ROLE PLAYED BY THE MEDIA IN FIGHTING AGANST AIDS IN UGANDA A CASE STUDY OF BUSABA SUB COUNTY, MBALE DISTRICT.

BY

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A RESEARCH REPORT SUBMITTED TO THE COLLEGE OF HUMANITIES AND SOCIAL SCIENCES, IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF A BACHELOR'S DEGREE IN MASS COMMUNICATION OF KAMPALA INTERNATIONAL UNIVERSITY

July 2014

DECLARATION

1 Basalirwa Lilian registration number BMC/35059/113/DU declare that this dissertation was done by me in Busaba sub-county Mbale district as per my fulfillment of a bachelor's degree in mass communication at Kampala international university all the information in this designations was based upon my findings with great help from my supervisors.

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APPROVAL

This dissertation was approved by my supervisor in regard to a fulfillment of a Bachelor's Degree in mass communication at Kampala international university academic year 2014.

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ACKNOWLEDGEMENT

First and foremost I acknowledge the holy mighty creator God for enabling me funish up my bachelor's degree in mass communication at KAMPALA INTERNATIONAL UNIVERSITY.

Secondly I acknowledge my family members including my dearly lovely parents, Mr Basalirwa David and Mrs Basalirwa Suzan, my sisters, eve, Rita, Afua, my brother Alex Mpola, Medhi, Derrick, Roney, Richard and others nothing much I can say but you people you're my light and I hold you people in my heart you my pleasure may god keep you for ever and ever so that I can also do something for you as award of thanks from me.

DEDICATIONS

Goes to my parents, Mr Basalirwa David and Mrs Basalirwa Suzan, brother Tibhaidhukira Eve, Babirye Ratah, Afua Rahima, brother Alex Yeye, Kalinachi Derrick Mpola Medni, Bubale Roney, Bapere Moses and my friends Kiwere Dastan, Bawka Magret, Mahabirwa Agrey Godwin, Isaac, Micheal Laker Sarah, Judi .you people I hold you in my heart and my God Bless you

LIST OF ACRONYMS

AIDS.....Acquired Immunodeficiency Syndrome

ABC.....Abstinence, Being faithful and Condom use

HIV.....Human Immunodeficiency Virus

STI.....Sexually Transmitted Infections

WHO.....World Health Organization

NRM.....National Resistance Movement

ACP.....AIDS Control Program

UAC.....Uganda AIDS Commission

NGOS.....Non Governmental Organizations

SIAAP.....Ssese Islands African Aids Project

UNICEF.....United Nations Children's Fund

UNDP.....United Nations Development Programme

UNPF.....United Nations Population Fund

UNDCP.....United Nations International Drug Control Programme

ILO.....International Labour Organisation

UNESCO.....United Nations Educational, Scientific and Cultural Organisation

WB.....World Bank

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CHAPTER ONE

1.0 Introduction

This chapter dealt with the introduction, background to the study, problem statement, scope of the study and the significance of the study to the population of Busaba Sub County in Mbale district.

1.1 Background of the study

Much debate over HIV prevention has arisen in recent years. While both international and locally-based AIDS organizations continue to seek funds to scale up prevention efforts, researchers and policymakers have debated the meaning of Uganda's unprecedented HIV prevalence decline. It is important to note that the behavior change-based analysis of the Uganda prevention success, much of it now published in leading scientific journals, has not argued that such broader factors, as well as condom use, are unimportant; rather, the argument has focused more on the relative impact of the different "ABC" factors which means Abstinence, Being faithful and Condom use especially in more generalized epidemics driven mainly by heterosexual transmission.

Moreover, it is worth noting that most of the critics of the partner reduction-focused analysis likewise do not take extreme positions for instance condoms only, with no role for partner reduction, although it appears that some of these critics have, perhaps inadvertently, helped to re-polarize what has come to be called the ABC debate a discourse which has often centered on divisive arguments between "A" versus "C" (Epstein, 2004).

1.2 Statement of the problem

Acquired Immunodeficiency Syndrome (AIDS) is a fatal transmissible disease of the immune system caused by the human immunodeficiency virus (HIV). HIV slowly attacks and destroys the immune system, the body's defence against infection, leaving an individual vulnerable to a variety of other infections. AIDS is the final stage of HIV infection. AIDS was first reported in 1981 by investigators in New York and California. Initially, most U.S.AIDS cases were diagnosed in homosexual men who contracted the virus primarily through sexual contact or intravenous drug users who became infected by sharing contaminated hypodermic needles.

In 1983, French and American researchers isolated the causative agent, HIV and by 1985 serological tests to detect the virus were developed. HIV/AIDS grew to epidemic proportions in the 1980s, particularly in Africa where the disease may have originated. This growth was facilitated by several factors including increasing urbanization and long-distance travel in Africa, international travel, changing sexual mores and intravenous drug use. By 2002, AIDS had claimed over 25 million lives worldwide. Approximately 40 million people throughout the world are infected with HIV.

People living in sub-Saharan Africa account for more than 70 percent of all infections and in some countries of the region the prevalence of HIV infection exceeds 10 percent of the population. Rates of infection are lower in other parts of the world but the epidemic is spreading rapidly in Eastern Europe, India, South and Southeast Asia, Latin America and the Caribbean. In China, the government estimated that up to 850,000 people had contracted HIV by 2000 more than half having acquired the virus since 1997. In the United States the HIV/AIDS incidence has stabilized at about 40,000 new infections per year. One-third of all new cases are women for whom the primary risk factor is heterosexual intercourse (Barnett, 2002).

1.3 Objectives of the study

1.3.1 General objective

The purpose of this study was to examine the role of media in fighting against AIDs in Uganda.

1.3.2 Specific objectives

This study was specifically designed to:

i) Find out the causes of Aids in Uganda.
ii) Investigate the role of media in fighting against AIDs.
iii) Find out the role played by the government in fighting against AIDS in Uganda.
iv) Assess the role played by different humanitarian organizations in fighting against Aids.
v) Analyse the challenges such categories experience in fighting AIDs.
vi) To find out possible solutions to such challenges.

1.4 Research Questions

i) What are the causes of Aids in Uganda?

ii) What is the role played by media in fighting against AIDs?

iii) What is the role played by the government in fighting against AIDS in Uganda?

iv) What role do different humanitarian organizations play in fighting against Aids?

v) Which challenges do such categories experience in fighting AIDs?

vi) What can be done to overcome such challenges?

