Survey (UAIS 2011). The main aim of this nationwide survey was to obtain national and regional estimates of the prevalence of HIV and syphilis, their risk factors, the extent of programme coverage, and indicators of behavior, knowledge, and attitudes. The survey was conducted on a nationally representative sample of 11,340 households, including 12,153 women and 9,588 men age 15-59, as well as about 10,000 children age 0-4. The survey involved individual interviews and blood sample analysis. Overall, 7.3% of Ugandans age 15-49 are HIV-positive. HIV prevalence is higher among women (8.3%) than among men (6.1%). Ugandans living in urban areas are more likely to be HIV-positive than those living in rural areas 8.7% versus 7.0% (UAIS 2011)

The age-sex pattern of HIV/AIDS prevalence has remained unchanged. HIV/AIDS infection rates vary significantly with age and between the sexes, albeit in a predictable way. Characteristically, there are more females, sometimes 4 - 6 times more, infected at the younger Age (12 – 19). Prevalence rates among males steadily rise with age and are about equal to female rates in the 25 - 30 age groups and typically surpass female rates after 35 years. This pattern reflects the earlier age at sex debut for girls and in the later ages the fact that men tend to have more extensive sex networks through polygamy and extra marital relations which increase the risk of infection.

1.1. Background

UNAIDS estimated that there were 33.3 million people Globally living with HIV at the end of 2009 compared with 20.3 million in 2001. Sub Saharan Africa New infections were estimated to be 1.8 million as compared to 2.2 million people in 2001(UNAIDS Global report 2011). From the global estimates, 22.5 million people living with HIV/AIDS were from Sub-Saharan Africa. Although the annual number of new HIV infections has been steadily declining, this decrease is offset by the reduction in AIDS-related deaths due to the significant scale up of antiretroviral therapy over the past few years (UNAIDS global Report 2011).

The largest epidemics in sub-Saharan Africa—Ethiopia, Nigeria, South Africa, Zambia, and Zimbabwe—have either stabilized or are showing signs of decline. The estimated 1.3 million people who died of HIV related illnesses in sub-Saharan Africa in 2009 comprised 72% of the global total of 1.8 million deaths attributable to the epidemic. The vast majority of people newly infected with HIV in sub-Saharan Africa are infected during unprotected heterosexual intercourse (including paid sex) and onward transmission of HIV to newborns and breastfed babies. Having unprotected sex with multiple partners remains the greatest risk factor for HIV in this region.

Uganda has endured a severe HIV/AIDS epidemic for over a quarter of a century. Beginning in the late 1980s, a comprehensive and multi-sectoral national response was designed and implemented. Over the years, the national response led to declining trends in both HIV prevalence and incidence. This success story, however, followed a period of soaring HIV prevalence during the 1980 (MOH 2011). HIV prevalence peaked around 1992 and steadily declined. In the latter half of the 1990s, there were declines in both prevalence and incidence. However, according to available surveillance data, HIV prevalence stabilized from 2000-2007 in most parts of the country (MOH, 2009). In recent times, there has been increased support for HIV/AIDS control programmes by government and development partners.

A population-based, HIV serological survey conducted in 2004-05 established that 6 percent of adults age 15-49 and less than one percent of children under age 5 were HIV positive (MOH and ORC Macro, 2006). The prevalence of HIV in the country was

heterogeneous among groups, with women and urban residents disproportionately affected. In addition, there were marked geographical differences, with Kampala and the central and mid-northern parts of the country most affected. There were also variations in HIV prevalence by socioeconomic and socio-demographic characteristics. Estimates of HIV incidence obtained from mathematical modeling indicated that over 120,000 new infections occur annually (Hladik et al., 2007). Analysis of the trends in HIV prevalence and incidence in Uganda over the last 8 years suggests that the declines observed during the 1990s have leveled off. This appears to coincide with declines in protective sexual behaviour and increased risk-taking behaviour in the general population (Opio et al., 2007; Opio et al., 2008). Furthermore, analysis of factors associated with HIV incidence and prevalence indicates that HIV risk factors appear to have changed (MOH, 2007). The Mode of Transmission study shows that there is increased risk of HIV infection among married and cohabiting couples (Uganda AIDS Commission and UNAIDS, 2009).

Over the last 20 years, Uganda has piloted and implemented various HIV prevention, care, treatment, and support interventions (NPS 2011-2015). Currently, a National HIV Prevention Strategy (NPS) is being implemented. The NPS consists of a combination of structural, behavioural, and biological interventions stressing abstinence, being faithful, and condom use, referred to as 'ABC'. These interventions include the promotion of safe sexual behaviour through abstinence, mutual faithfulness among uninfected partners, and risk reduction through consistent condom use, especially with casual partners and partners of unknown or discordant HIV sero-status. Other interventions include prevention of mother-to-child transmission, promotion of safe medical circumcision, provision of treatment for sexually transmitted infections, promotion of knowledge of HIV status through counseling and testing programmes, and promotion of medical infection control through precautions such as safe blood transfusion and hygienic injections. Interventions for care and support include positive living through testing and counseling, home and facility-based HIV/AIDS care, treatment of opportunistic infections, co-trimoxazole prophylaxis, and antiretroviral therapy. Recent intervention efforts include increased focus on HIV-prevention among HIV-infected individuals (Bunnel, et al., 2008).

The HIV/AIDS challenge has received a lot of attention and its programs have benefitted from support and commitment from various sources. A recent inventory of HIV/AIDS-related activities in the country revealed that there were more than 1,000 on-going

projects addressing various facets of the problem. These projects are being undertaken at various levels: community, district and national. The key players include individual families, communities, local NGOs and International bilateral and international organizations (UAIS 2011).

The government policy on HIV/AIDS developed the National Operational Plan (NOP) to combat the epidemic. This plan (NOP) was based on a three-pronged strategy, namely: prevention of HIV transmission through sexual contact; prevention of mother-to-child transmission; and prevention of blood borne transmission The operationalization of these strategies was done through the following activities: information education and communication (IEC) and behavior change; STD/HIV Testing and Treatment; Blood-borne Transmission; Prevention of HIV through Mother to Child Transmission (MTCT).
It should be noted that each one of these activities recognized the cultural setting and was responsive to many of its tenets. Consequently, the national operational plan (NOP) was able to make the following achievements:
i) IEC and Behavior Change: A wide range of Health care providers were trained, Training manuals were developed, regular IEC campaigns were mounted through mass media, advice for the practice of abstinence before marriage, faithfulness during marriage and condom use especially during intercourse with non-regular partners.
ii) STD/HIV Testing and Treatment: Coordinating the efforts of agencies such as Delivery of Improved Services for Health (DISH), Programme for Enhancing Adolescent Reproductive Life
(PEARL) training of service providers, such as Traditional Birth Attendants (TBAs), the STI project in the Ministry of Health, etc.

(iii) Blood Borne Transmission: The Uganda Blood Transfusion Services has reduced blood borne transmission by:

Continuing to recruit low risk blood donors; Screening blood for HIV and hepatitis virus infection;
Store, distribute and supervise utilization of safe blood to hospitals; and Sensitizing blood donors, medical workers and the public on the dangers of Excessive use of good transfusion; and sharing of non-sterile skin piercing instruments with another person.

(iv) Mother-to-Child: Considerable biomedical research has been undertaken and drug trials like Zidovudine (AZT) have been used. This is being spearheaded by UNICEF, UNAIDS and the Ministry of Health.

Culture, by definition, is a complex set of distinctive spiritual, material, intellectual and emotional features that characterize and define a society or social group. In addition to arts and letters, it encompasses ways of life, the fundamental rights of the person, value system, traditions and beliefs Culture encompasses two essential elements:

(i) The **Cultural** Component of HIV/AIDS Transmission and Prevention is not the possession or accomplishment of an individual, but defines a way of being together with others; it is essentially social

(ii) It is not made up of a given range of activities, but consists of all and only those activities through which a society defines and identifies itself (UNESCO, 1997:30).

