WOMEN EMPOWERMENT AND PREVALENCE OF HIV TRANSMISSION IN, MUNKUNYU SUB COUNTY, KASESE DISTRICT

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SEPTEMBER, 2019

DECLARATION

I **AYERA BARBRAH ,** declare that this work is as a result of my own research and it has never been submitted to any other institution for any academic award.

Signature .....

Date.....12th Sept 2019.....

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APPROVAL

This research Report entitled **"Women Empowerment and prevalence of HIV transmission in Munkunyu Sub-County, Kasese District."** Was conducted under my supervision and with my approval it was presented to the College Academic Board for the award of a relevant qualification.

Signature.....Date.....12th Sept 2019

MRS. TALIGOOLA N DEBORAH

SUPERVISOR

DEDICATION

I dedicate this piece of work to my parents Mr. and Mrs. Byabasaija Mereki my brothers Mr.Kyalisiima Brian, Mugisa Barnabas and Sisters Nyakaisiki Doreen, Birungi Charity and the Late Best Bridget Abwooli. I further dedicate this work to Ekimweri Gerald, Ategeka Alfred, Kabogho Peace, Mbambu Patience, Biira Joy, Muhindo Gillian, Masika Jesica and Mr. Police Kekereza. Had it not been for their golden hearts, my academic journey would not have a successful story.

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All praise to God, the Most Beneficent and the Most Merciful. It is with great submission that I bow my head before Him for giving me the courage to complete this research program in time.

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I feel it incomplete if I don't pay my special thanks and heartiest compliments to all of my class mates.

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ABSTRACT

This qualitative research investigated the relation between Women empowerment and the prevalence of HIV AIDS in Munkunyu Sub-county Kasese District. The descriptive research design was used with and out of total population of one hundred respondents, a sample 50 children and 34 parents both male felmale as well as one NGO within Munkunyu Subcounty, Kasese district drawn using a Stratified random sampling technique. Data was analyzed using the Statistical Package for Social Sciences (SPSS). Results were presented in form of charts and tables. The major findings of the study revealed that increased women empowerment through both education and financial stability directly reduced on the level of HIV prevalence in the communities sampled. It was also observed that the parents and the males in the society have not yet fully appreciated the logic behind girl-child education and women empowerment in as far as HIV prevalence is concerned. This study also recommends that laws and prescribing some punishment for any members of the society that practice cultural activities that tend discriminate against women and female children should be enacted and implemented even in the remote villages.

CHAPTER ONE

INTRODUCTION

1.0 Introduction.

In this section, the researcher presents the background of the study, statement of the problem, purpose of the study, specific objectives, research questions, and significance of the study, scope of the study, hypothesis.

1.1 Background of the study.

The link between many women's powerlessness to avoid high risks and the spread of HIV is now widely recognized and accepted. There is ample evidence that the high and increasing vulnerability of women to HIV is due to gender-based social and economic inequalities; violence against women including sexual violence; and inequity in access to prevention, education and training, and care. The difference in socioeconomic and political power between men and women increases women's vulnerability to HIV infection. A lack of respect for women's rights both fuels the epidemic and exacerbates its impact. Despite the recognition of the need for tackling gender equality in response to HIV and AIDS by governments and donors, the implementation of appropriate policies and interventions are inadequate or lacking. There is urgent need for addressing the policy to practice gap, and investment in bringing to scale the promising legal, economic and social interventions that will accelerate women's empowerment. Women's empowerment with transformation of gender relations at the national, local and household level is urgently needed if the AIDS epidemic is to be contained and reversed.

Women's empowerment generally refers to the recognition that women legitimately have the ability to and should, individually and collectively, participate effectively in decision-making processes that shape their societies and their own lives. In relation to empowerment and transmission of HIV, women must legitimately have the ability and should make informed decisions about their own bodies and behaviors to reduce their risk of infection with HIV. Important aspects of empowerment are both *agency* (defined

as ability to set their own goals and act upon them) and women's *resources* and *capacities*. Women's agency in sexual and reproductive health matters is greatly influenced by women's ability to exercise and enjoy human rights, prevailing concepts of gender and gender roles, and their own socialization. Attitudes towards gender that are formed in early childhood can play a significant role in creating adult behaviors that lead to the spread of HIV.

HIV prevalence among men who have sex with men (sometimes referred to as MSM) in Uganda was an estimated 13% in 2013, the most recent data available. A 2017 study among men who have sex with men in Kampala reported high risk behaviors to be common, including 36% of respondents reporting regularly unprotected anal sex, 38% selling sex, 54% having multiple steady partners, 64% having multiple casual partners, and 32% injecting drugs.

In a recent review of relevant literature to examine the relationship between young women's vulnerability to HIV and the impact of education, it was noted that HIV prevention campaigns often fail to address the increased vulnerability of young women because "they fail to deal with the simple fact that many women lack the power to determine who to have sex with or when and how to have sex." It was concluded that one of the best possible ways in which to empower young women to assert their sexual and reproductive rights is by increasing access to education, particularly secondary education. The review pointed to formal education (particularly secondary education) as influencing vulnerability to HIV.

At the same time that women overall are more educated and capable than previous generations, MENA women are behind in labor force and political participation, and the overall poverty rate there has not improved much since 1990. Although overall female labor force participation has risen from 28% in 2000 to 32% in 2006, it is also the case that male labor force participation has remained at 79% across the same period. Some argue that women's financial dependence on men, coupled with lesser education, makes it difficult to request condom use. An emphasis on the links between economic

empowerment, control over assets, and sexual negotiation is therefore needed in the region.

Specific research findings from various regions of the world indicate that economically dependent women and girls are more likely to be constrained into sexually risky situations: less able to negotiate safer sex with partners, less likely to be able to leave an abusive or violent relationship (also associated with HIV risks), and much more likely to exchange sex for food, goods, or assets Additionally, some research has found that women who do sex work are first inducted into and have a difficult time getting out of sex work for economic reasons. Research now also shows that economic independence for women is a factor that is strongly related to negotiating safer sex. Thus, the combination of HIV/AIDS prevention and economic initiates could produce important synergies that extend beyond the economic realm to "empower women" and provide more enduring protection from HIV/AIDS risks than HIV/AIDS prevention can do alone.

The disadvantaged position of women due to higher poverty incidence and unequal power relationships with their male counterparts and wider community has been a source of debate over the past several decades. Their contribution within the household is also significant. Yet, their roles are largely unrecognized, and women's access and control over resources is limited. According to the 'bargaining model' (which recognizes the possibility of both cooperation and conflict of relationships), this lack of resources would mean that within the *household*, women often have lower 'fall-back position' (or lower 'welfare' in the event of a breakdown of marriage) and therefore they would be obliged to be subservient to and accommodate the interest of their male counterparts in order to save the marriage from breaking down (Osmani, 1998).

Modules for life learning, with particular focus on sexuality education, were developed as part of the curriculum review process for lower secondary school classes. In addition, outreach to over 800 primary and secondary schools were conducted to provide HIV prevention information, with a focus on the risks of multiple partnerships, cross-

generational, transactional and early sex. In total, just under 360,000 children were reached with 1-hour HIV and health education sessions in 2015/16.

Health care is typical for Uganda, but below national average for some key indicators. HIV prevalence rate is more than double the national average. Numbers of health staff per head of population is low, and attitudes to family planning remain very traditional. HIV prevalence is almost four times higher among young women aged 15 to 24 than young men of the same age. The issues faced by this demographic include gender-based violence (including sexual abuse) and a lack of access to education, health services, social protection and information about how they cope with these inequities and injustices. Indeed, young Ugandan women who have experienced intimate partner violence are 50% more likely to have acquired HIV than women who had not experienced violence.

HIV prevalence among sex workers was estimated at 37% in 2015/16. It is estimated that sex workers and their clients accounted for 18% of new HIV infections in Uganda in 2015/16. A 2015 evidence review found between 33% and 55% of sex workers in Uganda reported inconsistent condom use in the past month, driven by the fact that clients will often pay more for sex without a condom.

