HIV PREVENTIVE MEASURES AMONG RESIDENTS OF NYAKABIRIZI TOWN, BUSHENYI DISTRICT IN WESTERN-UGANDA.

BY

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DCM/0004/152/DU

A RESEARCH REPORT SUBMITTED TO THE SCHOOL OF ALLIED HEALTH SCIENCES IN PARTIAL FULFILLMENT FOR THE

AWARD OF A DIPLOMA IN CLINICAL MEDICINE AND

COMMUNITY HEALTH AT KAMPALA

INTERNATIONAL UNIVERSITY

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DECLARATION

I, **Lwanga Edward** hereby declare that this work is my personal effort and under the guidance of my supervisor Mr. Yusuf and I therefore hope that no work of this kind has been produced or submitted; either in partial or full publication by any other person to any other higher institute of learning for the same or different purpose I therefore present it for the award of a Diploma in clinical medicine and community health at Kampala International University western campus.

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Date.....

APPROVAL

This report has been prepared under my supervision and is being submitted to school of allied health sciences for examination with my approval as a university supervisor.

Signature...... date....../.....

MR. YUSUF

DEDICATION

I dedicate this research project to my special lovely mother Mrs.Barungi Elivaida and my brother, Kamugisha William, your endurance, efforts and patience can't be paid back, but the almighty God knows what to give you in return. Your support, economically, parentally, spiritually and morally has been of great help to me. May the almighty God richly bless you.

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TABLE OF	CONTENTS
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DECLARATIONii
APPROVALiii
DEDICATION iv
ACKNOWLEDGEMENT v
LIST OF FIGURES ix
LIST OF TABLES ix
LIST OF ABBREVIATIONS x
DEFINITION OF TERMS xi
CHAPTER ONE
1.0 INTRODUCTION
1.1 BACKGROUND
1.2 PROBLEM STATEMENT
1.3.0 OBJECTIVES OF THE STUDY
1.3.1 General objective
1.3.2 Specific objectives
1.3.3 Research questions
1.4.0 CONCEPTUAL FRAMEWORK
1.5 JUSTIFICATION OF THE STUDY
CHAPTER TWO 6
2.0 LITERATURE REVIEW
2.1 The different HIV preventive methods
2.2 Conveniently used HIV preventive methods7
3.0 METHODOLOGY
3.1 Study design

3.2 Study setting	10
3.3 Study population	10
3.4 Study sample size and sampling techniques	10
3.5 Study variables	11
3.6 Data collection	11
3.7 Data analysis	11
3.8 Quality control	11
3.9 Limitations of the study	
3.10 Ethical considerations	
CHAPTER FOUR	13
DATA PRESENTATION AND ANALYSIS	13
4.0 INTRODUCTION	13
4.1 DEMOGRAPHIC DATA	13
4.1.1 Age	13
4.1.2 Gender	13
4.1.3 Religion of Respondents	14
4.1.4 Marital status	14
4.1.5 Occupation	14
4.1.6 Level of Education	15
4.1.7 Tribe	15
4.2 HIV PREVENTIVE MEASURES KNOWN BY PARTICIPANTS (n = 196)	16
4.3.1 CONVINIENTLY USED METHODS BY THE PARTICIPANTS	17
4.3.2 Why respondents do not use some methods	17
CHAPTER FIVE	19
DISCUSSION OF RESULTS	

5.0 INTRODUCTION	
5.1 Demographic data	
5.1.1 Gender	
5.1.2 Age	
5.1.3 Religion	
5.1.4 Tribe	
5.1.5 Marital status	
5.1.6 Education level	
5.1.7 Occupation	
5.2 HIV preventive measures known by the participants	
5.3 Conveniently used HIV preventive methods by participants	
5.4 CONCLUSION	
5.5 RECOMMENDATIONS	
APPENDICES	
APPENDIX I: CONSENT FORM	
APPENDIX II: INTRODUCTORY LETTERError! Bookmark no	t defined.
APPENDIX III: QUESTIONAIRE	
APPENDIX IV: MORGAN'S TABLE	
APPENDIX V: THE MAP OF UGANDA SHOWING STUDY AREA	
APPENDIX VI: MAP OF BUSHENYI DISTRICT SHOWING ISHAKA-BU	J SHENYI
MUNICIPALITY	

LIST OF FIGURES

Figure 1: Conceptual framework	4
Figure 2: A bar graph showing the age of participants	.23
Figure 3: Graph showing the gender of participants	.24
Figure 4: A pie Chart showing the marital status of participants	.26
Figure 5: A bar Graph showing the occupation of participants	.27
Figure 6: A pie Chart showing the tribes of participants	.28
Figure 7: Source of information about HIV preventive measures	.31
Figure 8: Reasons for not using other methods	33

LIST OF TABLES

Table 1: Table showing religion of participants	.24
Table 2: Level of education	28
Table 3: HIV preventive measures known by participants	30
Table 4: Conveniently used methods by the participants	32
Table 5: HIV sero status	34

LIST OF ABBREVIATIONS.

ABC	Abstinence, Being faithful to one partner, Condom use
AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-retroviral
CDC	Center for Disease Control
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counselling
KAP	Knowledge Attitude and Practice
MOH	Ministry Of Health
NGOs	Non-Governmental Organizations
PEP	Post Exposure Prophylaxis
PMTCT	Prevention of Mother to Child Transmission
PrEP	Pre-Exposure Prophylaxis
SIV	Simian Immunodeficiency Virus
SPSS	Statistical Package for Social Sciences
STDs	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
UAC	Uganda AIDS Commission
UNAIDS	United Nations joint program on AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
USA	United States of America
WHO	World Health Organization

DEFINITION OF TERMS

Adult: Person who is eighteen years and above in Uganda.