From this definition, it would therefore follow that a cultural approach to HIV/AIDS epidemic is one in which all activities undertaken as a society pertaining to prevention; treatment and care are identified for their contributions in containing the scourge. This view is consistent with a Declaration of Mexico on Cultural Policies: Preamble World Conference on Cultural Policies, Mexico, 1982. Perspective which views culture to be a focal point where a society meets in order to think about itself and determine collectively what sort of society it is and wants to be: (UNESCO 1997:31).

In the context of this study, culture, is manifested in values, norms, beliefs and practices and is a major contributor to the health - status of a population. These can be positive or negative. Anthropological examples of negative values include infanticide and the preferential treatment of sons. Equally, certain beliefs determine for what diseases to seek health-care and in what form.

A number of studies show that traditional practices such as widow inheritance, polygamy and wife sharing are factors of etiologic significance in HIV transmission. Irresponsible sexual behavior and alcohol consumption during funeral rites and other traditional

ceremonies are a common manes contributing to high risk to the spread of HIV. Upon these numerous factors, has therefore, culture become the focal point for the researcher's interest to further examine culture and the prevention of HIV/AIDS.

1.2. The problem statement

The major mode of HIV infection in Uganda is heterosexual transmission, accounting for about 80% of the cases (Uganda AIDS Indicator survey 2011). Sexual practices, within the family institution as well as outside the family have a lot to do with the culture of society and its traditions. Heterosexual behavior forms a major component of the problem. However the role of traditional culture and its impact on a rapidly changing society have not been well studied and documented in Uganda.

AIDS epidemic in Uganda is significantly depleting the most productive human resources, particularly those in the 13 - 40 age groups. In this age-group, the young women 13 - 20 years and young men of 16 - 35 years are particularly vulnerable. In Bulera sub county Mityana district these same groups are at the centre of a dynamic culture, and their behavior is constantly responding to new sets of norms, values and beliefs. From this point of view, is where the researcher developed a need to study the relationship between culture and the spread of HIV/AIDS in to ascertain the major drivers of HIV/AIDS in Bulera sub county Mityana district.

1.3. The purpose of the study

The purpose of the study was to attempt to fill the apparent gaps that have led to the spread of HIV/AIDS and its impact in a cultural perspective in Bulera sub-county, to determine how and to what extent culture, featured to be the major source of consideration in the spread of HIV/AIDS and to provide the in-depth information on the role of local community leaders regarding the prevention of HIV/AIDS in Bulera sub-county.

1.4. The research objectives

The main objectives of the study were to;

a) Assess the spread of HIV/AIDS and its impact in a cultural perspective in Bulera sub-county.

b) To determine how and to what extent culture, featured to be the major source of consideration in the prevention of HIV/AIDS in Bulera sub-county.
c) To examine the role of local leaders in the prevention of HIV/AIDS in Bulera sub-county.

1.5. Research questions

a) What is the relationship between culture and the spread of HIV/AIDS in Bulera sub-county?
b) To what extent can culture be taken to be the major source of consideration in the prevention of HIV/AIDS in Bulera sub-county?
c) What is the role of Cultural leaders in the prevention of HIV/AIDS in Bulera sub-county?

1.6. The scope of the study

1.6.0 Content scope

The study centered on the culture and prevention of HIV/AIDS in Bulera Sub County in Butaleja District.

1.6.1 Geographical scope

The study basically focused its concentration within Bulera -Sub County in Mityana District which is located at the central part of District with the aim of ascertaining the relationship between cultural practices and their impact in the spread of HIV/AIDS and what mechanisms were to be reached to control the scourge from further impacting the community negatively.

1.6.2 The time scope

The study took eight months from the time of its commencement.

1.7. The significance of the study

The study was very important because, it will contribute a lot in identifying and bridging the gaps created by culture that turns to be a threat to the youth, unmarried, widows and the sexually active age within Bulera sub-county in as far as HIV/AIDS is concerned. For it will contribute in making the local community get aware of widow inheritance,

testing blood before inheriting the widow, marrying after testing, avoid parents negotiations for the marriage of their children. The study will also contribute to local NGO's that are engaged in helping the community to deal with their traditions as well as improving on their strategic technical preventive interventions. Also to help the locals understand how crucial they should deal with some of their cultural norms in the prevention of HIV/AIDS which has contributed a lot to the spread of HIV/AIDS in Bulera sub-county.

CHAPTER TWO

REVIEW OF LITERATURE

2.0 Introduction

This chapter is meant to identify previous research on the problem of HIV/AIDS epidemic in Uganda. It focuses on the traditional knowledge and practices of the cultures in Uganda and their impact on the epidemic.

2.1The theoretical framework

Cultural Theory asserts that structures of social organization endow individuals with perceptions that reinforce those structures in competition against alternative ones. Cultural Theory has given rise to a diverse set of research programs that span multiple social science disciplines M. Douglas & A. Wildaysky (1965). Cultural Theory plays an indispensable role in promoting certain social structures, both by imbuing a society's members with aversions to subversive behavior and by focusing resentment and blame on those who defy such institutions Mary Douglas (1984).

Douglas maintained that cultural ways of life and affiliated outlooks can be characterized (within and across all societies at all times) along two dimensions, which she called "group" and "grid". A "high group" way of life exhibits a high degree of collective control, whereas a "low group" one exhibits a much lower one and these makes some of the members within the cultural setting vulnerable to HIV/AIDS threat since they cannot have power to challenge the existing cultural structures, norms, beliefs and practices.

Douglas and Wildavsky criticized this position in Risk and Culture, arguing that it ignores the role of cultural ways of life in determining what states of affairs individuals see as worthy of taking risks to attain. The second prominent theory, which is grounded in social psychology and behavioral economics, asserts that individuals' risk perceptions are pervasively shaped, and often distorted by heuristics and biases. Douglas maintained that this "psychometric" approach naively attempted to "depoliticize" risk conflicts by

attributing to cognitive influences beliefs that reflect individuals' commitments to competing cultural structures.

2.3 Conceptual context of the problem

In Uganda, the problem of HIV/AIDS is still a challenging task. Since over 2.5 million people in the country have died due to AIDS, and more than 120,000 people were infected with HIV in 2010. Currently, there are more than 1.2 million people living with HIV infection in the country. Nearly everyone has lost a close relative or friend to this devastating epidemic (MOH 2011). Available information on the magnitude of the AIDS epidemic in the country indicates that it is significantly depleting the most productive human resources; be it the technically skilled people trained at considerable cost or the physically healthy peasantry who are critical to the productivity of a predominantly agricultural economy. The age group 15 - 40 is greatly affected (UNAIS 2011).

The epidemic is contributing to the increase in the orphan population, with 50% of the 1,197,000 orphans in Uganda estimated to be linked to AIDS. This huge figure of orphans has a serious impact on the socio-economic life of society as the phenomenon of orphan hood creates many forms of behaviors which are not necessarily consistent with the traditional ways of living. One such behavior is the reduced coping mechanism of the family to cater for the orphans. Indeed the poverty condition in the family appears to be a serious push-factor in forcing the orphans to flee the family environment and to live on the street. Studies have indicated that many of these orphans have unresolved psychological and emotional problems and there is little society is doing to provide the needed emotional support.

2.3. Vulnerability of Women to HIV Transmission

Studies on sexuality in different cultures of Uganda show that women are particularly more vulnerable to contracting HIV and other STDs, relative to men. A number of factors have been identified.

2.3.1 Physiological Vulnerability

Vulnerability of Women to HIV Transmission; Scientific evidence has shown that women's risk of HIV infection from unprotected sex is at least twice that of men (WHO, 1995).

Semen which has high concentrations of virus remains in the vaginal canal for a relatively longer time. Women are more exposed through the extensive surface area of mucous membrane in the vagina and on the cervix through which the virus may pass. In men, the equivalent area is much smaller, mainly the entrance of the urethra and in uncircumcised men, the delicate skin under the foreskin.