The Uganda Anti-Homosexuality Act was passed by parliament in December 2013 and officially signed into law in February 2014. Although the law was annulled in August 2014 due to a technicality based on the number of MPs present during the vote, it is thought to have resulted in increased harassment and prosecution based on sexual orientation and gender identities. It has also triggered negative discussions from the general population on social media, in which violence and anti-homosexual discrimination are advocated.

There is an emerging consensus that promoting gender justice in value chain development is not only a rights issue for women, but makes 'business sense' for households, enterprises, and ultimately the national economy. Munkunyu Sub county has one of the most vibrant civil society organisations in Uganda which use a right based and

participatory approaches to implementing projects in communities which have led to projects ownership and sustainability.

1.2 Statement of the problem

HIV/AIDS epidemic in the country continues to pose serious public health challenges, responsible for significant morbidity and mortality among adults and children as recent years have witnessed increased support for HIV/AIDS programs by national governments and Global Health Initiatives including bilateral and multilateral development partners. Furthermore, the rate of new infections in the country is also still very high, outpacing by far, the rate of enrolment onto ART and chronic AIDS care.

Recent years have witnessed increased support for HIV/AIDS programs by national governments and Global Health Initiatives including bilateral and multilateral development partners. This has led to setting of ambitious national and project goals and objectives with associated performance targets.

There has been committed large amounts of funding to fight the spread of HIV - bilaterally, multilaterally and through collaborative donor efforts however there is little information on how to address women's empowerment in relation to HIV and AIDS and therefore the researcher wishes to investigate women's empowerment in relation to HIV and AIDS.

1.3 General Objective of Study

The general objective of this study was to examine the effect Women Empowerment and Prevalence of HIV transmission in Munkunyu sub-county, Kasese district.

1.4 Specific Objectives of Study

The study was guided by the following specific objectives:

I. To examine the influence of child development on Prevalence of HIV transmission.

II. To examine the effect of family economic growth on Prevalence of HIV transmission.

III. To examine the effect of child health and nutrition on Prevalence of HIV transmission in Munkunyu sub-county, Munkunyu Sub county.

1.5 Research Questions

I. What is the influence of child development on Prevalence of HIV transmission?

II. What is the effect of family economic growth on Prevalence of HIV transmission?

III. What is the effect of child health and nutrition on Prevalence of HIV transmission?

1.6 Scope of the Study

The study examined the effect Women Empowerment and Prevalence of HIV transmission in Munkunyu sub-county, Kasese district with focus on ; assessing the influence of child development on Prevalence of HIV transmission, establishing the effect of family economic growth on Prevalence of HIV transmission and investigating the effect of child health and nutrition on Prevalence of HIV transmission. The study was conducted between May 2018 and September 2019.

1.7 Significance of the Study

1.7.1 Researchers: The study will help other researchers to be aware of the effect Women Empowerment and Prevalence of HIV transmission in Munkunyu sub-county, Kasese district.

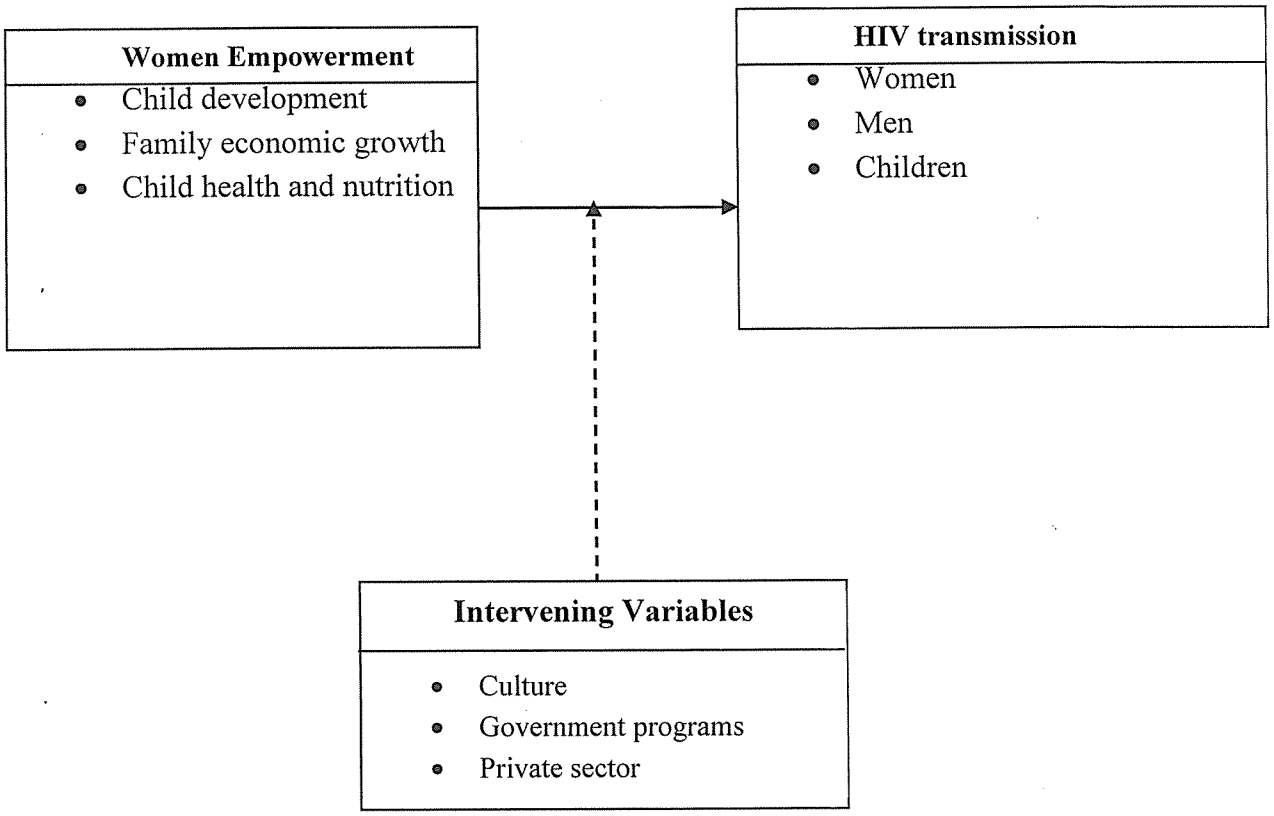
1.7.2 Policy makers: The study will help policy makers to plan better after analyzing the effect Women Empowerment and Prevalence of HIV transmission.

1.7.3 Academicians: The study will help academicians to refer to this topic on Women Empowerment and Prevalence of HIV transmission.

1.7.4 To the researcher: the study will help the researcher to have knowledge about the effect Women Empowerment and Prevalence of HIV transmission in Munkunyu sub-county.

1.8 Conceptual Framework

Figure 1. The conceptual framework



Source: UNAIDS (2004) *Facing the future together*

Conceptual framework consists of the independent variable (**Women Empowerment**) and dependent variable (HIV Transmission). The independent variable consists of child development, family economic growth and child health and nutrition which influence the efficiency of HIV transmission in women, men and children. However, the success of the two variables can also be influenced by culture, government programs and the private sector.

CHAPTER TWO

LITERATURE REVIEW

2.0. Introduction

Literature review is about locating and evaluating what has been written relevant to the research title. Literature reviewing is an appropriate step in the research process which makes the research problem clear more so literature review helps a researcher to get acquainted with relevant theories to tie to the investigation.