1.5 Scope of the study

1.5.1 Geographical scope

The study was carried out from Busaba Sub County in Mbale district. This is because the researcher is more familiar to the area of study.

1.5.2 Content scope

The study was carried out to assess the role of media in fighting against AIDs in Uganda.

1.6 Significance of the study

The study will enable policy makers realize the need to fight against Aids victim in Uganda.

It will help the government realize the need for empowering people concerned so as to effectively provide services related to curbing of Aids victim in the right time and place.

It will assist the community of Mbale to carry out investigations on the causes of Aids in the region and how it can be reduced.

1.7 Definition of key concepts

Media.....Refer to any materials that hold data in any form.

Broadcast media.....It is the kind of media that provide information either verbally, visual or both for example radios, television and films.

Government..... refers to the ruling agency of the state.

Constitution..... Refers to a system of basic ways and principles through which a democratic government is governed.

AIDS..... is a disease of the human immune system caused by the human immunodeficiency virus (HIV).

HIV stigma..... Refer to all unfavorable attitudes, beliefs, and policies directed toward people perceived to have HIV/AIDS as well as toward their significant others and loved ones, close associates, social groups and communities.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter dealt with a review of the related literature all of which is formulated in accordance to the objectives of the study.

2.1 Causes of AIDs victim

Sexual transmission is among the causes of HIV in Uganda. On this sexual transmission occurs with the contact between sexual secretions of one person with the rectal, genital or oral mucous membranes of another. Unprotected sexual acts are riskier for the receptive partner than for the insertive partner and the risk for transmitting HIV through unprotected anal intercourse is greater than the risk from vaginal intercourse or oral sex.

However, oral sex is not entirely safe as HIV can be transmitted through both insertive and receptive oral sex. Sexual assault greatly increases the risk of HIV transmission as condoms are rarely employed and physical trauma to the vagina or rectum occurs frequently, facilitating the transmission of HIV. Other sexually transmitted infections (STI) increase the risk of HIV transmission and infection, because they cause the disruption of the normal epithelial barrier by genital ulceration and micro ulceration and by accumulation of pools of HIV-susceptible or HIV-infected cells in semen and vaginal secretions. Epidemiological studies from sub-Saharan Africa suggest that genital ulcers such as those caused by syphilis and chancroid increase the risk of becoming infected with HIV by about fourfold.

There is also a significant although lesser increase in risk from STIs such as gonorrhea, chlamydia and trichomoniasis which all cause local accumulations of lymphocytes and macrophages. Transmission of HIV depends on the infectiousness of the index case and the susceptibility of the uninfected partner. Infectivity seems to vary during the course of illness and is not constant between individuals. An undetectable plasma viral load does not necessarily indicate a low viral load in the seminal liquid or genital secretions (UNAIDS, 2006).

However, each 10-fold increase in the level of HIV in the blood is associated with an 81% increased rate of HIV transmission. Women are more susceptible to HIV infection due to hormonal changes, vaginal microbial ecology and physiology and a higher prevalence of sexually transmitted diseases. People who have been infected with one strain of HIV can still be infected later on in their lives by other, more virulent strains.

Infection is unlikely in a single encounter. High rates of infection have been linked to a pattern of overlapping long-term sexual relationships. This allows the virus to quickly spread to multiple partners who in turn infect their partners. A pattern of serial monogamy or occasional casual encounters is associated with lower rates of infection. HIV spreads readily through heterosexual sex in Africa, but less so elsewhere. One possibility being researched is that schistosomiasis, which affects up to 50% of women in parts of Africa, damages the lining of the vagina (WHO, 2008).

Exposure to blood-borne pathogens also leads to HIV. This transmission route is particularly relevant to intravenous drug users, hemophiliacs and recipients of blood transfusions and blood products. Sharing and reusing syringes contaminated with HIV-infected blood represents a major risk for infection with HIV. Needle sharing is the cause of one third of all new HIV-infections in North America, China and Eastern Europe. The risk of being infected with HIV from a single prick with a needle that has been used on an HIV-infected person is thought to be about 1 in 150. Post-exposure prophylaxis with anti-HIV drugs can further reduce this risk. This route can also affect people who give and receive tattoos and piercings (UNAIDS 2008).

Universal precautions are frequently not followed in both sub-Saharan Africa and much of Asia because of both a shortage of supplies and inadequate training. The WHO estimates that approximately 2.5% of all HIV infections in sub-Saharan Africa are transmitted through unsafe healthcare injections. Because of this, the United Nations General Assembly has urged the nations of the world to implement precautions to prevent HIV transmission by health workers (UNAIDS; 2008).

The risk of transmitting HIV to blood transfusion recipients is extremely low in developed countries where improved donor selection and HIV screening is performed. However, according

to the WHO, the overwhelming majority of the world's population does not have access to safe blood and between 5% and 10% of the world's HIV infections come from transfusion of infected blood and blood products.

Perinatal transmission has also increased HIV transmission especially to those mothers who do not give birth from hospitals of experienced people. The transmission of the virus from the mother to the child can occur in utero during the last weeks of pregnancy and at childbirth. In the absence of treatment, the transmission rate between a mother and her child during pregnancy, labor and delivery is 25%. However, when the mother takes antiretroviral therapy and gives birth by caesarean section, the rate of transmission is just 1%.The risk of infection is influenced by the viral load of the mother at birth, with the higher the viral load, the higher the risk. Breastfeeding also increases the risk of transmission by about 4% (USAID, 2002).

2.2 Effects of AIDs to the population of Uganda

AIDS has had a devastating impact on Uganda due to the fact that it has killed approximately one million people and significantly reduced life expectancy. AIDS has depleted the country's labour force, reduced agricultural output and food security and weakened educational and health services. The large number of AIDS related deaths amongst young adults has left behind over a million orphaned children. People living with HIV and AIDS in Uganda not only face difficulties related to treatment and management of the disease but they also have to deal with AIDS related stigma and discrimination. Stigma and discrimination towards those affected by AIDS are visible at all levels of society from families and local communities to the government. President Museveni himself supported the policy of dismissing or not promoting members of the armed forces who test HIV positive and in 2001 he suggested that a rival presidential candidate was unsuitable for office because he was allegedly infected with the virus. Discrimination has also been reported in the private sector including mandatory HIV testing for new employees. As well as hurting those affected, such attitudes are a major hindrance to prevention and treatment efforts (Health line Networks, 2007).