Young women are at greater risk than mature women. A teenager's vagina is not as well lined with protective cells as that of a mature woman. Her cervix may be easily eroded potentially enhancing risk of HIV/infection. The practice of forcing the girl-child into marriages sometimes at an early age of about 12 years is not only traumatic but also physiologically devastating.

2.3.2 Age at marriage

Age is cited in literature as a major variable in HIV transmission. In the West of Uganda, among the Bakiga, girls are thought to be ready for marriage at puberty or even before (Yeld, 1973). In the North, Lugbara girls often get married at age of 13 - 14 (Middleton, 1973) Among the Bakiga (Western Uganda), the older sons can bathe with their mother i.e. have sex with young wives of their elderly father as long as she is not the biological mother (Moodie et al, 1991).). In the East, Iteso girls marry at 14 - 15 and boys at 23 - 25 years. At this early age at which girls marry, their bodies are not yet fully developed. (WHO, 1997). Young girls marrying old men may end up seeking sexual satisfaction and reproductive fertility elsewhere. This is not very much different from the people of Bulera in Mityana.

2.3.3. Polygamy

While all marriages in Uganda start off by a man having a single wife, men enter into polygamous relationships for various reasons. These include failure of the first wife to have children (Ankole - Mushanga 1973), Ntozi 1986, Bunyoro-Beathie 1973). Polygamous marriages were also a result of poor marital relationships, conflicts or when the wife was old, weak and unable to work effectively in the agricultural gardens or in milk products (Ntozi and Kabera 1991; Omongole 1983). In some cases, polygamy was a result of improved wealth economic status (Bond and Vincent, 1991; Kyewalyanga, 1976,

Arya et al 1973). Studies show that there are relatively fewer formal polygamous marriages among the Baganda (Central region) partly due to the influence of education, religion (Christianity) and cash economy.

Informal polygamy also exists, in varying degrees, across Ugandan society. This is a marital practice where a man may have multiple sexual partners. The practice is more common in townswhere outside wives are more stable than girl friends, but mean less financial commitment than full marriage (Larson, 1983). Olowo-Freers and Barton (1992:8) estimate the majority of men in the Central region (Buganda) maintain one or more extra marital lovers in long term relationships which are like concubines (Kisekka, 1973).

2.3.4. Wife-sharing:

Traditionally, a new wife among the Bahima (Nkore) was considered an addition to the family and the clan. The father of the bridegroom had a right to test where his cows have gone by having the first sexual access to the new bride (Oberg, 1938; Elam, 1974). Among the Bakiga, on many occasions a family pooled its resources to raise the bride wealth capital for obtaining a wife to one of the brothers. Sexual accessibility to the bridegroom was acceptable to the groom's father as well as his other sons. One of the outcomes was ensuring fertility even if the groom was sterile (Yeld 1973); Kubahire, 1981)

2.3.5. Marital Instability

In Ankole, divorce is reported to be rare as elders discourage it and actively try to keep marriages together (Ntozi and Kabera 1991, Elam 1973). Women who are divorced are usually remarried (Ntozi et al, 1991). Among the Bakiga marital instability and broken homes are common, currently due to the fear of contracting HIV (Van der Meeren, 1990). A woman in Kigezi who is married but leaves her marital home in distress will be forced to return to her husband. Nothing is done, however, to a man who brings in an extra woman (Brown, 1988).

Among the Baganda, divorce and marital separation are common. There is some prestige attached to formal marriage and girls are considered to owe their parents at least one such marriage. Many people, however, consider ending a marital union which is no longer satisfactory as one of their more sensible customs (Mandeville, 1975) Baganda women easily desert men if they are dissatisfied in a relationship, even marriage; reasons include discord, neglect, or maltreatment (Southall, 1960; Mandeville, 1975; Obbo, 1991). Infertility and impotence are also complaints that can lead to marital discord and separation in Buganda (Southwold, 1973). The separations for any of these reasons are frequent enough to be a common cause of single-headed households in the region (Bennett, Saxton, and Junod, 1968). One problem for the unattached Muganda woman is a tendency among local men to expect that she is sexually available and for women in the area to label her (sexually loose (Kisekka, 1973).

2.3.6. Widow Inheritance

Upon the death of a husband in many parts of Uganda, a woman is inherited by one of the dead man's relatives, usually a brother or an older son by another wife, for example: Acholi (Kisekka 1989), Ankole (Ntozi and Kabera, 1991), Basoga (Kisekka, 1989), Iteso, Kisekka, 1989). There is an increasing trend however that a widow makes a choice of the inheriting partner e.g. Bakiga (Kubahire, 1981), Lango (Kisekka, 1989) Japadhola (Kisekka, 1989).

2.3.7. Extramarital sex by Women

Overall, throughout most of Uganda, wives are expected to be faithful to their husbands, although the same rule does not generally apply to men. A man who sticks only to his wife may be chided by his peers for lack of sexual prowess. Traditionally, though, adultery used to be severely punished among many tribes for both men and women. However, among the Bahima, adultery was forbidden to women but not for men (Oberg, 1940). In Buganda, social norms expected married women to refrain from going outside the marriage for sex (Kisekka, 1973; McGrath et al, 1990). If they did, however, the extramarital partners were expected to provide some material assistance (McGrath et al, 1990). It has also been noted that Baganda women would sometimes have affairs if the

husband was a polygamist or migratory worker gone for long times; women explained that this was done to avoid sexual deprivation (Kisekka, 1989).

2.4.8. Extramarital sex by Men

Men are more likely than women to have outside relations; up to 80% of rural women say their husbands have multiple partners (Forster, 1989). There are certain limits and variations to such activity, e.g. a Munyankole man is not supposed to have any extramarital sex when building a house, sowing some crops, or when preparing a brew (Mushanga, 1973). Moreover, his wife will begin to suspect him of outside activity if he goes for one week without demanding sex (Kisekka, 1989). During pregnancy, however, both partners were expected to abstain from outside sex (Mushanga, 1973).

In Buganda, extramarital relations are considered normal for men; a man having no outside sex may be teased about having little or no strength (Kisekka, 1973). Even adolescent school children expect that married men will have extramarital sex while married women will not do so (Kisekka, 1976).

2.4. Predisposing factors

2.4.1. Alcohol

Alcohol has several adverse effects. First, it is a pull factor for customers both men and women, who converge to the drinking places for a drink. After drinking, impairs judgement and loss of control among individuals and sexual relationships may result. Secondly, those drinking places are breeding points for multiple partner sexual relationships and even commercial sex has been closely associated with the development of the alcohol trade. Thirdly, Van der Meeren (1990) describes a relatively common pattern of HIV -positive young Bakiga men drinking and then sexually seducing or assaulting young girls.

Among the Baganda, drinking is more common among men than women, and selling alcohol is more commonly done by women (Seeley, Malamba, et al, 1992). Drinking in this area is especially noticeable at weddings, which are preceded by all night-parties, "akasiki", and at last funeral rites, locally "okwabya olumbe", where love-making in small temporary huts "ensisira" has been frequently described (e.g. Ongom, Lwanga, et al,

1971; Bennett, Saxton, Mugalula-Mukibi, 1973; Olowo-Freers 1992) Sex with strangers in such ceremonies while drunk was one of the more commonly described rural occasions associated with transmission of STDs (Arya, Ongom, Tomusange, 1974).

2.4.2. Migration

Migration is another risk factor and it is precipitated by: pastoral practices, where herdsmen move seasonally with their cattle in search of good water and pasturage. Similarly men and women often migrate to urban areas for employment (Bennett, 1962). There are studies which show that women widowed by AIDS migrate to urban areas to avoid stigma or to seek economic survival. Cross border trade is another factor leading to HIV/STD infections when businessmen and women travel between countries and within countries selling or buying merchandise. By so doing, they indulge in sexual relations thereby causing a major risky group (Bond and Vincent, 1991). Traders and lorry drivers in the area had a history of multiple sexual contacts. Both men and women in trading centers along the major highways are particularly at risk for HIV/STD infections. (Serwadda et al, 1985; Bond and Vincent, 1991). Central and southern Uganda have also seen considerable numbers of migrant laborers from Tanzania, Rwanda, Burundi, and other parts of Uganda; other mobile population groups have included military, refugees, and teachers (Bond and Vincent, 1991; Seeley and Nabaitu, 1990).