2.1 Prevalence of HIV transmission

In this regard, in June 2001, at the United Nations General Assembly Special Session on HIV and AIDS (UNGASS), 189 national governments signed the Declaration of Commitment on HIV and AIDS. The document commits signatory governments to improve their responses to their domestic AIDS epidemics and sets targets for AIDS-related financing, policy and programming. Public Health Watch, established by the Open Society Institute in 2004, supports independent monitoring of governmental compliance with the UNGASS Declaration and other regional and international commitments on HIV and AIDS. Public Health Watch aims to promote informed civil society engagement in public health policy and practice on HIV and AIDS. The Open Society Institute's Public Health Program promotes health policies based on social inclusion, human rights, justice, and scientific evidence.

In many societies there is a culture of silence that surrounds sex that dictates that "good" women are expected to be ignorant about sex and passive in sexual interactions. This makes it difficult for women to be informed about risk reduction or, even when informed, makes it difficult for them to be proactive in negotiating safer sex (Carovano 1992).

The traditional norm of virginity for unmarried girls that exists in many societies, paradoxically, increases young women's risk of infection because it restricts their ability

to ask for information about sex out of fear that they will be thought to be sexually active. Virginity also puts young girls at risk of rape and sexual coercion in high prevalence countries because of the erroneous belief that sex with a virgin can cleanse a man of infection and because of the erotic imagery that surrounds the innocence and passivity associated with virginity. In addition, in cultures where virginity is highly valued, research has shown that some young women practice alternative sexual behaviors, such as anal sex, in order to preserve their virginity, although these behaviors may place them at increased risk of HIV (Weiss, Whelan, and Rao Gupta 2000).

Because of the strong norms of virginity and the culture of silence that surrounds sex, accessing treatment services for sexually transmitted diseases can be highly stigmatizing for adolescent and adult women (Weiss, Whelan, and Rao Gupta 2000; de Bruyn et al. 1995).

In many cultures because motherhood, like virginity, is considered to be a feminine ideal, using barrier methods or non-penetrative sex as safer sex options presents a significant dilemma for women (Heise and Elias 1995; UNAIDS 1999).

Women's economic dependency increases their vulnerability to HIV. Research has shown that the economic vulnerability of women makes it more likely that they will exchange sex for money or favors, less likely that they will succeed in negotiating protection, and less likely that they will leave a relationship that they perceive to be risky (Heise and Elias 1995; Mane, Rao Gupta, and Weiss 1994; Weiss and Rao Gupta 1998).

The most disturbing form of male power, violence against women, contributes both directly and indirectly to women's vulnerability to HIV. In population-based studies conducted worldwide, anywhere from 10 to over 50 percent of women report physical assault by an intimate partner. And one-third to one-half of physically abused women also report sexual coercion (Heise, Ellsberg, and Gottemoeller 1999).

2.2 Women's empowerment

The definition of empowerment has varied substantially in the literature, but is generally described as the "expansion in people's ability to make strategic life choices in a context where this ability was previously denied to them". This conceptualization encompasses a process of change in which an individual acquires both resources and agency to make and act upon decisions that affect her well-being or that of others. Terms such as women's autonomy, power, status, and agency are embedded within the concept of empowerment, and are often used interchangeably in the literature. However, empowerment connotes more than independence of control from others. It additionally represents gaining greater choice and capacity to affect significant life outcomes.

In this light, empowered women can more successfully negotiate their reproductive and health-related preferences with male partners. Measuring empowerment has proven difficult for several reasons. One challenge is that empowerment is a latent construct that cannot be directly observed, and less is known regarding the intrinsic causal processes. It is thus inferred by a set of observable indicators, such as decision-making, financial independence, or mobility freedom, which are considered representative, in part, of the effects of empowerment. Empowerment is also multidimensional in that women can be empowered (or disempowered) in several life domains. Common dimensions include economic, socio-cultural, familial and interpersonal, legal, political, and psychological and are represented across the literature as intersecting variants of choice, control, and power. At the same time, however, empowerment dimensions may be conceptualized differently depending on the context, and even in similar settings, women may experience some dimensions and not others.

2.3 HIV Prevalence in Uganda

Uganda is considered by UNAIDS (2004) and others to be one of the world's earliest and most compelling national success stories in combating the spread of HIV. This paper attempts to understand, based on the available evidence, what may have happened to

bring about a decline in HIV prevalence (and more to the point, HIV incidence) in Uganda, not only epidemiologically but, at least as importantly, programattically as well. The east African country has experienced a dramatic decline in prevalence during the past decade, especially among younger age cohorts.

According to Ministry of Health and other data (Okware *et al.*, 2001), prevalence among pregnant women attending antenatal clinics has declined consistently since the early 1990s at nearly all of the country's sentinel sites.

Similarly, large and even earlier declines have been observed among military recruits, blood donors and other population-level cohorts (Low-Beer, 2002; Stoneburner and Low-Beer, 2004). Although it is true that there have been some exaggerated estimates of prevalence decline, as noted even by the skeptic Parkhurst (2002), this does not detract from Uganda's genuine prevention success.

While there is not much data available regarding trends in HIV incidence it also appears to have fallen significantly. In one rural site, Masaka, seroincidence fell from 7.6 per thousand per year in 1990 to 3.2 per thousand per year by 1998 (Mbulaiteye *et al.*, 2002). As with prevalence, the decline was especially pronounced among younger women. At most Ugandan antenatal clinic sites, seroprevalence among 15–19-year-old pregnant women, somewhat of a rough proxy for HIV incidence, tended to decrease significantly from the early 1990s, when these data were first collected, until the mid to late 1990s and it has remained low since then (although there has been an increase recently, for the first time in a decade).

Population-based data from Masaka suggests that prevalence among all young women (not only sexually active/pregnant females) ages 15–19 began declining by the end of the 1980s (Mbulaiteye *et al.*, 2002).

Beginning in 1986, the Ugandan ACP (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 (Kaleeba *et al.*, 2000; Marum, 2002; Wilson, 2004). Although media both mass media (e.g., the ominous, daily drum-beating on the radio in the late 1980s, still vividly recalled by Ugandans; Kirby, 2003) as well as various locally developed forms such as community dramas clearly were important vehicles for raising awareness and fostering changes in behavioral norms, Uganda's approach to behavioral change relied primarily on community-based and face-to-face communication (Allen and Heald, 2004; Stone burner and Low-Beer, 2004; Wilson, 2004).

Strong nongovernmental organization (NGO) and community-based support led to flexible, creative and culturally appropriate interventions that helped facilitate individual behavior change as well as changes in community norms, despite extreme levels of household poverty following the civil war period. Such "low-tech" approaches also led to the sensitization and subsequent involvement in AIDS awareness and education of not only health personnel, traditional healers and traditional birth attendants, but influential people normally not involved in health issues such as political, community and religious leaders, teachers and administrators, traders, leaders of women's and youth associations and other representatives of key grassroots community groups (Green, 2003; Kirby, 2003; Wilson, 2004).

One of the contributions of international donors such as USAID was in supporting community-level BCC by directly funding salaries or in-kind support of peer educators and others at the local level (Marum, 2002). In other countries, community health workers

and peer educators are often expected to work as volunteers, without salary (Green, 1996).

Mainstream faith-based organizations wield enormous influence in Africa. Early and significant mobilization of Ugandan religious leaders and organizations resulted in their active participation in AIDS education and prevention activities (Kaleeba *et al.*, 2000; Kagimu *et al.*, 1998; Kirby, 2003; Sabatier, 1988). Also, Mission hospitals were among the first to develop AIDS care and support programs in Uganda; for example, the Catholic Church and Catholic mission hospitals provided leadership in designing AIDS mobile home care projects and special programs for AIDS widows and orphans (Kaleeba *et al.*, 2000). The three chairpersons of the Uganda AIDS Commission have included an Anglican and a Catholic Bishop. In 1990, the Islamic Medical Association of Uganda (IMAU) piloted anAIDS education project in rural Muslim communities that evolved into a larger effort to train local religious leaders and lay community workers. Documenting increases in correct knowledge and decreases in risky behaviors, the IMAU project was selected as a "Best Practices Case Study" by UNAIDS (Kagimu *et al.*, 1998; UNAIDS, 1999; Wabwire-Mangen *et al.*, 1998).