Adolescent: All children ranging from twelve years and eighteen according to Uganda.

Attitude: Some ones way of feeling or knowledge about an event.

Convenient: Doing something easily or without trouble

Condom: A sheath of latex rubber that is used as a barrier to transmission of infection or exchange of gametes and contact during sexual intercourse.

Epidemic: A sharp and significant rise in the incidence over the expected level in a given period of time.

Pandemic: A worldwide sharp and significant in incidence over the expected period of time, for example cholera plague and HIV/AIDS.

Population: Total number of people inhabiting a particular area

Prevalence: Total number of new and old cases occurring at a particular period of time.

Prevention: An act directed towards stopping the occurrence or outbreak of a disease or a condition.

Survey: A process of gathering information about what most people do or think of something

Transmission: To pass from one person to another

Youth: A person who is aged eighteen to thirty four years in Uganda

ABSTRACT

Background: HIV spreads immunodeficiency syndrome commonly known as AIDS making it 36.7 million people worldwide, 25.3 million people in Africa and 1.6 million people in Uganda living with HIV/AIDS.

Objectives: the main objective of this study was to determine the different methods used by residents of Nyakabirizi town towards the prevention of HIV spread.

Study design: This was an analytical cross-sectional study

Subject: 196 people were sampled from Nyakabirizi town. The sampled people where those in the ages of 15-35 years. Simple random sampling was used and self-administered questionnaires were used to collect data .response rate was 100%.Study period was August 2017-December 2017

Results: Participants knew different HIV preventive measures and conveniently used some. Majority of the participants were 26-30 years. The study revealed that all the participants knew ABC measures.in addition to this, 84also knew delivering from hospitals to ensure PMTCT, 50 also knew safe blood transfusion and avoiding sharing of sharps with infected fellows, 2 mentioned use of PEP thus 60 participants only mentioned ABC measures. It was found out that most people conveniently used condoms[(81)(41.3%)],delivering from hospitals[(54)(27.6%0],HIV testing and counselling[(30)(15.3%)],abstinence[(10)(5.1%)] and[(02)(1.0%)] mentioned to have ever used PEP.

Conclusion: People knew most of the HIV preventive methods but only a few of these methods were being used ignoring others as the majorly used methods were condom use and producing from hospitals to ensure PMTCT. This was attributed to availability, accessibility and side effects of some methods. Thus there is a need to give more knowledge about these methods and addressing the factors hindering their usage.

CHAPTER ONE

1.0 Introduction

This chapter includes the following; Background information of the study, problem statement, objectives of the study, and research questions of the study, conceptual frame work, and scope of the study and justification of the study.

1.1 Background

Globally the United Nations joint program on AIDS (UNAIDS)estimates that there are 36.7 million(34.4-39.8million) people living with HIV(Human Immune Deficiency Virus) reporting 2.1 million(1.8-2.4million) people with new infections and 1.1 million HIV related deaths worldwide. The same report shows that 1.9 million (1.7-2.2) million of new infections occurs in youths. The report also shows that HIV prevalence is higher in cities and towns where the vibrancy, stress, anonymity of urban life with its encounters and interactions provide increased opportunities for sexual networking and behaviors that may increase the risk of HIV infection.

Globally adolescents account for 20% new infections and these (adolescents) account for 11% of the adult population globally. Harmful gender norms and inequalities, insufficient access to education, sexual and reproductive health service poverty and violence are the roots of increased risk of HIV and key populations at an increased risk of HIV infections are; sex workers, drug addicts, transgender people, prisoners and gay people. Data analyzed by UNAIDS in 2015 revealed that more than 90% of new infections in central Asia, Northern America, the middle east and north Africa in 2014 where from the above mentioned key populations. Putting all the above in account, UNAIDS pointed out that to avert this burden of HIV/AIDS, there was need for additional focus on providing key populations with tools for prevention of the infection(UNAIDS, 2016). Although HIV and Acquired Immune Deficiency Syndrome (AIDS) was first clinically identified in the United States of America (USA), in the early 1980s, HIV/AIDS is currently more prevalent in the developing countries. Within the developing countries, the AIDS burden is most prevalent in the Sub-Saharan Africa countries. Currently there are about 36.7 million people afflicted by HIV/AIDS in the world with about 25.3 million, (70%) in Sub-Saharan Africa. with a 25% of new infections HIV infections in adolescents, 56% in adults. 20% of these new infections among the key populations to acquiring of HIV/AIDS. These percentages are as per 2.1 million new infections in the world.(Joseph Muta'a Hellandendu, 2014).

If the youths and adults had the means to protect themselves, the picture of the epidemic in the region as described above would look different thus a need to assess the HIV preventive measures among the residents of Nyakabirizi town.