2.4.3 Infertility

Infertility is known to trigger off sexual relations in search for children. Normally a woman is blamed for infertility and there are various explanations; for instance barrenness is linked with too much sex while still young (Bennett, 1965). In Buganda the commonest local explanation for barrenness is called "ekigalanga i.e. a condition that associates barrenness with aerophagia and loss of weight (Bennett, 1965).

As a result of these fears about infertility, there is a big demand for fertility and potency medicines and treatments. In Buganda (Southwold, 1973), Sometimes the desperate searches for a cure can be quite risky; among the infertility remedies carried out by some male healers specializing in treatment barrenness is having sex with their patients.

2.4.4. Sex for Pleasure

Evidence is available to show that there is a link between sex and enjoying it. (e.g. Kisekka, 1989; Moodie et al, 1991). Forster (1989) found that sex is regarded as a game 'playing sex' is the most common local expression for sexual coitus. The Baganda sexual norms are said to emphasize mutual pleasure, foreplay, high female sensuality, and active participation by both partners (Kisekka, 1991). Many cultures in Uganda consider more than one round penetrative vaginal sex per night is the desirable and usual practice (Kisekka, 1989). Female gential modification through labial elongation has traditionally been carried out in the Central region as a means of promoting mutual pleasure (Kisekka, 1973; Kisekka, 1989).

2.4.5. Commercial sex

Commercial Sex (or prostitution) is used as a generic term to imply sale of sex for cash. However, the term is used for other persons usually women who may be known to engage in multiple sexual relationships even if such relationships are not for cash gains. In Ankole, for instance, a prostitute is a woman who has sex outside marriage, sells local brew, or engages in sex for gain or favours (Kisekka, 1989). It can also be used as an indication of stigma or disapproval. For example, adolescent girls may be called 'prostitutes' by older women criticizing them for wanting more than one partner. (Seeley, et al 1991).

Forster (1989) distinguishes between some of the concepts of prostitution and argues that the Baganda and Bakiga women indulge in occasional sex for exchange or receiving gifts from stable partner. However Bennett (1962) found four classes of urban prostitutes in Kampala; the Bahaya who sold sex from single rooms in certain slums areas; barmaids, a well-dressed and educated upper class prostitutes; and homosexual males who mostly catered for European clients.

2.4.6. Ritual Sex

Sex is a very intense experience; as such, it can often be linked with other important events as a way of giving those events extra meaning in people s lives. Among the Ankole in the West, there are at least 33 special occasions which are supposed to be associated with ritual sexual acts between husband and wife; these include harvesting time, building a new house, and birth of children. (Ntozi, 1990; Ntozi, Kabera, Mukiza-

Gapere , et al, 1991). In Bunyoro, ritual acts to symbolize sex, and sometimes actual sex, are used to 'leave the deathl after a period of mourning, these acts are required of the widow and sometimes other male relatives and are supposed to be carried out with strangers (Beattie, 1973). Ritual sexual acts are also part of the initiation activities in the Mbandwa healing cult of the Banyoro (Beattie, 1957). During the initiation ritual, the gods are said to get quite stirred up and the initiate is in considerable ritual danger (mahano).

In Buganda, on a wedding night the girl's paternal aunt (Ssenga) was required to be present to explain, and sometimes to demonstrate sexually, proper sexual activity to the new bride (Kisekka, 1973; McGrath 1990).

Sexual acts are sometimes required as part of the rituals surrounding death and widow inheritance. Among the Sebei, the legal heir has to have sex with the widow to clean out the ashes, erandet, three days after the death (Goldschmidt, 1973; Muhumuza and Tajjuba, 1990).

2.5 Sexual Violence

2.5.1. Rape

Violence against women, especially rape, is a major risk factor. Women (and sometimes men) are raped both within and outside marriages. Society does not always understand the problem of marital rape. Among the Karamojong, for example, rape is not considered to be a crime at all (Laughlin, 1973). In the North, abduction which often meant rape was said to be more common and important than adultery (Southall, 1970). The eastern Sebei frequently marry by elopement, which sometimes is actually rape (Muhumuza and Tajjuba, 1990).

In the central Buganda region, 22% of women said that they had been forced to have sex against their will at some point in their adult lives (Okongo, 1991).

2.5.2. Sex with teachers

Sexual coercion of female students by teachers is emerging as a major catastrophe and this more common in secondary schools and that is Male teachers running for the female students and in some cases female teachers running after their male students. This is

especially the result of the belief that these boys or girls are free of HIV/STDs (Onyango, 1991).

2.5.3. Child Abuse

Family based sexual abuse of young children is often denied and has very little scientific evidence. In part this is due to stigma and fear of being labeled which may have a life long impact. (Ndyakira (1992) argues that much of the intra-family incest is undetected or no legal action is taken for fear of being publicly exposed in court. In Kampala a 1991 study found that some had been forced to have sex as early as four years of age (Kaharuza, 1991) and a study in Kasangati uncovered evidence of rape among very young children, some as young as age two and three years (Ongom, et al, 1971).

2.6 Impact of HIV/AIDS on the family

The fact that AIDS kills the most productive age group 20 - 50 years, it follows that the disease depletes the most productive members of the family. In some of the cases these are the people who are expected to provide care services such as finance, food and housing. The impact of AIDS on the family is to rob the family of the income support and leave behind large number of dependents (children and the elderly) who become more vulnerable. Studies have been cited to show that people in high income groups are more likely to attract more prospective sexual partners and they will also likely to have more money than a person with low income to compensate sexual partners. Hence, the rich have tended to be more at risk than the poor (World Bank 1997: 207). Similarly, whereas it is expected that the educated will be more knowledgeable about HIV transmission, unfortunately they have ended up being more at risk of HIV infection given the possibility that the educated are also in high income groups.

Studies have also established that the death of a prime age adult is not only a tragedy to the household but it has a long term impact on the survivors in several ways. First, the psychological and emotional stress and trauma which the survivors have experienced, has largely remained unattended to. In the Ugandan context, there is evidence that in most of our communities, there are no psycho- treatment and counselling centres specifically established to address this need in the rural areas (Sengendo and Nambi, 1997).

Secondly, AIDS imposes very high medical costs prior to death as well as high costs for the funeral. In the Ugandan cultural context, the family must also find money to finance the funeral rites, which in most cases, cannot easily be afforded. All of these factors combine to make the impact of AIDS on the family to be devastating.

Thirdly, with the onset of the HIV/AIDS epidemic women's roles as caretakers and providers have had to be adapted drastically for personal and family support. It is the woman who will take care of a sick husband until he dies. A sick woman may be moved back to her natal home so that her old mother can take care of her. Sometimes, when a woman is sick, a sister or daughter will move to her home to take care of her. When a woman survives her husband who has died of AIDS she becomes fully responsible for her family. In some places she is shunned and will therefore move away to where people do not know her. She may even remarry in order to support herself and her children or she might exchange sex for money and other favours, especially if she has little education or occupational skills, (Van der Meeren, 1990).

Rural people often deny AIDS and associate illnesses to be a result of witchcraft. It is expected family and relatives will give care. However, in instances where AIDS is admitted, it is normally associated with promiscuity, it is therefore the person who infected the patient should give care. If it is the woman who has fallen sick, it is automatically assumed that it is the man who infected her and he should be the one to provide care and support. Similarly, if it is a man who is sick, the conclusion is that it is his wife who infected him and therefore should provide nursing care. If a patient is believed to have been involved in multiple sexual partners, the general belief is that he or she should afford the costs of medical care and treatment, (Ankrah, et al 1989: 116). The greater percentage of people anticipates that the family and relatives will provide the necessary physical care. In suggesting that the patient meets the financial costs of treatment, the people show awareness that some AIDS sufferers are not poor, to the contrary, included among the patients are businessmen and businesswomen, the educated professionals, civil servants and others with medium to high incomes.