In the early 1990s, the Anglican Church implemented an AIDS prevention program in 10 out of (then) 40 districts of Uganda. Clergy and laity were trained in AIDS prevention, using a peer education approach. AIDS education messages were delivered from the pulpit in sermons, as well as at funerals, weddings and other occasions. A USAID-funded evaluation of populations reached by this "CHUSA" project found a dramatic change in reported levels of risky behavior, especially partner reduction, during the early 1990s (Ruteikara *et al.*, 1995). These survey findings were supported by focus group discussions involving community leaders and youth, where it was asserted that, for example, "Before the onset of AIDS, one could have five sexual partners, or even have sex on a chain basis, but these days you realize that there is a lot of self-constraint. Burials, people falling sick from AIDS and religious leaders have awakened people the number of sexual partners has [been] reduced." (Ruteikara *et al.*, 1995).

2.4 Influence of child development on prevalence of HIV Transmission

Since 1987, the first year of the School Health Education Program, teachers have been trained to integrate HIV education and sexual behavior change messages into curricula (Green, 2003; Kaleeba *et al.*, 2000). At the same time, the country's President and his political party have attempted to empower women and youth by giving them more political voice, including in Parliament where by law women make up a minimum one-third of the members (in addition to four members elected by youth caucuses). At least as importantly, grassroots women's organizations have fought to empower women socially, economically and legally. Their campaigns have resulted in legal reforms pertinent to the fight against AIDS, including strengthening of rape and defilement laws and laws governing property rights for women.

With regard to behavior change, many women and women's empowerment organizations supported approaches like "Zero Grazing," which were aimed mainly at the behavior of males, particularly those older men with disposable income who were likely the principal "core transmitters" of the epidemic (Green, 2003: 169–172, Wilson, 2004; Murphy *et al.*, 2003)

Youth-friendly approaches, such as Straight Talk, eventually supported behavior change through promoting delay of sexual debut, remaining abstinent, remaining faithful to one uninfected person if "you've already started," "zero-grazing," and using condoms if "you're going to move around." In an African Medical and Research Foundation study in Soroti District (n=400), in 1994 nearly 60% of boys and girls ages 13–16 reported having experienced intercourse, but in 2001 that proportion had decreased to below 5% (AMREF, 2001). While it is entirely possible that such a magnitude of self-reported behavior change is somewhat exaggerated, such findings coupled with various other behavioral data–suggest that a substantial shift in behavioral norms likely has occurred in Uganda.

Respecting and protecting the rights of those infected by HIV has been central to AIDS prevention since 1988, exemplified by a number of prominent openly HIV-positive

Ugandans and by public events such as candlelight memorials and World AIDS Day observances.

In the late 1980s, Philly Lutaya, a celebrated European-based Ugandan musician who went public about his HIV status, returned home and devoted his last months of life to giving testimonies in schools, community organizations, churches and elsewhere. Of critical importance, The AIDS Support Organization (TASO) was organized in 1988 and has advocated against discrimination and stigma while pioneering a community-based approach for care of PLWHAs. The work of TASO and other care organizations have also made important contributions to prevention efforts, exemplifying the concept of a prevention-to-care continuum. Other national spokespersons included a Major in the Ugandan army who talked openly about his infection and how he used condoms to avoid infecting his wife and a Protestant bishop who disclosed that he learned of his infection when his first wife died and talked publicly about using condoms to avoid infecting his new wife or future children.

Openness on the part of the President, other government and community leaders and prominent activists has led, relatively speaking, to a remarkably accepting and non-discriminatory response to AIDS, in stark contrast to the situation in most other African countries (Halperin, 2006). This is important to recognize because some critics of the "Uganda model" have asserted that promotion of fundamental changes in sexual behavior will lead to more discrimination and AIDS associated stigma.

2.5 The effect of family economic growth on Prevalence of HIV transmission

Development, as set out in the Declaration on the Right to Development (General Assembly resolution 41/128, annex), "is a comprehensive economic, social, cultural and political process, which aims at the constant improvement of the well-being of the entire population and of all individuals on the basis of their active, free and meaningful participation". While economic growth is an important element of the development process, it is not by itself an adequate yardstick of development. A fuller understanding

of the effects of HIV/AIDS on the prospects for development re-quires looking beyond the conventional indicators of macroeconomic performance.

Cohen (1997), among others, stresses the effect of HIV on the size of the working population, which tends to reduce total output and worsen the dependency ratio. More children and elderly people may have to be supported by a smaller active labour force. In addition, the composition of the labour force may change with respect to skills, education and experience, which would decrease the productivity of labour.

2.6 The effect of child health and nutrition on Prevalence of HIV transmission

Only 49 per cent of Ugandans reside within 5km of a health facility, and only two fifths (40 per cent) of the units have achieved a minimum staffing norm. The ratio of doctors to people in Uganda is 1:18,000, while that of nurses is 1:3,000. The problems of staffing and access to health services are being addressed through the creation of health subdistricts. On 1 March 2001, cost-sharing in public facilities was abolished because it was found that 43 per cent of the people in rural areas and 36 per cent in urban areas could not seek health care due to lack of money. In some districts, up to 71 per cent could not afford to access health care (Ministry of Finance, Planning and HIV Prevalence 2001).

The concern over the HIV/AIDS epidemic in the world generally and in Uganda particularly stems primarily from its unique features. It is one of the current epidemics whose principal route of transmission is through sexual contact. Owing to this feature, it mainly affects the sexually active population. Thus, sexual activity is the main defining risk factor for the variation of its incidence and prevalence across sex, geographical location, culture and other socioeconomic antecedents. Those infected often remain a symptomatic for a long period before they develop full-blown AIDS and can infect others and re-infect themselves. Moreover, HIV/AIDS has a wide set of symptoms, manifests itself in ways that bear close resemblance to other diseases, and can only be confirmed by a laboratory HIV test (Sekatawa & Kiirya, 1997).

Since the first AIDS cases were reported in 1982, innovation of strategies for monitoring the dynamics of the AIDS epidemic relative to individual sexual behavior has preoccupied epidemiological research in Uganda. A wide range of intervention strategies that aim at preventing HIV transmission, providing care and support of people with HIV/AIDS, and building national and community capacity to deal with the HIV/AIDS epidemic have been instituted. Most important has been the establishment of a number sentinel surveillance sites for monitoring HIV transmission and progress of the epidemic, and population surveys on HIV/AIDS undertaken in different parts of the country. By 1997, sentinel surveillance sites were at least 20 and located at STD and antenatal clinics in Nsambya, Mbarara, Mbale, Soroti, Kagadi, Rubaga, Jinja, Kilembe, Matany, Tororo, Palisa, Hoima hospitals, among others (STD/HIV Surveillance Report, 1998).

Sentinel surveillance involves collection of data on HIV prevalence over time in selected sites and groups of people who visit STD and antenatal clinics. This data is analyzed and used to impute HIV prevalence, trends and impact of HIV intervention measures on the population. Antenatal and STD clinic attendees are used to monitor HIV infection trends because they constitute the population that is well defined, accessible, regularly examined through the blood samples, and whose sexual practices mirror those for the sexually active population (STD/HIV Surveillance Report, 1998).

Although sentinel surveillance data is not representative of the general population (since it is based on women alone), it provides a realistic HIV prevalence situation, geographical pattern, and relationship to STDs. On the other hand, data from the AIC have particularly helped to identify the risky or vulnerable groups, predict the future direction of the epidemic and may be used to prioritize interventions and target groups (Sekatawa & Kiirya, 1997).

2.7 Effect Women Empowerment and Prevalence of HIV transmission

Loss of skilled labour in the public and private sectors is increasingly affecting productivity and increasing expenditure on the labour force. The findings of a 2000 survey by the

Ministry of Public Service on the trends and impact of HIV on public services in the country reflected that up to 13 per cent of public officials were HIV-positive and between 15.2 per cent and 27.4 per cent had died of HIV-related illnesses between 1995 and 1999.