Economically, HIV and AIDS affect economic growth by reducing the availability of human capital. Without proper nutrition, health care and medicine that is available in developed countries, large numbers of people suffer and die from AIDS-related complications. They will

not only be unable to work but will also require significant medical care. The forecast is that this will probably cause a collapse of economies and societies in countries with a significant AIDS population. In some heavily infected areas, the epidemic has left behind many orphans cared for by elderly grandparents (Health line Networks, 2007).

The increased mortality has results in a smaller skilled population and labor force. This smaller labor force consists of increasingly younger people with reduced knowledge and work experience leading to reduced productivity. An increase in workers' time off to look after sick family members or for sick leave lowers productivity. Increased mortality reduces the mechanisms that generate human capital and investment in people, through loss of income and the death of parents.

By affecting mainly young adults, AIDS reduces the taxable population, in turn reducing the resources available for public expenditures such as education and health services not related to AIDS resulting in increasing pressure for the state's finances and slower growth of the economy. This results in a slower growth of the tax base, an effect that is reinforced if there are growing expenditures on treating the sick, training to replace sick workers, sick pay and caring for AIDS orphans. This is especially true if the sharp increase in adult mortality shifts the responsibility and blame from the family to the government in caring for these orphans (Carol, 2001).

On the level of the household, AIDS results in both the loss of income and increased spending on healthcare by the household. The income effects of this lead to spending reduction as well as a substitution effect away from education and towards healthcare and funeral spending. A study in Côte d'Ivoire showed that households with an HIV/AIDS patient spent twice as much on medical expenses as other households (Carol, 2001).

2.3 Solutions to the victim

A number of African countries have conducted large-scale HIV prevention initiatives in an effort to reduce the scale of their epidemics. Senegal for example, responded early to the emergence of HIV with strong political and community leadership. It is impossible to predict how Senegal's epidemic would have progressed without intervention but Senegal now has one of the lowest HIV prevalence rates in sub-Saharan Africa. The situation in Uganda is similarly successful.

HIV prevalence among pregnant women in Uganda fell from a high of around 30% in the early 1990s to around 10% in 2001; a change which is thought to be largely a result of intensive HIV prevention campaigns. Declines in HIV prevalence have also been seen in Kenya, Zimbabwe and urban areas of Zambia and Burkina Faso (Coffey, 2007).

Exposure to infected body fluids is among the solutions to HIV stigma. Health care workers can reduce exposure to HIV by employing precautions to reduce the risk of exposure to contaminated blood. These precautions include barriers such as gloves, masks, protective eye ware or shields, and gowns or aprons which prevent exposure of the skin or mucous membranes to blood borne pathogens. Frequent and thorough washing of the skin immediately after being contaminated with blood or other bodily fluids can reduce the chance of infection (Coffey, 2007).

Finally, sharp objects like needles, scalpels and glass are carefully disposed of to prevent needle stick injuries with contaminated items. Since intravenous drug use is an important factor in HIV transmission in developed countries, harm reduction strategies such as needle-exchange programmes are used in attempts to reduce the infections caused by drug abuse. Mother-to-child transmission is another solution. Current recommendations state that when replacement feeding is acceptable, feasible, affordable, sustainable and safe, HIV-infected mothers should avoid breast-feeding their infant. However, if this is not the case, exclusive breast-feeding is recommended during the first months of life and discontinued as soon as possible. It should be noted that women can breastfeed children who are not their own (Coffey, 2007).

Another way to change risky behavior is health education. Several studies have shown the positive impact of education and health literacy on cautious sex behavior. Education works only if it leads to higher health literacy and general cognitive ability. This ability is relevant to understand the relationship between own risky behavior and possible outcomes like HIV-transmission. In July 2010, a UNAIDS Inter-Agency Task Team on Education commissioned literature review found there was a need for more research into non-African especially non-South African contexts, more research on the actual implementation of sex-education programmes such as teacher training, access to related services through schools and the community or parental attitudes to HIV and AIDS education and more longitudinal studies on the deeper complexities of the relationship between education and HIV(Jason,1993).

Further more condoms play a key role in preventing HIV infection around the world. In sub-Saharan Africa, most countries have seen an increase in condom use in recent years. In studies carried out between 2001 and 2005, eight out of eleven countries in sub-Saharan Africa reported an increase in condom use. The distribution of condoms to countries in sub-Saharan Africa has also increased in 2004 the number of condoms provided to this region by donors was the equivalent of 10 for every man, compared to 4.6 for every man in 2001. In most countries, though, many more condoms are still needed. For instance, in Uganda between 120 and 150 million condoms are required annually but less than 40 million were provided in 2005 (Jason, 1993).

Relative to the enormity of the HIV/AIDS epidemic in Africa, providing condoms is cheap and cost effective. Even when condoms are available, though, there are still a number of social, cultural and practical factors that may prevent people from using them. In the context of stable partnerships where pregnancy is desired, or where it may be difficult for one partner to suddenly suggest condom use, this option may not be practical.

The provision of voluntary HIV counseling and testing (VCT) is an important part of any national prevention programme. It is widely recognized that individuals living with HIV who are aware of their status are less likely to transmit HIV infection to others, and are more likely to access treatment, care and support that can help them to stay healthy for longer. Voluntary HIV counseling and testing also provides benefit for those who test negative, in that their behaviour may change as a result of the test. The provision of voluntary HIV counseling and testing has become easier, cheaper and more effective as a result of the introduction of rapid HIV testing, which allows individuals to receive a test and the results in the same day. Voluntary HIV counseling and testing could and needs to be made more widely available in most sub-Saharan African countries (Jason, 2003).

Around 390,000 children in sub-Saharan Africa became infected with HIV in 2008. The vast majority of these children have been infected with HIV during pregnancy, childbirth or breastfeeding, as a result of their mother being infected with the virus. Without interventions, there is a 20-45% chance that an HIV-positive mother will pass infection on to her child. If a woman is supplied with antiretroviral drugs, however, this risk can be significantly reduced.

Before these measures can be taken the mother must be aware of her HIV infection, so testing also plays a vital role in the prevention of AIDs.

2.4 The role played by government in fighting against Aids

Since President Yoweri Museveni came to power in Uganda in January 1986, he and his ruling National Resistance Movement (NRM) have enacted a wide range of reforms at all levels of government and society. One of the most significant of these changes has been the struggle against Aids stigma.