CHAPTER THREE

METHODOLOGY

3.0. Introduction

This section therefore presents an overview of the strategy or describes the methods and techniques that were employed by the researcher during the process of data collection and analysis to elicit the data pertinent to the research questions. And these included the following; the research design which is the framework of the collection and analysis of data. Then study population, sample size and sampling process, data collection methods, instruments used for data collection, and limitation of the study.

3.1. Research design

The study was a cross-sectional descriptive study which was more of qualitative in its methods of data collection. The study was more of qualitative because it studied in depth the relationship between cultural practices and the prevention of HIV/AIDS in Bulera sub-county. The study on gender basis majored on local community leaders (L.C's 1, 11, and 111), teachers association youth leaders, women group leaders and local church leaders within Bulera sub-county. The study concentrated in studying the relationship between variables and developing generalizations and use of theories that had universal validity in the study problem. It also involved the events that had already taken place and related to the present conditions. A further descriptive survey was used to discover the casual relationship (descriptive correlations) and or differences.

3.2. Study population

The study selected the most popular and prominent traditional community leaders within the LC body, teachers, church leaders, youth and women leaders. The random selection was applied for the selection of respondents who were subjected to the study. For the study target was primary schools, youth leaders, church leaders and the LC's of the five parishes of Bulera sub-county. The total of the number of respondents who participated were 50 members of the study population but the researcher was interested of 25 respondents per strata within the five parishes of Bulera Sub-county. However, respondents were identified depending on their willingness and availability to take part in

the study process. The purpose of the big number of respondents was to enable the generation of enough raw data for proper analysis and generalization of the findings.

3.3. Sample size and Sample design

In view of the target population, the sample size was 75 respondents taken from five selected Parishes. The sample size was collected from a variety of individuals to ensure a varied and interesting sample. The criteria for sampling, within the parameters of potential participants who had given their consent to be interviewed or to participate in the research process, were agreed upon by the researcher within the respective Parishes. The researcher was gender sensitive in the sampling process, to ensure a balance of male and female participants across the age range within the selected Parishes.

3.4. Sampling techniques

The researcher used Simple random sampling. This was because the procedure gave each participant an equal chance to respondent regardless of the position held right from management to the rest of the members of staff. However, Gender sensitivity was of high consideration during the process of sampling for these was meant to contribute a lot in understanding the impact of traditional challenges in relation to the varied experiences encountered by different gender in relation to traditional rigid or reckless settings and operations.

3.5. Data Sources

This section explains the technical sources the researcher used to explore as in relation to the research problem. The primary data sources that the researcher concentrated on was the community leaders (LC's), teachers, church leaders, and association leaders during the research process. And the secondary data was generated from the already existing data sources e.g. organization reports, research reports, journals etc. The design and piloting of the interview guide using these sources together with the data collection methodology was an overview of the main characteristics of the likelihood of the research finding at the end.

3.5.0. Primary Data:

The primary data collection used survey questionnaires in collecting data from the respondents from specific Parishes chosen for study by the researcher according to the agreed developed protocol of research proceedings.

3.5.1. Secondary Data:

The secondary data concentrated basically on literature review in trying to understand the relationship between culture and the prevention of HIV/AIDS. Secondary data was generated from journals, academic research reports and magazines to help analyze the relationship between culture and HIV/AIDS prevalence.

A qualitative comparison of data was undertaken to understand to what extent culture influenced the prevalence rate of HIV/AIDS. Data comparison was to help answer the question of the relationship between culture and HIV/AIDS prevalence in Bulera sub-county.

3.6. Data collection instruments

In this section the data collection instruments the researcher will seek to employee to generate data will be the following instruments: survey questionnaires and interviews.

The study was conducted in-depth to have the analysis and review of the issues, which exist in Bulera Sub-county in regard to culture and its influence in the prevention of HIV/AIDS.

A literature review was conducted to identify the prevalent issues surrounding cultural norms and their effects in relation to culture and the prevention of HIV/AIDS in Bulera sub-county.

Interviews were carried out to understand the linkage between the initial data gathering process with regard to culture at the final description of the most problematic and fundamental issues that surrounded HIV/AIDS prevention.

Administering of the survey Questionnaire; the survey questionnaire was designed in a specific and explicit way as possible. The responses obtained from the first two stages were used in the creation of this survey. The survey instrument was designed to provide a descriptive view of culture and the prevention of HIV/AIDS. The content validity of the question items used in the survey were established in respect to the definitions and concepts as addressed by the theory as well as the carried out verification in chapter two.

3.7. Measurement of Variables

Different experts that took me through the research report writing workshop and my supervisor played a major role in helping me during my primary stages of writing my conceptual framework and as well as taking me through knowledge for variable testing contributed much in helping me in measuring my variables.

3.8. Validity and Reliability of research instruments

The semi-structured interview guide was developed and a pilot study was carried out in some organizations before the real study kicked off to help establish the validity and reliability of the research instruments. The questions were designed to take account of individuals' lived experiences and draw out how these experiences may have shaped and changed the way individuals thought about culture and the issues regarding HIV/AIDS prevention and its spread. The aim was not only to capture actual behaviors that have emerged from lived experiences, but also reflections on what had been learnt and how the experiences, perceptions and hope has been catered for within the community etc. The interview themes included:

- Learning, practices, challenges, patterns of interaction among others (both current and past).

- Evolving attitudes, values and behavior, Experiences, oppressed rights and interests.

3.9. Data process and analysis

The general plan of collecting data for the research is already in progress. I have approached all the relevant authorities both within the Schools and the sub-county's

authority to agree on principle to allow research commence as soon as they receive official request letter from Kampala International University Uganda.
The investigator did a prior survey of administration procedures at the study site and discussed with relevant authorities on how interviews and questionnaire procedures were to be deployed during the study. The process of data collection, organization, and analysis, writing up, and submitting the report took a period of six months.

Triangulation technique of analyzing data was used to analyze both qualitative and qualitative data. Methods such as interviews (questionnaire) which are qualitative were combined with surveys which were quantitative data. This was because the results from one method could help to inform another to provide insights into different levels of analysis. These methods helped in collecting adequate and reliable information that became of great help to the local community of Bulera Sub-county to avoid any delinquent behaviors influenced by cultural practices that lead to increased prevalence of HIV/AIDS in Bulera Sub-county.

3.10. Ethical Considerations.

A letter indicating the purpose of the research and specifying the kind of cooperation requested from participants (respondents) was written to serve as an introductory tool to the relevant local authorities before data collection resumed declaring the assuredness of respect, confidentiality and the clear benefit of the study to the participants and the society at large. The findings of the study were shared with the management of the participating organizations and the academic institutions after completion. This was of great help because it acted as an eye opener for most of the people within Bulera Sub-county to understand the importance of being conscious about the cultural practices and their impact to the entire community in Bulera sub-county and beyond.

3.11. Limitations of the study

As information in this study was obtained through reviewing the literature, survey questionnaires
and interviews from major stakeholders in the implementation of the study process. The fact was that many people were always suspicious of things that asked them about their personal secrets, somehow somewhere, there were some biases in some of the

stakeholder's responses and that was one among the encountered limitations during the study. It was quite difficult for some of the interviewed respondents to answer questions frankly scared that their names would be mentioned in the report and they may have problems with their community especially those one who were loyal to their traditions. Some information that the respondents regarded sensitive and contradictory to what is concerning the existing environment within the locality became a great challenge in data generation for example, traditional early marriage for Girl child

CHAPTER FOUR

PRESENTATION AND DISCUSSION OF STUDY FINDINGS

4.1. Introduction

In this chapter, the background of these two families will be dealt with. The observation reports on the social activities performed by the subjects to determine the degree of severity of HIV/AIDS all will be tabulated in the frequencies, bar graphs, pie charts and on linear graph.