Health costs for private companies have also risen. The estimated cost of hospitalization for a patient with HIV-related illness is 300 times that for an employee with other medical problems. Perhaps it is for this reason that HIV has caused employment insecurity and discrimination in the labour force. Some organizations subject prospective employees to mandatory but covert screening tests before recruitment, and HIV-positive people are denied posts. Those who become positive while employed are often discriminated against and their job contracts terminated (UAC and UNAIDS 2000).

Over 80 per cent of the reported AIDS cases occur in people aged 15–45 years (MoH 1997). This age group constitutes the largest part of the potential and most productive labour force, in a way affecting household income. A survey in one district (Rakai) showed that of the 25 per cent of the households who were cultivating less and less land, 35 per cent were doing so because of HIV-related sickness or death. This has threatened the food security of affected families, worsened their nutritional status, and led to a decline in cash-crop production. In households with an average monthly household income of $18, their AIDS-related expenditure was $20 for burial and $40 for the medical costs of a terminally ill patient (Topouzis 1994).

2.8 Theoretical review

Theodore (2001), in a model applied to several Caribbean countries, identified four channels through which HIV/AIDS may affect the economy: the production channel; the allocation channel; the distribution channel; and the regeneration channel (figure 13). The production channel refers to the mechanisms through which HIV/AIDS affects the main factors of production labour and capital causing the production process to be less fruitful than it would have been in the absence of HIV/AIDS. The second channel through which HIV/AIDS may affect the economy is the allocation channel. One of the most

important functions of the economic system is to ensure an efficient allocation of resources. HIV/AIDS reroutes some of those resources to medical expenses and away from other productive uses. The third assumed channel through which HIV/AIDS affects the economy is the distribution channel, specifically, the distribution of income. In the face of an epidemic that increases health expenditures and weakens the income base, the lowest income groups may fare the worst. While the rich may have other assets, savings, land or capital often the only productive asset of the poor is their own labour, which HIV/AIDS attacks. The upper in-come groups, though they are also affected, may be better placed to protect themselves and better able to afford treatment. Thus, the HIV/AIDS epidemic has the potential not only to affect all groups but also to widen the gap between different social strata. The fourth channel, the regeneration channel, refers to the investments in human capital, physical capital and new technology that are needed to keep the economy growing. If the HIV/AIDS epidemic compromises the saving capacity and the human capital of the economy, it will undercut the process of HIV Prevalence.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter gives the methodology that the researcher will use in the study, the research design, methods of data collection and methods of data analysis. The purpose of this section will be to ensure better ways of seeking the answer to research problems are adopted. This chapter includes; the research design, the study population, the sample size and methods will use in data collection and Analysis.

3.1 The Research Design

The study utilized a case study research design supported by a cross-sectional survey. This design was used to collect data needed to guide this study as it explores the status of a phenomenon at one point in time and helped in getting information from the sampled population which will represent all relevant subgroups in the population in Munkunyu sub-county. As a survey type of design it will facilitate the description of population characteristics and exploration of relationships, differences and comparisons between different categories of the population. In this study the exploration was done on the basis of cases in Munkunyu sub-county. Surveys were also important for studying populations under natural conditions (Borg & Gall, 2003; Trochim, 2004).

The researcher also used quantitative because it utilizes numerical data. This is because just like the researcher sought details by using qualitative design, she also sought to clearly define the subject matter. The researcher therefore will use questionnaires to collect data from the targeted population.

3.2 Study Population

(Mugenda and Mugenda, 2003) says that a study population refers to the entire set of individuals, events or objects having common observable characteristics. For purposes of

this study, the study population was 100 respondents within Munkunyu sub-county to include children 50, parents 34 both male and female, NGO's 1 and community leaders 15 in Munkunyu Sub-county.

3.3 Sample size

Basing on Krejice and Morgan Model (1970) of determining the sample size from a given population (100 persons), a sample of 80 respondents shall be selected.

The researcher will select all the respondents from the three parishes within Munkunyu Sub-county to participate in the study. This means that 3 civil society organisations were selected from all the three parishes. The researcher then selected 8 members from each of the organisation giving a total number of respondents as 24 and these will be selected using simple random sampling. 18 community leaders will be interviewed and 38 people in the business communities like shops and markets were sampled as presented in the table below;

Table 3.1: Study population; sample size; and technique by category.

S/N	Category	Estimated Population	Sample size	Techniques
01.	Civil Society Organisations	3 (10@)	3(8@)	Simple random Sampling
02.	Community leaders (local council and church leaders)	20	18	Stratified random Sampling
03.	Business communities	50	38	Simple random Sampling
	Total	**100**	**80**	

Source: *Primary Data, 2018*

3.4 Sample selection procedure

A total of 80 people was sampled using simple random and stratified random sampling technique. This will be assumed to be representative of the 100 respondents in Munkunyu sub-county. The researcher selected all the respondents from the three parishes within Munkunyu Sub-county to participate in the study. Using the simple random sampling technique, 3 civil society organizations were selected from all the three parishes. The researcher then selected 8 members from each of the organisation giving a total number of respondents as 24 and these were selected using simple random sampling. 18 community leaders were interviewed that will include at least five religious leaders, six members of the local council III committee then seven local council one chairpersons or their equivalents (deputies)of the three parishes simple random sampling technique of sampling were employed because there are few available members of the target population who can become the participants in the survey and 38 people in the business communities like shops and markets were selected using the simple random sampling.

3.5 Sources of Data

The study used both primary and secondary sources that will help a researcher in obtaining data for the study.

3.5.1 Primary data

The researcher got original information from the respondents of Munkunyu sub-county regarding domestic violence and children's performance in that structured questionnaires was developed by the researcher and administered to the targeted respondents.

3.5.2 Secondary data

Secondary data analysis can be literally defined as second-hand analysis. The researcher accessed reports about women empowerment, journals about women empowerment as well as international journals about the effect of women empowerment on children's

performance and other external sources which will be established by scholars and academicians about variables under the study.

3.6 Data collection methods

3.6.1 Interviews

Interviews are either in-depth or face to face. And for the purposes of this study, face to face interviews were used because they allow respondents to express themselves in their own words and therefore authentically. This method of data collection was used by the researcher to collect data from community leaders and business community members.

3.6.2 Questionnaires

This is the discussion in written form where by the responses of the participants will be put on paper provided by the researcher; the questionnaires were in two forms, namely: The open-ended questionnaire, in which the responses by the participants are free according to their understanding and in the closed ended questionnaire responses were provided by the researcher and the participants chose one of them accordingly, for example strongly agree, agree or strongly disagree and this applied to the Civil Society Organisation representatives.

3.6.3 Documentary review

The researcher reviewed different documents most especially the NGO reports and the local leaders' reports submitted to the different authorities to learn more about the subject of study.

3.7 Data Collection Instruments

3.7.1 Questionnaires

The researcher used self-Administered questionnaires in generating some of the information from the respondents. These questionnaires will be closed ended type of questions that the respondents will answer directly by filling the questionnaire. The researcher put sufficient care to ensure that the questions are clear and self-explanatory. This therefore helped in saving time as well as resources to cover a wide range of respondents within the speculated time.

3.7.2 Interview guide

Here the researcher gave questions on paper to the community leaders and parents. It consisted of open and closed ended questions so as to collect responses in relation to the study. The collected data was discussed and the recorded one was included as soon as the interview session was finished. This helped in getting clear information regarding the study.