Within sub-Saharan Africa, Uganda is regarded as a high burden country with big numbers of people living with HIV/AIDS that has continued to increase partly because of increased spread of the infection and increased longevity among the persons already infected. Reports indicate that there is 1.6 million people living with HIV in Uganda increasing from an initial report of 1.3 million people living with HIV in 2013. Also reports show that there is 95000 new infections and 31000 AIDS related deaths leaving behind one million orphans according as revealed by Uganda HIV and AIDS report progress(MoH, 2015)

The guiding document for Uganda National HIV and AIDS response indicated that HIV prevalence is highest amongst the key populations which include; sex workers(35-37%),long distance truck drivers 25%,uninformed service personnel 18.2%,gay men 13.7% and the bodaboda cyclist men that make up to 7.5% burden of HIV prevalence in Uganda and according to Uganda AIDS indicator survey on regional demarcations, HIV prevalence is highest in urban areas accounting for 8.7% and lowest in rural areas with 7.0%. The latest spectrum estimates of 2015 from Ministry of Health, indicate that the total burden of HIV in Uganda is increasing. The number of persons in the country living with HIV, has continued to increase from 1.4Million in 2013 to 1.5Million in 2015. This is as a result of continuing spread of HIV, and increased longevity among persons living with HIV. The same estimates indicate further decline in AIDS-related deaths of 28,000 from 31,000 in 2014. These figures has made Uganda to be the second country in Africa after South Africa with a highest number of people getting infected with HIV in one week(2363 people getting infected every one week in Uganda (UAC, 2015).

Generally in conclusion, more attention should be put on the HIV preventive measures. This should be so because of the effect of the HIV infection that is currently ranked among the leading cause of deaths in Uganda and the whole world at large.

1.2 Problem Statement

The HIV/AIDS epidemic in both urban and rural areas of Uganda is having a devastating impact on many parts of Uganda's society. This disease has affected millions of people and continues to have a detrimental effect on a wide range of societal features including the following: household incomes, increased risk for health care workers, food and crop production, workplace conditions, human life expectancy, the infrastructure of local and governmental economies, as well as the shape, size, and structure of Ugandan families to name a few. The latest spectrum estimates of 2015 from Ministry of Health, indicate that the total burden of HIV in Uganda is increasing. The number of persons in the country living with HIV, has continued to increase from 1.4Million in 2013 to 1.5Million in 2015. This is as a result of continuing spread of HIV, and increased longevity among persons living with HIV. The same estimates indicate further decline in AIDS-related deaths of 28,000 from 31,000 in 2014. These figures has made Uganda to be the second country in Africa after South Africa with a highest number of people getting infected with HIV in one week(2363 people getting infected every one week in Uganda) (UAC, 2016).

Different HIV preventive methods such as; condom use, abstinence, being faithful to one partner, HIV testing ,counseling and linkage to care, biomedical preventive methods like PEP, PrEP, prevention of mother to child transmission and STI screening and treatment have been emphasized by both government and non-government organizations in Uganda to cab the burden of HIV in the country. However less has been studied about these HIV preventive measures in Nyakabirizi town. Thus this study will aim at finding out the HIV preventive measures among residents of Nyakabirizi town.

1.3.0 Objectives of the Study

1.3.1 General objective

To assess HIV preventive measures among the residents of Nyakabirizi town in Bushenyi.

1.3.2 Specific objectives

- To determine different methods known by Nyakabirizi residents towards the reduction of HIV spread among residents of Nyakabirizi town.
- To find out which method is conveniently used by Nyakabirizi residents for prevention of HIV spread.

1.3.3 Research questions

- What are the different HIV preventive methods used among residents of Nyakabirizi town?
- Which method is conveniently used by Nyakabirizi residents for prevention of HIV spread?

1.4.0 Conceptual Framework



Figure 1: conceptual framework

1.4.1 Scope of the Study

Several factors including; socio-demographic, clinical, social and economic factors were found to have great influence on HIV preventive measures as shown in my conceptual framework above. However the study will be concerned with, socio-demographic, clinical and social factors with a less concern on intervening factors and consequences.

1.5 Justification of the Study

Although several measures such as; condom use, abstinence, use of ARV drugs, increased awareness about the spread and control of HIV, use of Pre-Exposure Prophylaxis (PrEP), use of Post Exposure Prophylaxis (PEP) and many more others have been achieved, the burden of HIV spread still remains higher with increased new cases of the infection and especially among urban centers. The outcome of this study will help to reduce the risk of acquiring HIV by increasing the awareness and effective use of different HIV preventive methods and reduce the noted morbidity and mortality due to the infection.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 The different HIV preventive methods.

A global health approach to prevention and control of HIV infections include effective prevention and care that can be achieved by use of a combination of responses which include; Promotion of safer sexual behavior, Promotion of early health-care-seeking behavior, Introduction of prevention and care activities across all primary health-care programmes, including sexual and reproductive health and HIV programmes, Successful and cost-effective integrated programmes for sexually transmitted infection, identification of the sexually transmitted infections syndrome, education and counselling on ways to avoid or reduce risk of infection with HIV, promotion of the correct and consistent use of condoms, partner notification and primary HIV prevention(abstinence) (WHO, 2015).

The proven HIV preventive measures include; HIV testing, counselling and linkage to care, Biomedical prevention methods like; PrEP, PEP, treatment of the already infected persons and Prevention of Mother to Child Transmission (PMTCT), Behavioural change approach, like using condoms, Prevention programmes for people at high risk of acquiring the infection, STI screening and treatment.(CDC, 2016)

A survey conducted in Malawi revealed that strategic approaches that were by natives to control the spread of the infection include; behavioural change communications, teaching of life skill education, peer education and its consequences, advocacy sensations and community based campaigns against the spread of the infection, condom programming, HIV testing and counselling, PMTC, blood safety and infection control, education against stigma and discrimination due to HIV, work place prevention interventions and primary prevention of the infection by abstinence(Shawa, 2013).