In 1986, after 15 years of civil strife, Uganda's new head of state President Yoweri Museveni responded to evidence of a serious emerging disease epidemic with a proactive commitment to prevention. In face-to-face interactions with Ugandans at all levels, he emphasized that fighting AIDS was a "patriotic duty" requiring openness, communication and strong leadership from the village level to the State House. His charismatic directness in addressing the threat placed HIV/AIDS on the development agenda and encouraged constant and candid national media coverage of all aspects of the epidemic, including behavior change. This early, high-level support fostered a multi-sectoral response, prioritizing HIV/AIDS and enlisting a wide variety of national participants in the "war" against the decimating disease popularly known as "Slim" (Kaleeba, 2006).

In 1986, Uganda established a National AIDS Control Program (ACP) and the national sentinel surveillance system, which has tracked the epidemic since 1987, began with four sites and by 2000 included 15; also of importance, there has been surveillance of AIDS cases since 1986. Eventually, in 1992, the multi-sectoral Uganda AIDS Commission (UAC) created to more closely coordinate and monitor the national AIDS strategy. The Uganda AIDS Commission prepared a National Operational Plan to guide implementing agencies, sponsored task forces and encouraged the establishment of AIDS Control Programs in other ministries including Defense, Education, Gender and Social Affairs. As of 2001, there were also at least 700 agencies governmental and nongovernmental working on HIV/AIDS issues across all districts in Uganda (Kirby, 2006).

Beginning in 1986, the Ugandan Aids Control Programme which later became the STD/AIDS Control Program, in 1994 launched an aggressive public media campaign that included print

materials, radio, billboards and community mobilization for a grass-roots offensive against HIV and has since then trained thousands of community-based AIDS counselors, health educators, peer educators and other types of specialists. Led by their leaders' examples, the general population in both urban and rural areas eventually also joined the fight against AIDS, so that it became a patriotic duty to support the effort. Spreading the word involved not just information and education but rather a fundamental behavior change-based approach to communicating and motivating. Decentralization itself was actually a type of local empowerment that involved local allocation of resources in and of itself a motivating force (Wilson, 2006).

2.5 Role of media in addressing the issue of Aids victim

In Uganda today, it is estimated that 1.5 million people are living with HIV infection, which implies that in every 10 adult Ugandans may be HIV positive. However, many people had not taken time to digest the problem of HIV in Uganda. It is also true that, in Uganda it is a taboo for a parent to talk to a child on issue concerning sexuality so many youths have been lacking the information on sex and its related problems including sexually transmitted diseases. For this reason the Uganda government called on the media to come up in the fight against HIV/AIDS, especially in programmes educating adolescents about sex issues and how to prevent STDS, AIDS inclusive.

A special programme "Capital Doctor" was set up on one of the national FM radio stations that UBC where the community addresses any questions, queries and issues they want to know about AIDS, sex and all issues concerning sexuality and a doctor is there to answer all questions on each program. It is a live phone in programme and people write letters. In the government owned newspaper, the New Vision, "Straight talk" a monthly publication in the paper is published every month and here the community, especially the youth write inquiring about issues on HIV and sex and answers to the queries are always published in a following months publication. There are several talks, plays and poems on television portraying the dangers of HIV/AIDS. Conferences, seminars and teleconferences have been organized through out the country and experienced people have been called to discuss issues concerning HIV/AIDS (Haselgrave, 2008).

Many people have called like on the radio programmes thanking the organizers for the information given and declaring a change in sexual behavior. Many youths have written to

straight talk declaring no sex before marriage- There has been observed increase in pre-marital HIV testing. There has been observed increase in STD treatment seeking behavior at the STD clinics. Openness in purchasing of condoms at selling centers has been observed, people don't shy away anymore from purchasing condoms at shops or pharmacies.

They are no longer looked at as a necessity for prostitutes. The AIDS control programme has observed a decline in the HIV infection rate and actually thanked the media for the good work done in community awareness. The media has played a very important role in HIV/AIDS awareness, and consequently in HIV prevention in Uganda. Other countries which have not taken the initiative to publicly declare that AIDS is a problem and therefore the community should know its dangers should come up and join the struggle instead of shying away and leaving the responsibility to the parents, who treasure the culture and cannot discuss sexual issues to their children (Haselgrave, 2008).

2.6 The role played by other humanitarian organizations (NGOs) in fighting against AIDS victim in Uganda

The evolution of HIV/AIDS care has resulted in a wide range of caregivers who work within public and private hospital facilities, NGOs and community-based facilities. Others are volunteers and community health and social workers based at facilities or community sites. Many caregivers are family members or part of a client's close social network. Additionally, people living with HIV/AIDS (PHA) themselves engage in self-care and provide support to other PHA through support groups (Kalibala 2005).

One such example of cooperative community-based efforts is the advances in policy creating interventions for children in difficult circumstances in South Africa. Models addressing children suffering abuse and neglect or HIV/AIDS show that NGOs have provided valuable solutions. These organisations have demonstrated their commitment to caring and change by investing in individuals, groups and communities (Sewpaul 2006).

In the developing world, the NGO response to AIDS emerged somewhat more slowly, reflecting both a lack of resources and experience, and a widespread reluctance to recognise publicly or acknowledge the threat. As the epidemic has progressed however both well-established and newly organised NGOs have been among the first to respond, promoting the need for persons

with AIDS and HIV to have access to counselling, support and health care. They have mobilised impressive efforts for training, education and other supportive services while official declarations denied the existence of the problem (Haslegrave 2006).

Ssese Islands African Aids Project (SIAAP) is a community based Non Governmental Organization (NGO that was started in 2004 by a U.S. Army officer, LT Frank Musisi during his active service in Iraq. A native of Ssese Islands himself, Lieutenant Musisi in collaboration with the local leaders in Kalangala (Uganda) and other volunteers developed SIAAP as a community response search to the HIV/AIDS pandemic in Kalangala where services for counseling, testing, treatment and care are lacking. SIAAP was officially registered as a non-profit organization with the NGO board in December2004 in Republic of Uganda.