3.7.3 Documentary list

For the purpose of this study, a number of documents that include the district annual budget for the time scope indicated in chapter one shall be reviewed, the NGO Forum relevant reports for the area of study, as well as the human rights reports on children rights, domestic violence

3.8 Data Quality Control

3.8.1 Validity

Validity is the extent to which research results can be accurately interpreted and generalized to other populations. It is the extent to which research instruments measure what they intend to measure. Randomization was used during data collection to eliminate

both known and possible extraneous variable. To establish validity, the researcher carried out a pre-test measure to a group of respondents to determine whether instruments can produce the anticipated results.

3.8.2 Reliability

To ensure that both questionnaires and interview guides are reliable, the researcher used the test–retest method which was administered to the same people at least twice or more consecutive occasions under more or less identical conditions.

3.9 Data Process and Analysis

3.9.1 Data processing

Data collected was carefully edited, sorted and coded to eliminate the inconsistencies and errors that might have been made during the data collection.

3.9.2 Data analysis

Data was analyzed using both quantitative and qualitative method by the help of statistical package for social science computer package.

3.10 Limitations of the Study

The researcher anticipated the limitation of some respondents withholding or not willing to give the information especially some leaders, however the researcher endeavored to explain to them that the study will be purely for academic purpose.

The cost of researcher in terms of finance, time and other academic undertakings were too much. The researcher thought to suspend all non-academic pursuits and obtained financial contributions from family, friends and well-wishers.

Loss of questionnaires by some respondents at some point led to a standstill and delays in the research process. This was solved by printing a lot of questionnaires to replace the lost ones.

The study area was security conscious with the fear to share confidential information mostly with the NGOs and the local councils.

CHAPTER FOUR

PRESENTATION, DISCUSSION AND INTERPRETATION OF THE FINDINGS

4.0 Introduction

The purpose of this study was to examine the effect Women Empowerment and Prevalence of HIV transmission in Munkunyu sub-county, Munkunyu Sub county

The study was guided by the following specific objectives:

1. To examine the influence of child development on Prevalence of HIV transmission.
2. To examine the effect of family economic growth on Prevalence of HIV transmission.
3. To examine the effect of child health and nutrition on Prevalence of HIV transmission in Munkunyu sub-county, Munkunyu Sub county.

This chapter presents finding and analysis of the research in accordance to the classification and analysis of questionnaires and the research objectives.

4.1 Response rate

The researcher issued 43 questionnaires to the study respondents and at least 40 were returned. The researcher also interviewed a sampled population of 37 that was all interviewed successfully that posses a response rate of 96% which implied that more than 50% of the population participated in the exercise and therefore outcomes were available and valid (Amin, 2005)

4.2 Demographic characteristics of respondents

This section presents the characteristics of the respondents such as gender, age, marital status, education level, number of people employed and number of years.

4.2.1 Findings on the gender of respondents

The study sought to establish the gender participation of respondents and the findings were presented below;

Gender of respondent	Frequency	Percent
Male	25	32.5
Female	52	77.5
Total	77	100

Source: Primary data, 2019

The table 4.1 indicates that majority 77.5% of the respondents were female while 32.5% of them were males. This implies that the study involved more female than male but somehow gender sensitive.

4.2.2 Findings on the age of respondents

The study was interested in establishing the age of respondents and the findings were presented below;

Age of respondent	Frequency	Percent
Below 18 years	10	13
19-35 years	25	32
36-55 years	30	39
Above 55 years	12	16
Total	**77**	**100**

Source: Primary data, 2019

Table 4.2 indicate that majority of the respondents were between 36-55 years (39%), those between below 18 years were represented by 13%, those between 19-35 years

were 32% and those above 55years were 16%. This implies that the study engaged a cross generational sample that was able to provide data from various perspectives from a diverse age groups. In addition most of them were mature enough (36-55 years) to provide appropriate data for the research study.

4.2.3 Findings on Marital status of the respondents

The marital status of the respondents is shown in the table below;

Marital status of respondent	Frequency	Percent
Single	15	19
Married	40	52
Divorced	10	13
Widowed	12	16
Total	**77**	**100**

Source: Primary data, 2019

Majority 52% of the respondents were married, 19% were single and 13% had divorced as 16% were widowed. This implied that at least all categories of respondents were represented in this study.

4.2.4 Findings on the education level of the respondents

The researcher sought to establish the different education levels of the respondents and the findings are presented below;

Education level of respondent	Frequency	Percent
Certificate	21	28
Diploma	10	13
Degree	18	23
Masters	8	10
Others	20	26
Total	**77**	**100**

Source: Primary data, 2019

Table 4.4 indicated that most of the respondents were certificate holders that constituted 28% on the other hand diploma holders constituted 13% while degree holders constituted 23%, Masters holders constituted 10% and 26% had other qualifications thus most of the respondents (72%) held a qualification not lower than a certificate. This implies that the respondents were educated enough to understand the questions and answer them to the best of their knowledge.

4.3 Findings on Women empowerment

This section looked at the determinants of women empowerment in Munkunyu Sub county. To obtain this data, a 5h-point Likert Scale was used. According to the scale, **1** point was accorded to **strongly agree**; **2** points = **agree**; **3** points = **not sure**; **4** points = **disagree**; and **5** points = **strongly disagree** as the descriptive statistics on the determinants of women empowerment;

Table 4.3 Showing descriptive statistics on the determinants of women empowerment

Statements	**1**		**2**		**3**		**4**		**5**	
	f	***%***	***f***	***%***	***f***	***%***	***f***	***%***	***F***	***%***
Women own assets (farm equipment, motor vehicle, land, house) in Munkunyu Sub County	21	52.6	12	32.9	1	1.3	4	9.2	2	3.9
Women spend your income over your wishes in Munkunyu Sub County	12	32.9	16	39.5	2	3.9	6	13.2	4	10.5
Group membership Speaking in public in Munkunyu Sub County	7	15.8	4	10.5	2	5.3	13	32.9	14	35.5
Women have participated in multiple activities at a domestic level in Munkunyu Sub County	24	59.2	10	26.3	1	1.3	2	5.3	3	7.9

Women have been engaged in decision making for their families in Munkunyu Sub County	13	31.6	15	36.8	3	6.6	5	13.2	4	11.8
Women have been given a chance for higher and vocational education in Munkunyu Sub County	3	6.6	4	10.5	2	3.9	16	39.5	16	39.5

Source: Primary data 2019

From the table above statements on the determinants of women empowerment in Munkunyu Sub County showed the following;

On the statement "Women own assets (farm equipment, motor vehicle, land, house)" majority 52.6% strongly agreed, 32.9% agreed, 1.3% were not sure 9.2% disagree and 3.9% strongly disagreed. This implied that most women owned assets in Munkunyu Sub county.

On the statement "Women spend their income over their wishes" majority 39.5% agreed, 32.9% strongly agreed, 3.9% were not sure, 13.2% disagreed and 10.5% strongly disagree. This implied that at least majority women in Munkunyu Sub county have a bigger say over their incomes.

On the statement "Women have a Group membership Speaking in public" majority 35.5% strongly disagreed, 32.9% disagreed, 15.8% strongly agreed and 10.5% agreed. This implied that women in Munkunyu Sub county have not been given a wide chance in expressing their views to the community.

On the statement "Women have participated in multiple activities at a domestic level" majority 59.2% strongly agree, 26.3% agree, 1.3% were not sure, 5.3% disagree and

7.9% strongly disagree. This implied that women are multi-tasking in Munkunyu Sub county.

On the statement "Women have been engaged in decision making for their families" majority 36.8% agree, 31.6% strongly agree and 25.1% disagree. This implies that developments in the different families at times have been a boost of all stakeholders in the family.

On the statement "There are improved health standards for women on a household basis" majority 79% disagreed, 17.1% agreed and 3.9% were not sure. This implies that there are still more efforts required in supporting household health standards in families.