Researches show that HIV/AIDS education has more impact on the behaviour the highly risk groups of people when delivered in a context of life skills learning and development of a sense of responsibility towards the prevention of HIV and in addition it came to a conclusion that commonly used preventive methods include; raising the priority of HIV and AIDS through research, media, and advocacy at all levels, empowering affected communities by encouraging the development of local Non-Governmental Organizations(NGOs) and community-based organizations, developing programmes based on sound knowledge of the context with monitoring,

evaluation plans and budgets, improving the provision of clear and scientific information on the means of protection, beginning with research to classify the situations and a process involving all stakeholders to design appropriate and coordinated interventions and finally developing life skills education for youth that is culturally appropriate, effective and recognizes the structural factors associated with risky behaviours through the promotion of peer education (UNESCO 2008, n.d.)A research carried out in among Democratic Republic of Congo youths indicated that of 138, 67% knew generally that condoms can guard against HIV. (Masoda & Govender, 2013).

2.2 Conveniently used HIV preventive methods

A research carried out in Kenya indicated that 78 .2% of 461 participants had an adequate knowledge about the utilization of a condom as an HIV preventive measure(Nesidai, Ng, Mwangi, & Wanzala, 2011).

In Pietermaritzburg of South Africa, variables like sex education, easy access to condoms and age were found to have a key role towards the averting the rate at which HIV infection was spreading at.(Israel et al., 2016).

A study carried out in Uganda in 2010 in rural areas revealed that of 340 respondents,29.8% reported to have ever used a condom,58.4% trusted their partners and were faithful to them thus they considered as the easily preventive means of HIV spread(Kabikyira, 2010).

In a study carried out in Uganda at Infectious disease Institute Kampala, it was revealed that of 126 participants who were studied with a median age of 23 years and a range of 6 years in a male to female ratio of 1:4, 52% were taking ART and 16% of the participants practiced abstinence in a view of preventing the acquiring of HIV infection. (Agnes & Nanyonjo, 2009).

Similarly the research carried out in Gondar town northwestern Ethiopia pointed out that less a half of the respondents, 47.7% of 488 participants' utilized condoms. Educational status, perception of risk of HIV/AIDs infection, awareness that STIs could increase the risk of HIV/AIDs infection, being tested for HIV in the last twelve months were attributed to be some of the preventive measures against the infection of the virus. (Molla et al., 2015).

Another research showed that commonly HIV preventive measures used are; sexual abstinence, monogamous relationship, use of PrEP, screening of blood before transfusion, sterilization of sharps and use of PEP. (Wiezman, 2014).

A study conducted in India about the KAP on HIV/AIDS among 102 participants revealed that, 27 abstained from sex whereas 23 had blood screened before they were transfused in an attempt to prevent the spread of the virus. (Meena, Pandey, Rai, Bharti, & Sunder, 2013).

Another research conducted in Kinshansha DRC revealed that of 100 sex workers,11% used condoms consistently as chief preventive means to HIV/AIDS spread as this was evidenced by the study he carried out concerning government priorities as regards HIV/AIDS prevention(Ainsworth & Ainsworth, 1998).

Research carried in Tanzania pointed out that 27% men and 37% women had HIV Testing and Counselling(HTC) services whereas 70% men opted for circumcision(Mujinja, 2011)

In Ghana a study about HIV knowledge among undergraduate students showed that of 304 participants most of the respondents [306 (94.4%)] were knowledgeable about the various ways of preventing HIV infection. The four commonly identified means of preventing HIV infection were: condom usage [271(77.5%)], abstinence from casual sex, [227(70.1%)], avoiding sharing of sharp objects [202(62.5%)] and being faithful to a partner [184(56.8%)]. Additionally, majority of the participants [288 (88.9%)] (Oppong Asante K, 2013).

A study carried out in Uganda about Knowledge, attitude and Practice(KAP)of youths towards HIV/AIDS showed that of 910 participants, 7% were abstaining from sex at the time of the study whereas 40% used condoms as a means of HIV prevention (Nambatya, 2010).

A survey carried out in China on KAP towards HIV/AIDS indicated that of 500 participants,60% reported to be faithful to their partners,50% were abstaining where as 30% had received HIV testing and counselling services (Wangechi, 2010).

Another researcher showed that 297 participants opted for different HIV preventive measures as follows; ABC Prevention method 20.6%, Not sharing needles 96.9%, Reducing unnecessary blood transfusions and injections 83.7% Using condoms during sexual intercourse 93.4% Prevention of mother to child 86.4% Treating STIs promptly 45.3% and Not donating blood illegally 96.5% s(Tan, Pan, Zhou, Wang, & Xie, 2007).

Similar study which consisted of 364 students of which 61.0% were males and 39.0% were females revealed that majority of the respondents, both males (94.6%) and females (94.4%) knew at least one method of HIV/AIDS prevention and very few of them (5.5%) could not mention any method. Sixty nine percent (69.0%) of respondents who knew how to prevent HIV/AIDS mentioned abstinence and faithfulness to single partner, (48.0%) mentioned the use of condoms, 37%

mentioned safe blood transfusion and few of them (19.4%) mentioned avoidance of pregnancy for infected mother(Kamala, 2006).