Young children affected by HIV/AIDS are themselves highly vulnerable to HIV/AIDS infection. There risk for infection arises from the early outset of sexual activities, commercial sex and sex abuse. All this may be due to economic need, rape, child defilement or lack of parental supervision.

Children affected by HIV/AIDS are most likely to drop out of school or have poor school attendance. They sometimes tend to be unfriendly, lack parental love, are aggressive feel depressed and withdrawn. These effects occur in z number of overlapping and interdependence domains which include psycho-social, emotional deprival in poverty and social disorganization.

Lack of enough food reduced access to better health services, worsening conditions of illness and death of caregivers can lead children into poor and desperate hardship of social growth and development.

Such children who are affected or infected with HIV/AIDS and HIV/AIDS orphaned children are most likely to drop from attending school in order to avoid being stigmatized and ridiculed by peer and other playmates. The orphans are likely to have severe health and nutritional problems which make the subject vulnerable to many deficiency diseases for instance kwashiorkor, beriberi, and marasmus. Quick interventions to reduce the severity of the disease and its related effects need to be taken.

4.1 Family Background

He is aged 5 years. He is the second born in a family of two children. He was born of a single mother who used to be a bar maid at Bulera town before she was migrated in

urban-rural migration after known as "going-home-to-die". The mother of the boy and another one sister who was also single who worked in the same career at Jinja.

The boy's grandmother's family is an extended family with the highest academic level of education achievement of UCE.
The available land is very small due to financial instability. The subject is under the care of his maternal grandmother who is aged eighty two years. The subject has been sponsored by an NGO known as Home Care with learning materials and balanced foodstuff.

She is a girl aged six years. She is the fourth born in a family of four. The parents of the girl father and mother were business people before they died in 2004 and 2006 respectively. The subject together with her elder sister and two elder brothers are now cared by their maternal grandmother. "Home care," an NGO in Mityana has sponsored the subject with uniforms and balanced diet foodstuff.

4.2 How Stigmatization and Discrimination Affects the Social Development of HIV/AIDS Orphaned Children

According to the research, the results have shown that HIV/AIDS has led to severe suffering of many lives. Stigmatization and discrimination have caused far reaching effects to both the children and adults whose parents have been affected or infected by this epidemic disease.

The affected and orphaned children are often traumatized and suffer a variety of psychosocial reactions to parental illness and death. In addition, they endure exhaustion and stress from insecurity and stigmatization as it is assumed that they are too infected with HIV/AIDS or their parents have been disgraced by the virus.
Loss of home, dropping out of school, separation from siblings and friends, increased workload and social isolation has increased poor social development.

HIV/AIDS orphaned children lave poor social growth and development that following social skills as they are often stigmatized and discriminated by others;

i. Sharing skills shown during drawing, modeling and painting

ii. Self-esteem shown in drama presentation
iii. Cooperation shown during group activities
iv. Leadership shown during role playing
v. Turn taking skills shown during rope skipping, game playing.

Table 1 The checklist drawn below shows the performance f the two subjects on social skills

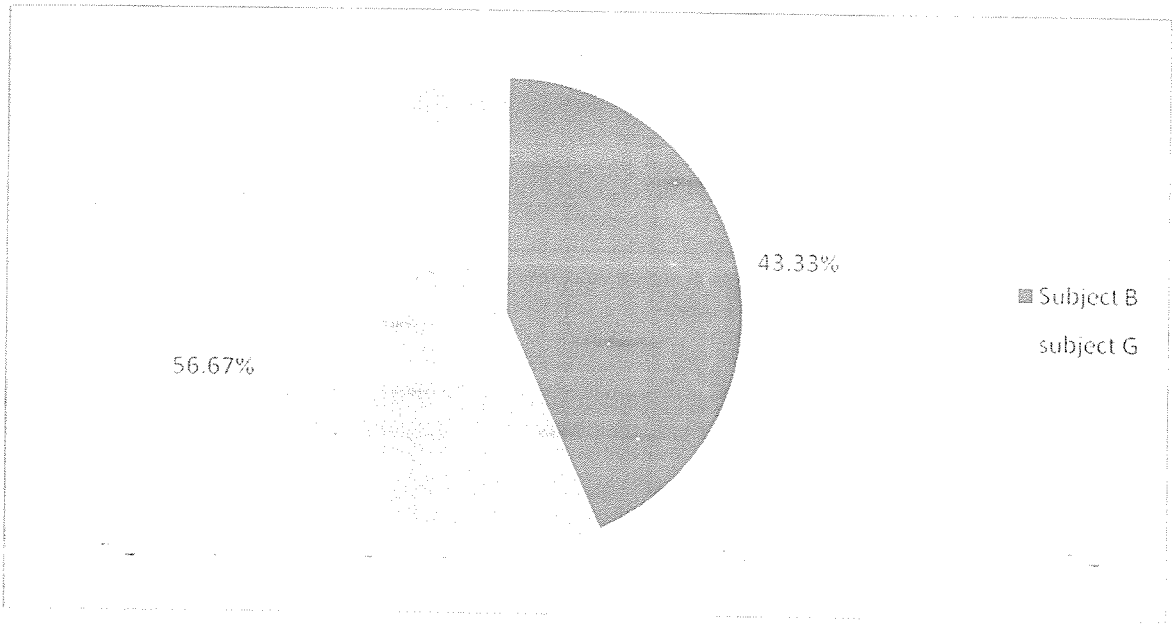
Social skill observed	Subject B		Subject G	
	Mark scored	Total mark	Mark scored	Total mark
Sharing	2	5	3	5
Turn taking	2	5	3	5
Leadership	2	5	3	5
Cooperation	2	5	2	5
Self-confidence	2	4	3	4
Making friends	2	3	1	3
Self esteem	1	3	2	3
Total marks	**13**	**30**	**17**	**30**
Percentage (%)	**43.33%**	**100**	**56.67%**	**100**

KEY: B – Boy = 43.33%

G – Girls = 56.67%

The data above for social skills was presented on the pie chart below;

Figure 1 Total percentage scored by each subject B and G.



The same data for social skill was presented on the bar graph below;