4.4 Findings on factors of HIV Prevalence

Respondents were also asked about prevalence of HIV and to obtain this data, a 5h-point Likert Scale was used. According to the scale, **1** point was accorded to **strongly agree**; **2** points = **agree**; **3** points = **not sure**; **4** points = **disagree**; and **5** points = **strongly disagree** as the descriptive statistics on the prevalence of HIV were as follows;

Table 4.4 Showing descriptive statistics on prevalence of HIV

Statements	1		2		3		4		5	
	f	*%*	*f*	*%*	*F*	*%*	*F*	*%*	*f*	*%*
There is Poverty Reduction and Risk Among Key Populations in Munkunyu Sub county	25	63.2	8	19.7	1	2.6	4	10.5	2	3.9
Efforts on eliminating HIV Infections by Targeting Inequalities	3	7.9	6	14.5	1	2.6	13	32.9	17	42.1
There is information on risky sexual behaviors	10	26.3	24	59.2	1	1.3	2	3.9	3	9.2
Provision of STD clinical services as a part of HIV counseling and testing	18	46.1	16	39.5	1	2.6	3	7.9	2	3.9
Internal conflict in Kasese municipality lead to poor community representations	4	9.2	5	13.2	2	5.3	17	43.4	12	28.9

Internal conflict in Kasese municipality lead to increased power struggles	16	39.5	18	44.7	1	1.3	3	9.2	2	5.3

Source: Primary data

From the table above statements on HIV prevalence are showed by the following;

On the statement "Poverty Reduction and Risk Among Key Populations in Munkunyu Sub county" majority 63.2% strongly agreed, 19.7% agreed, 2.6% were not sure, 10.5% disagreed and 3.9% strongly disagreed. This implied that there are improved standards of living for the people of Munkunyu Sub county.

On the statement "efforts on eliminating HIV Infections by Targeting Inequalities" majority 42.1% strongly disagreed, 32.9 disagreed, 2.6% were not sure, 14.5% agreed and 7.9% strongly agree. This was a big challenge to most of the civil society organisations as it cut across most of the organisations due to discrimination tendencies in community.

On the statement "There is information on risky sexual behaviors" majority 59.2% agree, 26.3% strongly agree, 1.3% were not sure, 3.9% disagree and 9.2% strongly disagreed. This implied that the relevant authorities have tried their best in providing information concerning HIV to community and people have this information.

On the statement "Provision of STD clinical services as a part of HIV counseling and testing" majority 46.1% strongly agrees, 39.5% agreed, 2.6% were not sure, 7.9% disagree and 3.9% strongly disagree.

On the statement "Economic alternatives for sex workers are available" majority 43.4% agree, 28.9% strongly agree, 13.2% disagree, and 9.2% strongly disagree. This resulted from the high level of business enterprise within the communities that have created space

for more economic activities and businesses for improved household incomes and standards of living.

On the statement "Integrate reproductive health, STD and HIV programs at CDCs" majority 44.7% agreed, 39.5% strongly agree. This implied high level of sensitization by health officers as most women have now adapted to giving birth in hospitals.

Table 4.4.1: Pearson's correlation coefficient between women empowerment and HIV prevalence in Munkunyu Sub county

		Women Empowerment	HIV Prevalence
Women Empowerment	Pearson Correlation	1	.787**
	Sig. (2-tailed)		.000
	N	40	40
HIV Prevalence	Pearson Correlation	.787**	1
	Sig. (2-tailed)	.000	
	N	40	40

****. Correlation is significant at the 0.01 level (2-tailed).**

The results presented in the table above reveal that factors for women empowerment have a significant positive effect on HIV prevalence in Munkunyu Sub county (r=.787, p-value<.05). These results suggest that increased women empowerment levels lead to low HIV prevalence levels in Munkunyu Sub county. Consequently, the researcher concluded by rejecting the null hypothesis and upholding the alternative that there is a statistically significant relationship between the factors for women empowerment and HIV prevalence levels in Munkunyu Sub county which suggests that increased control

measures on women empowerment reduces the chances of HIV prevalence in Munkunyu Sub county.

4.5 Findings on the relationship between women empowerment and HIV prevalence in Munkunyu Sub county

This section looked at the relationship between women empowerment and HIV prevalence in Munkunyu Sub county and a 5h-point Likert Scale was used. According to the scale, **1** point was accorded to **strongly agree**; **2** points = **agree**; **3** points = **not sure**; **4** points = **disagree**; and **5** points = **strongly disagree** as the descriptive statistics on the relationship between women empowerment and HIV prevalence were as follows;

Table 4.5: Showing descriptive statistics on the relationship between women empowerment and HIV prevalence in Munkunyu Sub county

	1		2		3		4		5	
	f	*%*	*f*	*%*	*F*	*%*	*f*	*%*	*f*	*%*
Interventions to keep girls in school through late adolescence	16	39.5	18	46.1	1	1.3	2	5.3	3	7.9
Economic support systems and self-defense training for widows	10	25.0	22	55.3	3	6.6	1	3.9	4	9.2
Fast track prosecution of domestic violence and rape cases	6	14.5	7	18.4	2	5.3	16	39.5	9	22.4
Internal conflict in Kasese municipality reduced level of HIV Prevalence	12	30.3	19	48.7	1	2.6	3	6.6	5	11.8

STD screening of HIV positive (and sexually active) routine practice every six months has been made a standard of care	16	42.1	14	34.2	1	1.3	4	10.5	5	11.8
Internal conflict in Kasese municipality lead to reduced community involvement in decision making	21	52.6	10	26.3	4	10.5	2	3.9	3	6.6
Internal conflict in Kasese municipality lead to reduced corruption levels	23	59.2	8	19.7	1	1.3	5	13.2	3	6.6
Internal conflict in Kasese municipality poor community representations	11	26.3	20	50.0	2	2.6	3	9.2	4	11.8

Source: Primary data, 2019

From the table above, the following were findings on the statements to determine the relationship between women empowerment and HIV prevalence in Munkunyu Sub county.

On the statement "interventions to keep girls in school through late adolescence" majority 46.1% agreed, 39.5% strongly agreed and 15.9% disagreed.

On whether "economic support systems and self-defense training for widows" majority 55.3% agreed, 25.0% strongly agreed, 6.6% were not sure and 13% disagreed.

On the aspect "fast track prosecution of domestic violence and rape cases", majority 39.5% disagreed and 14.5% strongly agree with the statement.

On the statement "organized cooperatives of sex workers" majority (79%) agreed and 21% disagreed.

On the statement "STD screening of HIV positive (and sexually active) routine practice every six months has been made a standard of care" majority 78.9% agreed and 21.1% disagreed with the statement.

Table 4.5.1: Pearson's correlation coefficient showing the relationship between women empowerment and HIV prevalence in Munkunyu Sub county

		Women Empowerment	HIV Prevalence
Women Empowerment	Pearson Correlation	1	.822**
	Sig. (2-tailed)		.000
	N	40	40
HIV Prevalence	Pearson Correlation	.822**	1
	Sig. (2-tailed)	.000	
	N	40	40
**. Correlation is significant at the 0.01 level (2-tailed).			

The results presented in the table above reveal that Women empowerment have a significant positive effect on HIV Prevalence of Munkunyu Sub county (r=.822, p-value<.05). These results suggest that increased empowerment levels lead to low levels of HIV Prevalence in Munkunyu Sub county. Consequently, the researcher concluded by rejecting the null hypothesis and upholding the alternative that there is a statistically significant relationship between Women empowerment and HIV Prevalence of Munkunyu Sub county which suggests that increased control measures of Women empowerment reduces HIV Prevalence of Munkunyu Sub county.

Table 4.5.2 Model Summary on Women empowerment and HIV Prevalence

Model	Performance	R Square	Adjusted R Square	Std. Error of the Estimate
1	.957[a]	.917	.914	.31425

a. Predictors: (Constant), Women empowerment

The table above provides the R and Adjusted R square values. The R-value represented the simple correlation and is 0.957[a], which represents a high degree of correlation. The adjusted R-squared is a corrected goodness-of-fit (modal accuracy) it identifies the percentage of variance in the dependent variable, HIV Prevalence that is explained by the independent variable Women empowerment. In this case 91.4% of HIV Prevalence in Munkunyu Sub county is affected by the actions of Women empowerment. The remaining 8.6% is contributed by other factors such as; enacting policies, decision making structure, recognition of individuals and others.