Similarly of 150participants in Kosovo, only 18% of males and 17% of females, 16% of youth aged from 15 to 19 years and 20% of those aged 20 to 24 years correctly said two main ways of preventing the sexual transmission of HIV: having sexual intercourse with only one faithful uninfected partner, and by using a condom every time they have sex(Bolonga, 2008).

Generally, a clear understanding of HIV preventive measures among any population is very important for prevention of spread of HIV/AIDs and other STDs.

CHAPTER THREE

3.0 METHODOLOGY

3.1 Study design

An analytical and cross-sectional study which adopts quantitative (through self-administered questionnaires) approach was considered.

3.2 Study setting

The study was carried out in Uganda particularly in Bushenyi district in Nyakabirizi town approximately 310km from Kampala the capital city of Uganda. Bushenyi district is located in western Uganda in Ankole sub-region approximately 62km from Mbarara the largest city in the sub-region.

According to Uganda bureau of statistics 2014, Bushenyi district has an estimated population of 234,440 people with a population density of 252.89people/km2 and it covers a total of 942.3km2.It boarders Buhweju district in the northeast, Sheema district in the northeast, Mitooma district in the south and Rukungiri district in the west. It is on area coordinates of; 00 32S, 30 11E.

Within Bushenyi district, the study was conducted in Igara west county in Nyakabirizi town, 310km from Kampala capital and 62km from Mbarara the capital in Ankole sub region. Ishaka is on coordinates32 42S,08 18E(Latitude -0,545006; longitude 30.138343) and it boarders with Kizinda and Bushenyi towns which are all considered to be leisure centers in the district with an increasing rate of development of bars as well as commercial sex workers.

3.3 Study population

The study population consisted of people in Nyakabirizi town in 2017 above the age of 15 years

3.3.1 Target population

The target population was all residents of Nyakabirizi town in 2017 above the age of 15 years

3.3.2 Access to the target population

The target population was accessed/traced through their respective homes and work places in town.

3.4 Study sample size and sampling techniques

3.4.1 Sample size determination

The sample size was calculated using an approach described in Krejcie and Morgan table. The total population of residents of Nyakabirizi town approximately 400 residents according to chairman Nyakabirizi division. The sample size will therefore be 49.0 %(196 residents).

3.4.2 Sampling technique

A systematic random sampling was carried out during the study to select the participants using the selection criteria (Inclusion and exclusion selection criteria).

3.4.2.1 Inclusion criteria

This criteria included all residents of Nyakabirizi town and those who had consented to participate in the study and those only in the ages of 15-35 years

3.4.2.2 Exclusion criteria

This criteria excluded all residents of Nyakabirizi who requested money for participation, and those who were too ill to give the information.

3.5 Study variables

These were classified as; dependent and independent

The dependent variable: HIV preventive measures.

The independent variables in this study included;

Socio-demographic factors ;(Religious belief, Educational level, age, sex, tribe and occupation)

Clinical factors ;(Allergy to latex of condoms, HIV status, adequate counseling and information about HIV)

Social factors ;(Type of relationship, access to a certain method, desire for children, type of relationship)

Economic factors; Income of individual residents

3.6 Data collection

The information about the independent variables was collected using self-administered questionnaires consisting of both close and open ended questions which was prepared in line with the objectives of the study and the conceptual frame work was used as interview guide for the target residents of Nyakabirizi

3.7 Data analysis

Data collected from the field was manually entered and captured in excel before being analyzed.

3.8 Quality control

To ensure that the data collected was of good quality, the research was carried out under the supervision of a skilled supervisor who trained the researcher prior to data collection, Investigate thoroughly the researcher's questionnaire and in addition a checklist to monitor the issued

questionnaires and returned questionnaires was used and data entry coding and cleaning was done using the SPSS.

3.9 Limitations of the study

Lack of cooperation from some people who wanted to be paid; I reassured the people of privacy and confidentiality. Language barrier; questionnaires were interpreted to local language (Runyankole). Serious raining since august-September was rainy season; use of protective measures such as the umbrellas and jackets.

3.10 Ethical considerations

This research was carried out after the approval of the research proposal by school of Allied health sciences Kampala International University Western campus. The approval to carry out the study among the target population was obtained from the chairperson of Nyakabirizi division and informed consent was signed by all Nyakabirizi residents who were willing to participate in the study. Participation of these residents was voluntary.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.0 Introduction

This chapter basically is showing study findings and presented in form of tables, charts, graphs and narrative texts. The results are sequenced as per specific objectives as extracted from questionnaires. A total of 196 Nyakabirizi residents were interviewed in October 2017 to establish the different HIV preventive measures known and conveniently used by those residents.

4.1 Demographic Data

4.1.1 Age

Figure 2: A bar graph showing the age of participants.

In a study of 196 participants, majority was between 26-30 years 70(36%), followed by 21-25 years 59(30%), then 31-35 years with 48(24%) and last 15-20years 19(10%), as in figure 1 and 2.



4.1.2 Gender.

The majority of participants were females 122(62%) compared to males 74(38%) as in figure 3

Figure 3: Graph showing the gender of participants



4.1.3 Religion of Respondents

The majority of participants were Christians 100(72.5%), followed by Moslems 70(14.5%) and others 26(13%).