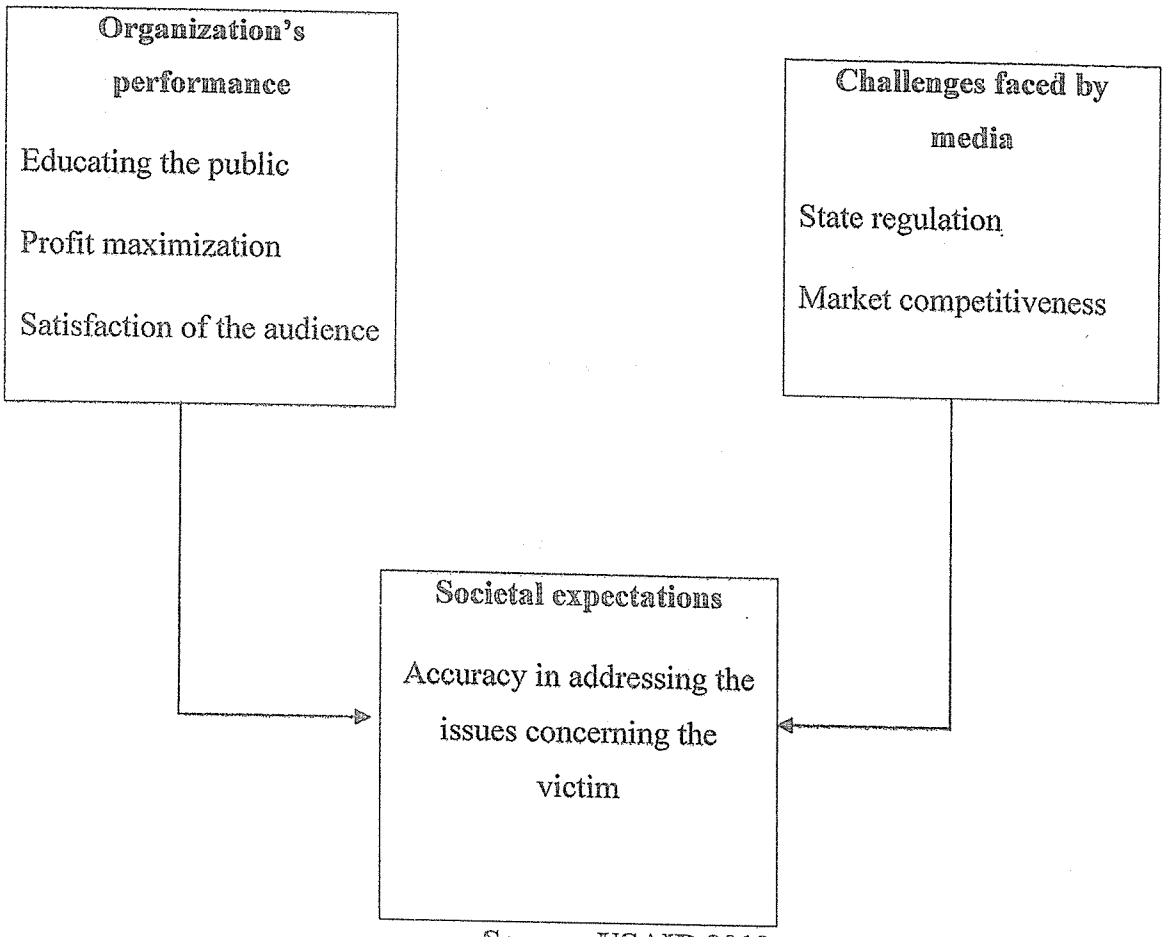
SIAAP was incorporated in the United States in 2005 and received the Federal Government Tax Exempt status in 2006. The overall goal of the association is to improve the living conditions of the people through community outreach and especially targeting the high-risk groups, (fishing communities, youth, pregnant women, adolescents) people living with HIV/AIDS, and the orphans in Kalangala district and other parts of Uganda. UN Commission on Human Rights resolutions have unequivocally stated that "the term 'or other status' in non-discrimination provisions in international human rights texts should be interpreted to cover health status, including HIV/AIDS and has confirmed that discrimination on the basis of HIV/AIDS status, actual or presumed, is prohibited by existing human rights standards (UNAIDS 2007).

The human rights framework provides access to existing procedural, institutional and other monitoring mechanisms for enforcing the rights of people living with HIV/AIDS and for countering and redressing discriminatory action. Two complementary kinds of alleviation strategies are necessary to address stigma and discrimination: strategies that prevent stigma or prejudicial thoughts being formed and strategies that address or redress the situation when stigma persists and is acted upon through discriminatory action, leading to negative consequences or the denial of entitlements or services. Ultimately, it is at the community and national levels that HIV/AIDS related stigma and discrimination are most effectively combated. Communities and community leaders must advocate for inclusiveness and equality irrespective of HIV status (Shreedhar, 2007).

In its role as the leading advocate for worldwide action against HIV/AIDS, UNAIDS the Joint United Nations Programme on HIV/AIDS along with its eight cosponsors United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), United Nations International Drug Control Programme (UNDCP), International Labour Organisation (ILO), United Nations Educational, Scientific and Cultural Organisation (UNESCO), World Health Organisation (WHO) and World Bank (WB) states as its mission to "lead, strengthen and support an expanded response to the HIV/AIDS epidemic aimed at preventing the transmission of HIV.

Providing care and support for those infected and affected by the disease, reducing vulnerability of individuals and communities to the HIV/AIDS epidemic aimed at preventing the transmission of HIV, providing care and support for those infected by the disease, reducing the vulnerability of individuals and communities to HIV/AIDS and alleviating the socioeconomic and human impact of the epidemic. In order to achieve this, the Global Fund to Fight AIDS, TB and Malaria was set up. The Global Fund complements the work by UNAIDS by providing finance to meet these aims (UNAIDS 2008).

Conceptual Framework



Source: USAID 2010

According to the above conceptual frame work, the role of media was to maximize profits and generally educate people through entertainment. However, all this could be achieved through overcoming the challenges like state regulation and competition. This could be with regard to societal expectations that need accuracy in addressing issues concerning the victim. Thus if all the above issues are put into consideration, people can change their altitudes hence HIV reduction.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter included the type of research design, population description, the sample and sampling procedures, data collection procedures, data quality control measurements and then data analysis procedures.

3.1 Research design

The research was carried out using a survey design where information was obtained systematically using interviews schedules and questionnaires. Observations and Other related literature were also used.

3.2 Area and population of study

The study was carried out from Busaba Sub County in Mbale district. Selected individuals from the sub county's rulers plus the Administration at the district and Non Governmental Organizations were conducted.

The target population was Sub county's Administrators, Local leaders, NGOs concerned with AIDs prevention plus local people in Busaba Sub County and Mbale district as a whole.