Figure 2 Social skill observed and mark scored by subject B

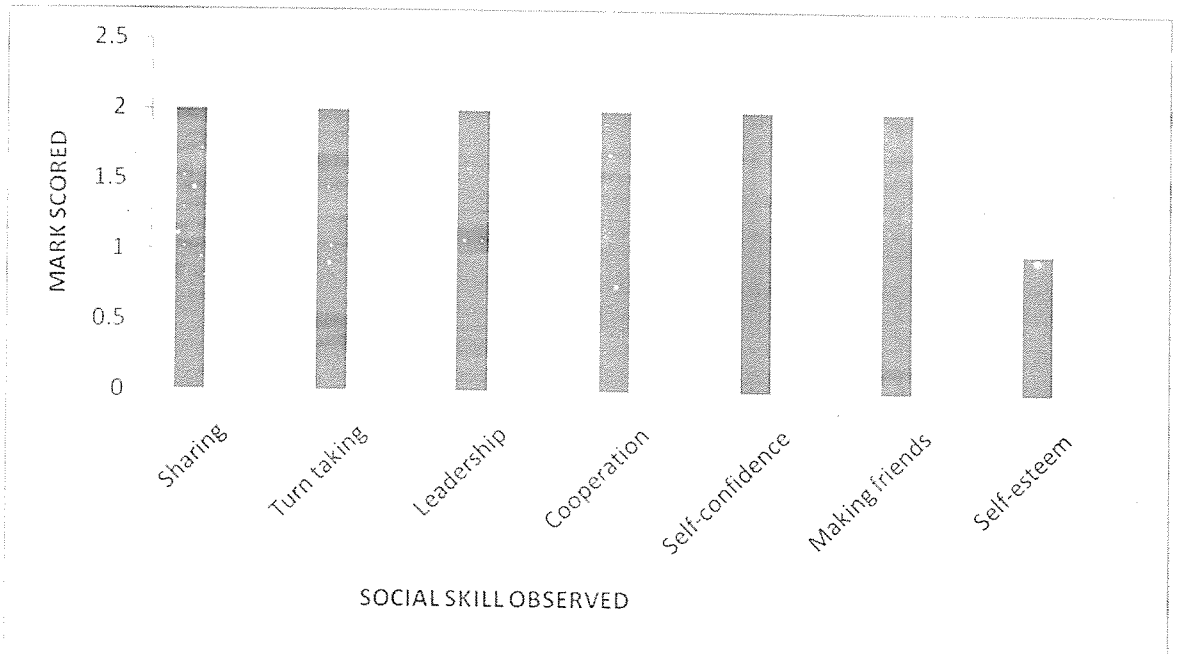
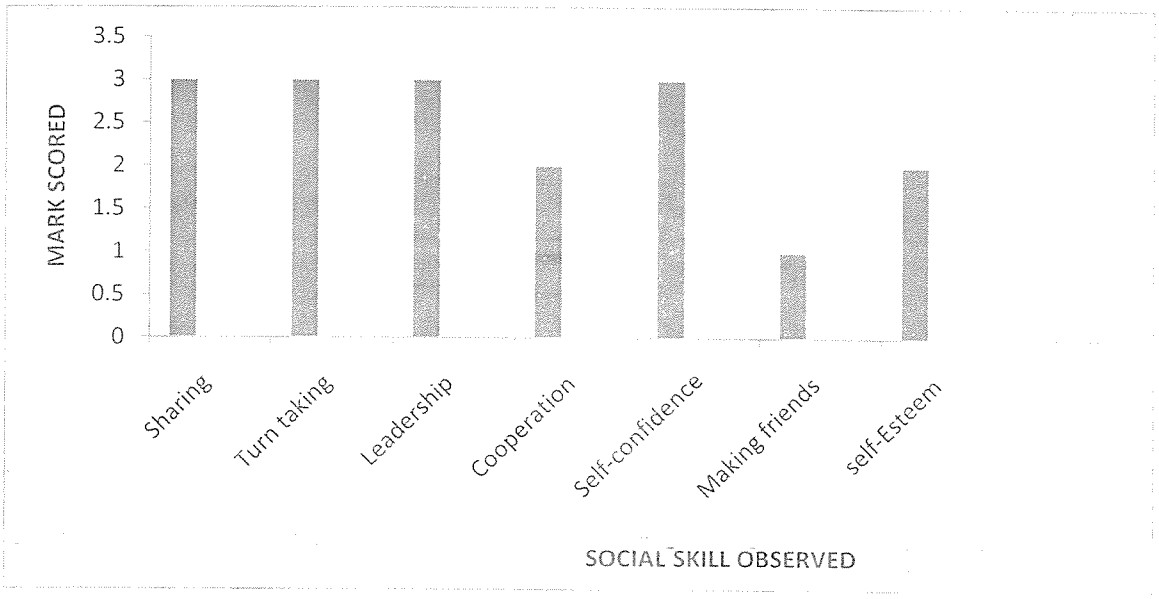


Figure 3: Social skill observed and Mark scored by Subject G.



From the above analyzed data, subject G performed relatively better than subject B. This could be because before the parents died on 2004 and 2006 respectively they had laid a firm social development in the child. Also the image of the home and land ownership had been established. The older sibling has played a great role on parents in providing love, support and enough balanced diet through their maternal grandmother. From the beginning subjects B has never received parental love from both parents. This could have led to poor performance. The subject has never received further love as the mother was single. The maternal grandmother might be stressed by poverty hence being antisocial to the child.

4.3 Impacts of HIV/AIDS on Social Development of HIV/AIDS Orphaned Children

From the data collected and presented by the researcher, the girl was able to perform social skills more than the boy. Could be, this is because the girl has been brought up by the grandmother and they could have been interacting with her also could be the girl was good in socialization because the two parents supported her with play materials when they were alive and also the elder brothers and sisters usually socialized with the subjects in play and house hold activities.

On the side of the boy, could be the boy had no enough time to stay with the single mother to socialize. The boy has only one sibling to socialize with. He has no father in the house to stay with or to support him materially and socially. This could have led to the poor performance in social activities.

The impact of HIV/AIDS already identified in this research occurs in a number of over lapping and independent domains. The main developments are:

Economic impacts; in most countries the income in orphan household has been found to drop from 20%-30% lower than in non orphaned households. Expenditure on health care quadruples, savings freeze making families to go into debts to care for sick persons. Migration has been identified as an important family and community routine in the fall of HIV/AIDS epidemic. This pattern has been seen to take place between rural to urban and urban to rural. Some identified form of migration include "going home to die" meaning rural widows moving to towns or to rural areas to seek for work or heal of relatives and potential caregivers. Children are relocated to other caregivers and relatives meaning they migrated from their own homes to other new homes.

Change in caregivers and family composition; as a result of death of parents and migration, Family members including dependent children often move in and out of households. Adolescents are particularly affected and most likely subjected to emotional distress. Death and migration may result in the creation of child headed households.

Psycho-social impact; affected and orphaned children are often traumatized. New responsibilities and work for children these responsibilities and work both within and outside the house hold increase dramatically when parents and caregivers become ill or die. These responsibilities may involve a variety of formal or informal labor subjecting them to child abuse practice such as rape, defilement, child labour, prostitution by those entrusted to them.

Education; In most of households affected by HIV/AIDS the pupils school attendance drops drastically since their labour is required for subsistence activities. This is because

the earmarked money for school fees is used for other basic necessities for instance medical care. Stigmatization may also prompt the affected children to stay from school rather than being ridiculed by teachers and peers.

Health and nutrition; Children affected by HIV/AJDS may receive poor care and supervision at home suffering from mal-nutrition diseases such as kwashiorkor and Marasmas.

Loss of home and assets; As effects of HIV/AIDS on household deepen and parents fear children may suffer loss of their homes and livelihood through the sale of livestock and land for survival. Assets are likely to be stripped by relatives less of skilled workmanship may also be lost as the group is dying.

The economy has dropped that much since most of the working people are either affected, infected or even others have died. These people cannot work as those who are not suffering hence this drop.

Many people move or migrate either to urban centres or rural areas seeking for their relatives to care for them. They are unable to support themselves.

On the side of the change of caregivers, this often occurs where the children loose both parents. These children are transferred from their homes to their uncles, aunts or even other relatives. This affects the children negatively as it seems difficult to adopt the new life. Most of the children who have lost their parents drop from school or even change the school to other schools. Some even leave school to care for their young brothers and sisters. Others are transferred to other schools where later on, due to their disturbance perform poorly.

On the side of health and nutrition, this mostly occurs to orphans since most of the money has been used in treatment of the parents and by the time the parents die they leave their children with nothing. In most cases those who take the responsibility are not financially stable leading to poor health care nutrition.

4.4 Ways and Strategies of improving useful Culture practices on Social Development of Children aged 4-6years.

From the data collected and presented by researcher it shows that the boy was weak in performance compared to the girl. Could be, this was due to cultural beliefs and practices presenting socialization for instance, some of the socializing activities which the pupils were involved in are against their culture and are more feminine than masculine.

Traditional beliefs on witch craft have led many people lose their dear lives on the fact that they have been bewitched hence contact a witchdoctor to remove the wrath. This is merely a waste of money instead the sick child need only to be taken to the doctor and get medical advice. People should be educated to know that AIDS is real and is there.