Number	Percentage	
100	70 50/	
100	72.5%	
70	14.5%	
26	13%	
196	100%	
	Number 100 70 26 196	Number Percentage 100 72.5% 70 14.5% 26 13% 196 100%

Table 1: Table showing religion of participants

4.1.4 Marital status

In this study, many of the participants were monogamous marriage 110 (56%) compared to polygamous marriage 60(31%) and least were the singles 26(13%) as in the figure 4.

Figure 4: A pie Chart showing the marital status of participants.



4.1.5 Occupation

In this study majority of the participants were peasants 86(44%) this was followed by those paidemployed 64(33%), then those self-employed 46(23%) as in figure 5.



Figure 5: A bar Graph showing the occupation of participants.

4.1.6 Level of Education

The majority of participants stopped in primary level 114(58%) followed by secondary level 71(36%) and lastly those who never went to school 11(5.5%).

 Table 2: Level of education (n= 196)

RESPONSE	NUMBER	PERCENTAGES
1. Never went to school	11	5.5
2. Primary level	114	58
3. Secondary level and above	71	36
TOTAL	196	100%

4.1.7 Tribe

The largest percentage of respondents were Banyankole with 56% followed by the Bakiga at 28%.

Figure 6: A pie Chart showing the tribes of participants.



4.2 Hiv Preventive Measures Known By Participants (n = 196)

All the participants [(196) (100%)] knew abstinence, being faithful to one partner and condom use as HIV preventive measures

On addition to above, they also mentioned other measures as indicated in the table below

Method	Frequency	Percentage
Delivering from hospital to ensure PMTCT HIV testing and counselling	84	42.9
Safe blood transfusion Avoiding sharing sharp instruments with HIV infected persons	50	25.5
Use of PEP	2	1
Those that knew only abstainance, being faithful to one partner and condom use	60	30.6
Total	196	100

Table 3: HIV preventive measures known by participants

Generally, the community knows methods that can be used in prevention of HIV.



Figure 7: Source of information about HIV preventive measures (n=196)

The majority of respondents 95 (95%) got information about HIV preventive measures from other people.

4.3.1 Conveniently used Methods by the Participants.

Majority of respondents 69(35.2%) conveniently used condoms followed by HIV testing and counseling 58(29.5%).

Table 4

RESPONSE	FREQUENCY	PERCENTAGES
Condoms	81	41.3%
Being faithful to single partner	19	9.7%
Abstinence	10	5.1%
Delivering from hospitals to ensure PMTCT	54	27.6%
HIV testing and counselling	30	15.3%
PEP	2	1.0%
TOTAL	196	100%

4.3.2 Why respondents do not use some methods

Figure 8



Majority of the respondents 78(40%) mentioned that some HIV preventive measures are not favorable because of desire to have children, others said some measures are expensive 20(10%), inaccessible 69(35%) and the rest mentioned of side effects 29(15%) like allergy to latex condoms.

4.3.2.1 Others:

HIV sero status

Majority of the participants were seropositive 98(50%) followed by those who were sero negative 53(27%) and lastly those who didn't know their status 45(23%).

Table 5

Negative	53(27%)
Positive	98(50%)
Don't know	45(23%)

Length of relationships

Couples who had been in marriage less than 10 year were116 (68%) compared with those individual who had been in marriage for more than 10 years54 (32%) out of 170 who were married.

Adequate Counseling

Individuals who reported to be accessing adequate counseling 58(29.5%) were compared with individuals who reported to be not receiving adequate or no counseling.

CHAPTER FIVE

DISCUSSION OF RESULTS

5.0 INTRODUCTION

This chapter discusses the results of the study. The purpose of the study was to establish the HIV preventive measures among residents of Nyakabirizi aged 15-35 years.

5.1 Demographic data

This section will address demographic characteristics of participants including gender, age, tribe, religion, marital status, education level, and occupation of participants.

5.1.1 Gender

There were more females 122(62%) compared to males 74(38%) as shown in chapter4 in figure 3. The difference in number of females and males who participated in the study doesn't have a great impact on the results which remain comparable because the sample represents both genders. The gender distribution of participants had been anticipated to be an important demographic factor influencing the findings because gender affects the sexual behavior and decision powers of the young people. Furthermore women take much concern about their health status compared to men who tend to persist with the condition and also they are left to seek medical advice alone without the help of their counter parts.

5.1.2 Age

The age of participants raged from 15-35 years. 36 percent of the participants aged 26-30, 30 percent aged 21-25, 24 percent aged 31-35, and only 10 percent aged 15-20 years. There was small number of participants between 15-20 years, this was expected because at this age, many are not aware of their status and are limited to sexual activities because of school and most of them could not consent according to the Uganda National guidelines, the minimum age for consenting is 18 years (WHO 2004). However these guidelines allow young people who are sexually active to give consent for HIV counseling and testing at an early age than 18 years, since they are considered to be mature minors under these circumstances.

Those above 21 years are sexually active, have understood what it takes to be HIV positive or negative thus have involved in HIV preventive measures and can give consent as per Uganda national guidelines. This research is similar to that done by(Masoda & Govender, 2013). They

said many of these age groups tend to have many sexual partners and have also been exposed to risk places like night clubs predisposing them to HIV/AIDS risk thus increasing their numbers.

5.1.3 Religion

As regards religion, according to the study findings, most of the respondents where Christians 72.5% and only 14.5% were Muslims, others 13%. Some religions like Catholics do not advocate for condom use, this predisposes one to HIV/AIDS and Muslims tend to have more than one partner, this also predisposes them to the infections in case one of them is infected. However this also indicated that church could be the place for health education for the masses.