3.3 Sample technique and size

The Sampling technique involved Cluster Sampling including administrators, local people, local leaders and purposive sampling for organizations concerned with AIDs reduction all totaling to 100 respondents. Where by 10 were Busaba sub county Administrators, 50 local people within the sub county, 10 were local leaders in Busaba, 10 respondents from the district administration, 20 respondents from different organizations taking care of AIDs patients in Mbale district. For easier and practical study all these groups were divided into four categories. This is because members from same region tend to exhibit similar attitudes and characteristics. Members per region were grouped according to the four classes.

3.4 Data collection methods

The questionnaire

The semi- structured questionnaire was the main instrument of the study to be administered to the selected groups of people. The researcher used this method because of its ability to gather information from respondents within a short time as supported by Gupta (2000). Moreover, respondents were given time to consult records to ensure that sensitive questions are truthfully answered (Bukenya 2008).

Structured interviews

Interviews were carried out randomly among the different groups of respondents in Mbale district.

3.5 Data analysis

Data was collected by use of questionnaire then it was entered into the computer, edited, sorted and coded to minimize errors. After wards it was grouped into tables, analyzed, interpreted and discussed.

3.6 Limitations of the study

a) Poor infrastructure in Mbale district hindered access to information due to the fact that it was hard fro the researcher to go deep in the village.
b) Time was not enough for me to carry out the interviews and focus group discussions.
c) Inadequate funds involving transport, accommodation and typesetting.

CHAPTER FOUR

PRESENTATION, ANALYSIS AND DISCUSSION OF THE FINDINGS

4.0 Introduction

This chapter presents research findings and their interpretations. It deals with testing of various objectives based on the research questions that were utilized for this study. The study targeted 100 respondents; Where by 10 were Busaba sub county Administrators, 50 local people within the sub county, 10 were local leaders in Busaba, 10 respondents from the district administration, 20 respondents from different organizations taking care of AIDs patients in Mbale district.
This study was guided by six objectives.

Table 1: Total number of questionnaires responded to

Response	Responded to	Percentage (%)
Administration	20	20
NGOs	20	20
Local people	50	50
Local leaders	10	10
Total	**100**	**100**

Source: Primary data, 2011

Table 1 indicates that 20 out of 100 respondents representing 20% were from the administration in Busaba Sub County, 20 out of 100 respondents representing 20% were from NGOs yet 50 out of 100 respondents representing 50% were local people and 10 out of 100 respondents representing 10% were local leaders approximately.

4.1 Background information of respondents

Since sampling was random, respondents had differences in terms of the background. This includes different age groups, education level, marital status and sex.

4.1.1 Sex of the respondents

Since sampling was done randomly, both male and females were interviewed. The table below indicates that 48% of the respondents were female while 52% of the respondents were male.

Table 2: Sex of respondents

Response	Frequency	Percentage (%)
Female	48	48
Male	52	52
Total	**100**	**100**

Source: Primary data, 2011

Table 2 indicates that, 52 out of 100 respondents representing 52% were male while 48 out of 100 respondents representing 48% were male. Thus this indicates that male respondents were more than female due to the fact that according to the World vision Aids research carried out in 2007 in Busaba sub county, the big population of HIV/AIDs positive patients were male hence indicating that male respondents had to be given a priority to give reasons for the causes of AIDs.

4.1.2 Marital status of the respondents

Table 3 shows the distribution in as far as the marital status is concerned.

Table 3: Marital status of the respondents

Response	Community	Percentage (%)
Married	18	18
Divorced	20	20
Engaged	30	30
Single	32	32
Total	100	100

Source: Primary data, 2011

Table 3 indicates that 18 out of the 100 respondents representing 18% were married yet 20 out of the 100 respondents representing 20% were divorced, 30 out of the 100 respondents representing 30% were engaged and 32 out of the 100 respondents representing 32% were single. Hence it indicates that most people leave a single life which has greatly contributed to the spread of AIDs victim.

4.1.3 Age of the respondents

To access the validity of the result it was also important to evaluate the ages of the respondents.

Table 4: Age of respondents

Response	Frequency	Percentage (%)
15-20	10	10
20-30	40	40
30-50	20	20
50 and above	30	30
Total	**100**	**100**

Source: Primary data, 2011

Table 4 indicates that 10 out of 100 respondents representing 10% were aged between 15-20 years, 40 out of 100 respondents representing 40% were aged between 20-30 years yet 20 out of 100 respondents representing 20% were aged between 30-50 years and 30 out of 100 respondents representing 30% were 50 years.

4.1.4 Level of education of the respondents

With the use of the questionnaire the researcher collected data on the level of education of the respondents. After analyzing the causes and effects of HIV/AIDs victim it was evident AIDs at times increases because people are illiterate that is they cannot realize the causes of the victim and how it can be reduced yet at times they fail to use the medications given to them to reduce on its disastrous impacts.

Table 5: Levels of education of the respondent

Response	Frequency	Percentage
Primary	15	15
Secondary	45	45
Tertiary	20	20
Vocational	20	20
Total	**100**	**100**

Source: Primary data, 2011

From Table 5, 15 out of the 100 respondents representing 15% completed primary level,45 out of the 100 respondents representing 45% completed secondary yet 20 out of the 100 respondents representing 20% completed tertiary institutions and 20 out of the 100 respondents representing 20% finished with vocational certificates.

4.1.5 Duration of stay in Mbale district by respondents

Table 6: Duration stayed in Mbale district by respondents

Response	Frequency	Percentage
10years and above	53	53
7years	12	12
5years	25	25
Less than 5years	10	10
Total	**100**	**100**

Source: Primary Data, 2011

Table 6 shows that 53 out of the 100 respondents representing 53% had stayed in Mbale district for more than 10 years, 12 out of the 100 respondents representing 12% had stayed in Mbale district for 7years yet 25 out of the 100 respondents representing 25% had stayed their for 5years and 10 out of the 100 respondents representing 10% had stayed their for less than 5 years. This indicated that most respondents were Mbale district residents by birth.

4.2 The causes of AIDs victim in Busaba sub county in Mbale district

The first research objective of the study sought to investigate the causes of AIDs victim in Busaba sub county Mbale district. In order to get answers to ascertain the research question, the researcher inquired from the respondents and their perception on a number of issues. These issues included: What leads to increment in HIV/AIDs victim among residents in the region, whether respondents understand the meaning of AIDs victim and whether they get support from the government to reduce the victim. Descriptive statistics of the study were also analyzed and indicated results. For example, the researcher was interested in investigating the causes of high rates of AIDs increment in the region. On the causes of AIDs increment in Busaba Sub County in Mbale district, the results are presented in Table 7.