Wife and husband inheritance whose spouse have died of undiagnosed disease have also led to increase of HIV/AIDS. In order to avoid all these misfortune and psychological fortune to our children it is better for the caregivers, teachers and the health community workers to create awareness to the people accordingly. Thus the ABC formulae would be the solution to the lives of many people globally. Instead of inheriting, people should be informed on ways of surviving through visiting health centres for guidance and counseling.

Female genital mutilation (FGM) has also caused great harm to adolescent girls as it causes excessive bleeding and using unsterilized equipment which are likely to cause HIV/AIDS.

Here, they mutilate using one knife. If one of the members is sick, this spreads the disease to the rest of the people hence increasing it the more. On the side of boys circumcision it should be done in hospitals by qualified people in order to avoid the spread of the diseases. The government and religious organizations have completely banned this primitive practice on girls.

CHAPTER FIVE

SUMMERY, CONCLUSION AND RECOMMENDATIONS

5.0 SUMMERY

Culture in the process of conceptualizing and understanding the spread of HIV/AIDS in Bulera sub-county has been proved to be a problem. Unfortunately the study has not found evidence that the approach is consciously embedded in the government and non-governmental documents (policies and plans) which were reviewed. Unlike the social development and the Human Development models, the Cultural approach to development has a fuzzy definition, without well defined indicators which agencies and institutions can use for planning, implementation, and monitoring and evaluation. Consequently, there is no evidence that institutions have made conscious effort to incorporate the cultural approach in the policy formulation and planning process. The evidence I have traced is that the institutions have utilized the participatory model which focuses on the bottom - up approach in decision making processes, as well as the participatory appraisal methods. In the process, the cultural approach is incorporated, rather accidentally, but not by design.

There is therefore, a need to further popularize cultural approach in the entire community at all levels including CBO's and national level organizations in order for them to adopt it. In this Endeavour, all support organization's are urged to support the establishment of the Itinerant situational identities within the district to provide the much needed in-depth understanding of the cultural approach to development within the context of the African cultures; the infusion of the approach in the planning processes as well as in the implementation of the development programs and projects. There is some literature on the inter-linkage between culture and HIV/AIDS. Most of these studies however, are too general to provide in-depth understanding of the factors precipitating risky behaviours, those factors that should be targeted in the prevention campaign e.g. (IEC), treatment or in-patient care. There are studies on risky behaviours, for example, but they do not analyze and provide knowledge as to why an individual should take risks in activities which can lead to death and or total eradication of a family. There is evidence of

rationality in behaviour. There are also models in behaviour modification. There is, however, a serious dearth of knowledge in factors (social, cultural etc) which influence behaviour formation and ultimately which can lead institutions to design more effective skills and techniques for HIV/AIDS control.

Cultural specific studies on sexual behaviour formation should be undertaken to provide a deeper understanding on the effect of cultural tenets on the spread of HIV/AIDS. There is evidence that women, are particularly at risk and that these risks start early in their lives (e.g. child abuse) and persist to the end of their life cycle (e.g. rape, domestic violence, widow inheritance, etc). Studies on culture have artificially identified some aspects of culture. As already pointed out, the women in general, and young women in particular, are extremely vulnerable to exploitation and ultimately HIV infection. Unfortunately the bulk of the institutions which have preventive and treatment programs do not specifically address the needs of women such as treatment of trauma and conflict management. The life skills for youth are well focussed. The major shortcoming they have is that these skills are primarily addressed to school going youth through programmes such as School Health Education Project (SHEP) and the Basic Education, Child Care and Adolescent Development Intervention (BECCAD). The needs of the out-of-school youth largely remain unattended.

Institutions within Bulera should focus their attention to especially vulnerable groups with IEC material specifically targeted to them. In addition, there is need to isolate different cultural identities and address their particular needs. Research institutions which have the capacity to operationalize the cultural approach are few. Faculty of Social Sciences should spearhead the initiative to incorporate the cultural approach to development into their curricula in most of the institutions in Uganda.

There is evidence that the HIV prevalence is reducing and it is currently around 8% in sentinel sites. There are also reports that the national poverty level has dropped from 55% of the population to 45%. It is unknown whether there is any association between HIV prevalence rate and poverty so as for both of them to be changed in the same direction. The underlying factors the manner in which they are associated remain unknown.

There is need to establish whether the two phenomena are causally related and if so, the mechanism through which they are linked should be clearly observed. The discrepancy between HIV/AIDS awareness and the actual behaviours whicn seem to promote HIV transmission is amazingly high. Behavior seems to be changing only in the direction of increased condom use, which is an urban based trend. Extra marital sex as well as polygamy (overt and/or disguised) remains rampant. The reasons mentioned in this and earlier studies and the needs of the partners are not addressed in the existing intervention (e.g. conflicts impotence, infertility, etc). This area has cultural implications and should be explored and programs developed to address the unmet needs of individuals and couples.

There is need for further research to provide a deeper understanding of the effect of cultural tenets on HIV/AIDS. In particular, the extent to which changes in adherence to cultural traditions and practices are affecting the various aspects of HIV/AIDS spread

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APPENDICES

APPENDIX 1: AN INTRODUCTORY LETTER

KAMPALA INTERNATIONAL UNIVERSITY, COLLEGE OF EDUCATION, DISTANCE AND e-LEARNING (COEDL)

Kampala International University kindly requests your Organization/company to allow Mr/Mrs/Miss.....Reg No.....who is the student of Kampala to carry out his/her research in your organization/company. Any exercise conducted in your Organization/ Company will be for the purpose of academics and everything will be treated with a high degree of confidentiality.

Best regards

Head of Department distance (COEDL)

APPENDIX II

SURVEY QUESTIONNAIRE FORM FOR CONDUCTING RESEARCH ON CULTURE AND THE PREVENTION OF HIV/AIDS IN BULERA SUB-COUNTY MITYANA

Interview questions for Heaa teachers & Teachers

Dear Sir/Madam

I kindly request you to participate in this research exercise as a respondent and I humbly request you to tick the answer you feel is appropriate to you as in the boxes provided in the questions below.

This exercise is purely academic and the questions raised herein are for the same purpose. Your answers will be treated with due respect and a high degree of confidentiality. You are requested to tick YES/NO only one as appropriate to the question.

Your cooperation is highly appreciated.

S/N	Vulnerability of Women to HIV/AIDS Transmission	YES	NO
1	Most women engage in sex without condom	☐	☐
2.	Both women and men believe in using condoms when playing sex	☐	☐
3.	Some young girls are forced to get married at their early age 14-16 yrs	☐	☐
4.	Most of the men in Bulera sub-county have more than one wife	☐	☐
5.	It is common in other families to share their wives with their young	☐	☐
6.	brothers.	☐	☐
7.	When the husband dies his wife is always inherited by the brother	☐	☐
8.	Some women always tend to engage in extra marital sex within the family	☐	☐
	It is a common habit for men to engage in extra marital sex		

	Predisposing Factors	YES	NO
9.	Most people are influenced to a sexual relationship as a result of alcoholic influence		
10.	When the woman fails to produce, a man is always forced to get another woman because parents want children		
11.	Most people engage in casual sexual relationship for sexual pleasure		
12.	Some women due to poverty are know in commercial sex for survival		
13.	Many people who are habitually engaged in superstitions find themselves in sexual engagement		
	Sexual Violence	**YES**	**NO**
14.	There are instances of rape cases in married couple families		
15.	Young girls are always faced with the problem of rape at school, homes, ceremonies		
16	Some students always find themselves in a sexual relationship with teachers		
17.	Women always don't have a say traditionally in issues regarding sex		

Date..... ...Sign.....

APPENDIX III: PROPOSED BUDGET

ITEM DESCRIPTION	UNITS	UNIT COST	TOTAL COST
Memory sticks of 2GB	2`	20,000	40,000
Box of pens	1	30,000	30,000
Box of HB pencils	1	20,000	20,000
Razer	1	10,000	10,000
Ream of papers Zerox A4	5	20,000	100,000
Transport			100,000
Grand total			**300,000**

APPENDIX IV

The Chart Showing the Activity Plan