5.1.4 Tribe

In this study majority of the participants were Banyankole with 56% followed by the Bakiga at 28%, this was expected because the study was in a region mostly occupied by those tribes. Furthermore this had no much significant with HIV/AIDS infection because all regions are facing the same problem of HIV/AIDS.

5.1.5 Marital status

In this study those who were mono married participants (56%), poly married participants 31% and finally singles 26%. The high number of married partners is as a result of testing women during ANC as they pick their results as part of their management, their counter parts are also health educated on the different HIV measures. Thus, Couples who were in monogamous relationship were more likely to maintain the effective utilization of HIV preventive measures as compared to those in polygamous relationship. This is similar to results of Wiezman, (2014), he says that many married partners risk their lives especially men where they tend to have more than one partner despite their HIV status.

5.1.6 Education level

Majority of the participants attained primary level education 58% and 36% attained secondary education, only 5.5% did not have any form of education. This is because majority of adolescents can access to some level of education. This contributes to their knowledge about HIV preventive measures because of the health education talks about HIV/AIDS going on in schools.

5.1.7 Occupation

Majority of the respondents 44% were small scale peasant farmers with low income which contributed to failure to use some HIV preventive measures. 35% of them said that some HIV preventive measures like PEP, PrEP are not available and 15% said they do not use some because they are expensive.

Following were the paid employees, those in offices at times are abused by their bosses in sexual activities in return for money and also being rendered quick services increasing their risk to HIV/AIDS. According to (UAC, 2015), it says that bar attends and maids and long distance drivers are at great risk of getting HIV. Those health workers, including laboratory attendants also need to take quotient while handling their clients. Thus all those calls them to know HIV preventive measures.

5.2 HIV preventive measures known by the participants

All Participants knew about the preventive measures. All (196) knew condom use, abstainance and being faithful to single partner as means of preventing HIV spread. However out of these, 84 participants also mentioned HIV testing and counseling and delivering from hospital to ensure PMTCT,50 mentioned avoiding sharing sharp instruments with HIV infected persons and ensuring safe blood transfusion, 2 added use of PEP thus 60 participants mentioned only abstainance, being faithful to one partner and condom use. This is similar to a research done in United States by Boswell and Bagley 2002 about prevention of HIV/AIDS.

Many of the respondents got information on HIV prevention from other people like friends 95% compared to those who got it from health centers 75% because there is only one health center near to the study area. This is in line with Cravin, (2007) who said that 80% of the population live in rural area, existing health facilities include dispensaries, health units and hospitals which are far apart. Many rural health facilities are short of nurses, medical staff, medical equipment and medicines, did not give time to health educate on prevention of HIV.

Furthermore, Health services focus on treatment of HIV and give little or no attention on preventive information in outpatient visits; this is attributed to shortage of medical stuffs with overwhelming number of patients. Introduction of Anti-Retroviral Therapy (ART) and its availability in government and private health centers are not magic bullets, this can work well if done along with preventive methods which will call for massive and sustained community sensitization.

5.3 Conveniently used HIV preventive methods by participants

The most commonly and conveniently used HIV preventive methods were; condoms, abstinence, being faithful to single partner, delivering from hospital to ensure PMTCT, HIV testing and counseling and use of PEP in a ratio of 81: 19: 10: 54: 30: 2 respectively.

The reasons for failure or less use of some methods are; Majority of the respondents 78(40%) mentioned that some HIV preventive measures are not favorable because of desire to have children, others said some measures are expensive 33(17%), inaccessible 69(35%) and the rest mentioned of side effects 29(15%) like allergy to latex condoms. This is in line with a study by(Wangechi, 2010).

Desire for children: Individuals, who still had desire for children 78(40%), were compared with individuals, who did not have desire for children (101/137). Couples who still had no desire for children were more likely to use condoms as their prevention practice as compared to those who still had desire to give birth to children who would opt for being faithful to their partners

HIV sero status: Majority of the participants were seropositive 98(50%) followed by those who were sero negative 53(27%) and lastly those who didn't know their status 45(23%), as shown in table 5.This means that those that are positive make it a point to seek for various measures of protecting themselves from other infections that can ruin their lives the more, and through their routine AIDS programs, they are encouraged how to stay positive with the condition.

Length of relationships: Couples who had been in marriage less than 10 year 116(68%) were compared with those individual who had been in marriage for more than 10 years 54(32%) out of 170 who were married. Results showed that couples who had been in marriage for less than 10 years were more likely to adopt prevention interventions aimed at reducing the risk of infection more so among discordant couples as compared to those that had together for more than 10 years. This means that acceptance of new behavior is difficult as couples became older together and as they get used to each other. It reduces the risk perception and affects attitudes to words condom use and abstinence.

Adequate Counseling: Individuals who reported to be accessing adequate counseling 58(29.5%) were compared with individuals who reported to be not receiving adequate or no counseling. Couples who reported to be accessing adequate counseling were more likely to adopt HIV prevention interventions e.g use of condoms always whenever having sexual intercourse as compared to those individuals that do not access counseling.

5.4 CONCLUSION

- Majority of respondents had attained primary education and were small scale farmers leading to low income
- The respondents had ever heard about HIV preventive measures.
- People are aware of HIV preventive measures but only a few methods are commonly used and ignoring the rest. All Majority of the respondents mentioned Use of condoms, HIV testing and counseling and delivering from hospital to ensure PMTCT.
- Majority of respondents said they could not afford some methods and that they were not available like PEP and that some have side effects.