Table 7: The causes of AIDs increment in Mbale district

Response	Frequency	Percentage
Sharing of sharp instruments	50	20%
Poverty	22	22%
Divorce	9	9%
Lack of satisfaction	19	19%
Total	**100**	**100**

Source: Primary Data, 2011

4.2.1 Sharing of sharp instruments

Basing on the study findings, 50 out of the 100 respondents representing 20 % acquire AIDs due to sharing of sharp instruments fro instance when some body infected cuts him or her self with a sharp instrument and the same instrument get used by another person who is negative he or se can acquire AIDS.

4.2.2 Poverty

From Table 7 on the study findings of the causes of AIDs, 22 out of the 100 respondents representing 22% showed that poverty is another cause of Aids due to the fact that most people practice sex disorders like the prostitutes and lesbians in order to earn money.

4.2.3 Divorce

Study findings also showed that 9 out of the 100 respondents representing 9% argued that divorce has contributed to AIDs increment in the way that when some partners separate they develop a system of marrying every one who comes across them and this is especially done on contract basis like two moths, one year or even two days.

4.2.4 Lack of satisfaction

Basing on the study findings, 19% of the respondents showed AIDs has increased due to the fact that most partners are not satisfied with what they have hence decide to go with very body they feel that will satisfy them.

Table 8: Whether respondents understand the meaning of AIDS as a victim

Response	Frequency	Percentage
Yes of course	50	50%
Somehow	23	23%
No idea	27	27%
Total	100	100

Source: Primary Data, 2011

According to the expressions of the respondents in Table 8, it could be observed that 50 out of the 100 respondents representing 50% understood the meaning of AIDs as a victim. 23 out of the 100 respondents representing 23% stated that they somehow understood the meaning of the term. However, 27% of the respondents had no idea on it. The researcher placed special emphasis on the role played by the media in fighting against AIDs victim; the results are presented in Table 9

4.3 Role played by media in fighting against ADS in Uganda

The general objective of the study sought to investigate the role played by media in fighting against AIDs in Mbale district and the results are seen in Table 9

Table 9: Role played by media in fighting against AIDs

Response	*Frequency*	*Percentage*
HIV reduction	48	*48*
Sensitization of the public	32	*32*
Employment	20	*20*
Total	*100*	*100*

Source: Primary data 2011

Table 9 shows that 48 out of 100 respondents representing 48% shows that media has placed more emphasis on HIV reduction that is to say through provision of conferences to teach people on ways of escaping the victim, provision of free condoms, yet 32 out of the 100 respondents representing 32% say that it has helped in sensitization of the public while 20 out of the 100 respondents representing 20% show that the media has played a very big role provision of employment opportunities to residents through giving them small duties like displaying bill boards, organizing conferences and also recruiting those who are unemployed in their media houses like radio stations, news papers among others. Die to the fact that no man is an island, media houses are accompanied by different NGOs and their role towards Aids reduction is shown in Table 10 below:

Table 10: Role played by NGOs in fighting against AIDs

Response	Frequency	Percentage
Sensitization	57	57%
Employment	18	18%
Provision of condoms to the partners	25	25%
Total	**100**	**100**

Source: Primary Data, 2011

According to table 10, the respondents gave different opinions concerning the role played by NGOs in reduction of AIDs in Mbale district and the results indicated that 57 out of 100 respondents representing 57% argued that NGOs in Mbale district have placed special emphasis on sensitization of the public through community education, meetings, advertisements among others yet 18 out of 100 respondents representing 18% of the respondents argued that NGOs have tried to reduce AIDs through creation of employment opportunities since unemployment is among the causes of AIDs increment in Mbale district. However, 25 out of 100respondents representing 25% argued that NGOs have tried to provide condoms to different Health centres in Mbale district such that partners reduce on the spread of AIDs.

4.4 The impacts of AIDS on society

In order to get appropriate answers to this objective of the study, a number of elements were subjected to the respondents to solicit to their perception of the variables in question. For instance, the researcher solicited from respondents the impacts of AIDs victim on not only Mbale district but also in other parts of Uganda. The results to this study were analyzed by generating tables and percentages which were used to make comparison of the perceptions as the following presentation depicts. On the impacts of AIDs on the Ugandan society, the results solicited from the respondents to this research question are presented in Table 11.

Table 11: Impacts of AIDs on the Ugandan society

Response	Frequency	Percentage
Death	22	22%
Murder	30	30%
Poverty	10	10%
Psychological disorders	18	18%
Mental orders	20	20
Total	**100**	**100**

Source: Primary Data, 2011

4.3.1 Death

Basing on the study findings, 22% of the responses showed that AIDs leads to death for example in Uganda many people have lost their lies due to that killer disease.

4.3.2 Murder

Basing on the study findings, 30% of the responses showed that AIDs leads to murder for example when many people realize that they are positive, kill themselves.

4.3.3 Poverty

Still basing on the research findings, 10% of the response showed that poverty at times comes as a result of AIDs due to the fact that most people spend a lot of money in treatments and at times most of them leave their places of work and start looking for way of recovering in their normal status.

4.3.4 Psychological and mental disorders

Further more, basing on the research findings, 18% and 20% of the response showed that psychological and mental disorders in most people come as a result of AIDs since people lose their mental control and resort to things like madness.

4.5 Solutions to AIDs victim

This research objective sought to find out possible solutions of how to reduce AIDs victim. To get the answers to this question, a number of elements were placed to the respondents among which the following highlights are important. The results to this study were analyzed by generating tables and percentages which were used to make the comparison of the perceptions as the following presentation depicts. The descriptive statistics of the study were also analyzed and indicated similar results. For instance, the researcher solicited respondents' views on what are the possible solutions of how to reduce AIDs and the results are presented in Table 12.

Table 12: Solutions to the AIDs victim problem among residents in Mbale district

Response	Frequency	Percentages
Cooperation	29	29%
Creation of more jobs	11	11%
Strict policies	5	5%
Emphasis on sensitization of the public	15	15%
Blood testing	40	40
Total	100	100

Source: Primary Data, 2011

Table 12 indicates that there was a wide perception from the respondents that the above policies must be put in place to reduce AIDs victim. This was reflected by 29 out of 100 respondents representing 29% of the respondents who strongly supported cooperation among the media, government, law enforcement organs, local people, NGOs so as to reduce the victim. This was followed by 11 out of 100 respondents representing 11% who strongly supported the creation of job opportunities to reduce on the unemployed. Besides that, 5 out of 100 respondents representing 5% argued that if emphasis is put on imparting of strict policies especially to those who practice prostitution the victim can be reduced. However, 15 out of 100 respondents representing 15% of the respondents felt that sensitization of the public can help reduce AIDs since it keeps people informed about the dangers of the victim and lastly 40 out of 100 respondents representing 40% argued that emphasis must be put on blood testing such that people know their health status in time and if possible start using drugs (ARVS).

CHAPTER FIVE

SUMMARY OF THE FINDINGS, RECOMMENDATIONS AND CONCLUSIONS

5.0 Introduction

In this chapter we look at the summary of findings from the research carried out in Busaba Sub County in Mbale district. It also gives the policy recommendations for the different respondents that are involved in this research about the role played by media in fighting against AIDs in Uganda and therefore it will give the conclusion of that was reached at.

5.1 Summary

The study came up with positive responses where by all the 100 questionnaires submitted were responded to. This showed a high level of cooperation among respondents and a smooth process of collecting data. Among those who responded to the interview, 48% were female and 52% were male.

The research findings show that AIDs victim is a result of a variety of factors which include poverty, lack of satisfaction, divorce, unemployment among others. However such problems can be overcome through cooperation, education, strict policies, creation of job opportunities were mentioned as some solutions to the problem of AIDs in Mbale district and Uganda as a whole country.

According to the findings of the research, local people, local leaders, NGOs, government together have to work together to ensure that AIDs is reduced in Uganda.

5.2 Recommendations

If AIDs problem is to be reduced and the adopted policies be made more effective and successful, Media, the government, NGOs (humanitarian organizations), local people and local leaders must work together. There after the following recommendations will be appropriate:

5.2.1 Government

a) Government should be supportive and protective of every citizen in Uganda in different areas through giving them support especially in form of employment opportunities to reduce on acts like prostitution. The government can do this through for instance subsidization of small firms, increasing on people's salaries and also providing space for more investors.

b) A strong partnership between local leaders at the district level, local people, media and the government should be hinged on clear roles and responsibility. The government should take in developing supportive policies for involving all residents in development programmes since it is responsible for protection of all citizens in the country at large. Ideal collaboration between such groups of individuals and the government will help reduce on the spread of AIDs.

c) Government should accept to open up an equal basis, discuss and formulate policies jointly with the media and NGOS plus local leaders in different sectors governing the country. The government should engage the district's policy dialogues because the district administrators being so close to local people get to know what their problems are and if need arises they find solutions when the issue is still urgent.

d) Laws should be enforced against any person involved in acts like prostitution and lesbianism.

5.2.2 Local community

The local community should be willing to work with the government to fight AIDs victim. This can be done through giving it support in terms of news like reporting prostitutes and all people who involve themselves in sexual disorders plus arresting those who are fond of involving themselves in the act of HIV transmission.

5.2.4 General

a) If AIDs victim is to be reduced, media, local people, the local leaders, the government and different NGOs in Mbale district must connive and work together. Each of the party must perform its role so as to reduce AIDs in the country. In other wards, there must be a mutual relationship amongst those groups of people.

b) In fighting against AIDs, it is important that the most pressing needs of the community are tracked first. Thus, the Media, government, local community, local leaders and the international community should be in position to provide the most pressing needs of the communities like Busaba first.

5.3 Conclusions

The media, government, NGOs, local leaders and local people are dealing in fields which aim at reducing AIDs victim which has become a big problem in society. Such fields range from health, educational, environment, health care and even youth education at schools, however, the bottom line is that all these are necessary for reduction of AIDs be it prevention to make Uganda a happy nation to leave in.

However, it should be noted that the above groups are challenged with a number of problems. Most of the challenges however are created by the community members themselves for example prostitutes do not want to leave the act of prostitution and also people fear to know their health status.

In conclusion therefore for the AIDs victim to be reduced in Uganda, every body has to wake up and join the struggle to fight it to make not only Busaba sub county the only happy region but also other regions allover the country.

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APPENDIX II

Interview Guide for Local People in Busaba Sub County

KAMPALA INTERNATIONAL UNIVERSITY FACULTY OF ARTS AND HUMANITIES DEPARTMENT OF MASS COMMUNICATION.

I Basalirwa Lilian a student from Kampala international university pursuing a degree in mass communication, year three , semester two. In our final year we are required to carry out research on a topic of our choice therefore my topic is about "the role of media in fighting against aids in Uganda and the case study is Busaba Sub County in Mbale district." Therefore request you to respond to the following questions appropriately thanks.

Name.....

Age.....

Sex

Female ☐ male ☐

Marital status

Married ☐ Single ☐

Others ☐

Education level

Primary and below ☐ Secondary ☐

Degree diploma ☐

Above degree ☐

Q) What do you understand by AIDs as a victim?

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.....

Q) What are the causes of AIDs in Uganda?

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.....

Q) What are the effects of AIDs on the Ugandan population?

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.....

Q) What do you think should be the possible solutions to the problem of AIDs?

.....

.....

Q) In your point of view, how can you prove that some body has AIDs?

.....

.....

Q) How do the infected people survive in their every day life especially when it comes to associating with those who are negative?

.....

.....

Q) As district administrators, what have you done to reduce the victim in Mbale district?

.....

.....

Q) Which advice do you give to Ugandans to stay HIV negative?

.....

.....

Q) What are some of the challenges you face in addressing the issue of AIDs stigma?

.....

.....

Q) Do you have any comment you would like to pass to the government in the struggle of reducing the victim amongst Ugandans?

.....

.....

End and thanks

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Age.....

Sex

Female ☐ male ☐

Marital status

Married ☐ Single ☐

Others ☐

Education level

Primary and below ☐ Secondary ☐

Degree diploma ☐

Above degree ☐

Q) As residents, what do you understand by the term HIV/AIDs stigma?

.....

.....

Q) What are the causes of the stigma in your area?

.....

.....

Q) What are the effects of the victim on residents?

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.....

Q) Have you ever experienced any victim or any infected person?

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.....

Q) How was she or he treated in society?

.....

.....

Q) Have you ever been tested?

.....

.....

Q) If it is true that you are positive, how did you feel at that time?

.....

.....

Q) Which advice do you give to people who are negative to protect themselves?

.....

.....

Q) Which advice or comment would you want to pass to the government concerning HIV reduction?

.....

.....

End and thanks