5.5 RECOMMENDATIONS

- There is need to give more knowledge about the preventive measures and to address factors that hinder preventive measures.
- Having many partners as evidenced by some religions is not a problem, but to test one before marriage and engaging in sexual activities and also being faithful to that partner for this will help reduce the spread among married people.
- There is need to increase and extend health services in the nearby communities including schools, to encourage those living positive and empowering the community including health workers with the knowledge and skills to overcome the challenges in prevention of HIV/AIDS,
- There is a great need to develop sex and sexuality counseling to strengthen positive prevention counseling programs targeting discordant couples.

• There is need to strengthen programmes that encourage faithfulness in marriage relations and sensitize the public about the danger sexual network as means to reduce incident of HIV among married couples.

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WORK PLAN

	Time fr	ame					
Month	JUNE	JULY	AUG	SEP	OCT	NOV	DEC
	2017	2017	2017	2017	2017	2017	2017
Selection of topic							
Approval of topic							
Proposal development							
Data collection & analysis							
Report writing							
Submission of report							
Defending of report							

RESEARCH BUDGET

S/N	ITEM	QUALITY	UNIT	AMOUNT/UGX
			PRICE/UGX	
1	Note books	1	1000/=	3,000/=
2	Pens	5	500/=	2,500/=
3	Transport	1person	2000/=	2,000/=
4	Research assistants	2 people	10,000/=	20,000/=
5	Flash disk	1(8GB)	25,000/=	25,000/=
6	Typing and printing	1 copy	5 x 100(4 pages)	5,000/=
	Questionnaires			
7	Photocopying questionnaires	100 copies	100сору	10,000/=
8	Typing and printing the	1 copy	26 pages x100	26,000/=
	proposal			
9	Photocopying proposals	2 copies	26 pagesx100x2	5,200/=
	TOTAL			190500/=

APPENDICES

APPENDIX I: CONSENT FORM

I have read the information presented in the cover letter attached to this consent form and I have been verbally briefed and understood the study being conducted by LWANGA EDWARD (DCM/0004/152/DU) on HIV preventive measures among residents of Nyakabirizi town, Bushenyi district in Western-Uganda. I have had the opportunity to ask questions related to the study and received satisfactory answers and any additional details I wanted. He has also assured me about the maintenance of confidentiality of the patients' information collected from this study. I am also aware that I have the right to decline following any professional inconvenience that the researcher may introduce in the process. I do not give permission for my identity or identity of my records to be revealed in research reports.

With full knowledge of all foregoing, I agree to allow him proceed with this study.

Signature......Date.....

APPENDIX III: QUESTIONAIRE

PART I: Social demographic variables
1. (i) Please indicate your gender
(a) Male (b) Female
(ii) Please, indicate your age group
(a) 15- 20 years (b) 21-25 years
(c) 26-30 years (d) 31-35 years
2. What is the level of your education?
(a) None (b) Primary
(c) Secondary and above
3. What is your is marital status?
(a) Single (b) Married mono
(c) Married poly
4. How long have you been in relationship with your current sexual partner?
1 0 - 1yr 2 >1 and < 5 yrs 3 >5 and < 10yr 4 > 10 years
5. What is your tribe?
6. What is your occupation?
(a) Peasant (b) Paid employee
(c) Self employed
7. What is your religion?

PART II

Determining HIV preventive methods known by residents of Nyakabirizi town

Negative

8. What is your HIV status

b) Positive
9. Do you know any of HIV preventive methods?
(a) Yes (b) No
10. If yes, List some of those methods
11. How did you know such methods?
a) Radio b) Healthy facility
c) Television d) from other people

e) News paper

PART III

Finding out the method conveniently used by residents of Nyakabirizi town

12. Which HIV preventive measures are you conveniently using to stop contraction or spread of HIV/AIDS?

Abstaining

Condom use	
Being faithful to one partner	
HIV testing and counselling	
Delivering from hospital to promote PMTCT	
Use of PEP	
Use of PrEP	
Others	
13. What could be the reason of you choosing to	o not to use other methods?

APPENDIX IV: MORGAN'S TABLE

N	S	N	S	N	S	Ň	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	246
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	351
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	181	1200	291	6000	361
45	40	180	118	400	196	1300	297	7000	364
50	44	190	123	420	201	1400	302	8000	367
55	48	200	127	440	205	1500	306	9000	368
60	52	210	132	460	210	1600	310	10000	373
65	56	220	136	480	214	1700	313	15000	375
70	59	230	140	500	217	1800	317	20000	377
75	63	240	144	550	225	1900	320	30000	375
80	66	250	148	600	234	2000	322	40000	380
85	70	260	152	650	242	2200	327	50000	381
90	73	270	155	700	248	2400	331	75000	382
95	76	270	159	750	256	2600	335	100000	384

TABLE FOR DETERMINING SAMPLE SIZE FROM A GIVEN POPULATION

Note: "N" is population size "S" is sample size.

Krejcle, Robert V., Morgan, Daryle W., "Determining Sample Size for Research Activities", Educational and Psychological Measurement, 1970.



APPENDIX V: THE MAP OF UGANDA SHOWING STUDY AREA

APPENDIX VI: MAP OF BUSHENYI DISTRICT SHOWING ISHAKA-BUSHENYI MUNICIPALITY