4.6 Qualitative Analysis

The researcher also used interview guides discussion to gather data intensively so as to compare with the data collected by use of a questionnaire.

4.6.1 Existence and manifestation of Women empowerment

The level of community understanding of women empowerment provides a basis for assessing the extent to which community appreciates the role of women in societal development and therefore, the extent to which the community will support the education of the girl child.

From the field responses, 4.6 indicate that 44 percent of the respondents perceived women empowerment as encouraging women to participate in social / political and economic responsibilities. Another 35.2 percent of the respondents perceived women empowerment as sensitizing women on their rights or advocating for women rights. Also, 11.5 percent of the respondents perceived women empowerment as giving women knowledge and skills to enable them act firmly.

However, 9.3 percent of the respondents gave no answer, a position that could be taken to mean that they had no clear meaning of what women empowerment meant. From the responses provided, it was seen that respondents were very clear on how they perceived women empowerment. These views are closely related to what is contained in the gender manual developed by the Ministry of Labour, Gender and Community development of Uganda (2004). However, to further confirm what was contained in the questionnaire, separate interviews were held with the female and male respondent. From the interview, female respondents generally had these to say:

women empowerment is self-control, maintenance with respect .....

"women empowerment is the giving of powers to women to participate in activities ...""" giving them skills that will enhance their full participation in social, political and economic spheres...

On the other hand, the male responses had this to say:

".....women empowerment is putting women in administrative offices ..."

".....women empowerment is the giving of authority to that particular sex ..."

The aforementioned responses point out two things: i) female perception of women empowerment differs from that of their male counterparts; ii) males appear to interpret women empowerment as a direct way of women taking control of activities reserved for

males. These responses thus suggest that males have not yet understood the logic behind women empowerment.

4.6.2 HIV Prevalence in Munkunyu sub county

The factors affecting HIV prevalence include: the ADF war of 1996 when a large portion of the population was displaced and also that fact that Kasese is a mining and border district, which is a major destination of all sorts of people including sex workers, casual labourers, expatriates, foreigners etc. Others include Poverty, Culture, urbanization, Drug and substance abuse, prostitution and sex working and others. There are 14 HIV voluntary testing and counselling centres in the district at Rwesande, Kagando, Bwera, Kasanga, Karambi, Kinyamaseke, Nyabirongo, Kyarumba, Katwe, St. Paul's, Katadoba, Kasese T/C, Kilembe, Bugoye, Mukathi and Kinyabwamba, Bwera Hospital, Kilembe Hospital and Kagando hospital.

Kurusumu Moshi Masika the Kasese District Inspector of Schools in charge of Special Needs said that Munkunyu sub-county is among those that have faced high school dropouts as others were mainly in Hima town council, Mpondwe border post, Lake Katwe sub-county and. Girls, who are the most affected as they deal in prostitution, opt to leave school because they find the trade lucrative.

Masika noted that prostitution is on the rise in the district, which is faced with an HIV prevalence rate estimated at 11.4%. She said girls between 15 and 17 years abandon their studies in favour of truck drivers, their potential clients. Masika called on the government to enact strict laws regarding commercial sex because most of its victims are children.

"In areas along the [Uganda-Congo] border, the situation is alarming. Government should quickly come in because most of these helpless girls are being lured into commercial sex by their superiors and left to suffer at a later stage," Masika added.

To counter the alarming situation, the district education department has established the Girl Child Education movement, whose objective is to sensitise parents about the benefits of educating daughters.

4.6.3: Relationship between Women empowerment and HIV Prevalence

The pathway between women's secure property rights and decreased vulnerability to HIV operates through economic and, more broadly, social processes. Economic processes by which secure property rights decrease the HIV vulnerability of women include: providing women with a secure place to live; serving as a site for economic activity and means of livelihood; reducing economic dependence on men and extended (marital) family; and serving as collateral for credit.

The intersection of HIV, gender and property rights has emerged around the issue of 'property grabbing' or denying property access or rights of property ownership to women widowed because of HIV. Women's property ownership and access in Munkunyu sub county, is mostly determined through partner, family and kinship relationships. Results from the qualitative study reveal not only that negotiation of relationships to be critical to women's access and ownership of property but that these relationships are mediated by many factors in the structural and social environment.

At the same time, property ownership serves to empower women and reduce their vulnerability by giving them greater bargaining power at the household, individual, and community level; expanded social status in communities and increased agency.

As is true for all HIV prevention programs, but particularly so for policies and programs seeking to reduce gender-based violence, it is crucial to change socially constructed norms relating to male and female roles and behavior and to create an enabling environment to catalyze contextually relevant responses for violence reduction. Instrumental in a national response is the development of local and national leadership,

and support for community-led action, ranging from grassroots educational campaigns to reducing structural barriers to advocating for changes in national laws and policies.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This section presents the summary, conclusion and recommendations on the study findings. The findings are discussed in relation to the study objectives, case study and reviewed literature. The summary gives an overview of the research from which conclusions and recommendations are drawn in relation to the research. Areas for further research are also suggested for those willing to carry out research.

5.1 Summary of the findings and Discussions

5.1.1 Women empowerment in Munkunyu Sub County

From the findings on Women empowerment in Munkunyu Sub County, 85.5% of the respondents agreed that women are empowered through the increased education on entrepreneurship skills and enterprise development as well as 14.5% who claim there isn't much done in empowering women through services like capital assistance services to the women groups.

It can also be stated that 68.4% of the respondents to the questionnaires on the research subject think women have participated in multiple activities at a domestic level which makes them multi-tasking hence managing to handle the work at home and their working places.

5.1.2 HIV Prevalence in Munkunyu Sub County

With the objective to determine the factors for HIV Prevalence in Munkunyu Sub County, below were the findings;

women cannot easily choose or enact condom use given that condoms are largely used by men and gendered power relations affect safer sex negotiations as research also emphasized the relationship between "traditional gender roles" and risk, examining how men are socialized to initiate and expect sex, whereas women are socialized to be responsive to men's request and to focus on partners' wants and needs.

Research pressed beyond the male condom to focus on female initiated methods such as female condoms, and, where appropriate, outer course and/or sexual refusal skills. Several evidence-based gender-specific prevention interventions have been successful and were reviewed elsewhere. Interventions also have focused on the competing needs around HIV/sexually transmitted disease prevention and the desire to have children, especially because female and male condoms do not atend to these needs known as "dual protection." Finally, gender-specific prevention interventions also examine how masculinity contributes to risk by focusing on the "costs of masculinity" to both men and women, seeking to create more gender equitable norms, reducing violence against women, and improving the health of both women and men.

5.1.3 The relationship between women empowerment and HIV Prevalence in Munkunyu Sub county.

When using the bivariate means, the correlation between women empowerment and HIV prevalence was r=0.957** that implied that there was a very strong positive relationship between the two variables since the significant value is 0.000 less than 0.05 that also meant that women empowerment affects Hiv prevalence by 95.7% among people in Munkunyu Sub county communities.

The results presented reveal that factors for women empowerment have a significant positive effect on Hiv prevalence of Kasese district particularly Munkunyu Sub county (r=.787, p-value<.05). These results suggest that increased women empowerment lead to low HIV prevalence levels of Kasese district particulary Munkunyu Sub County.

5.2 Conclusions of the findings

The level of the community support towards the education of the girl child in Munkunyu Sub County is generally low. The low level of support emanates from the fact that males who have a dominant role in society have not yet clearly understood the logic behind women empowerment. This has made it difficult for the males to appreciate the rationale for educating and therefore empowering the girl child. As a result, this pauses a challenge towards the support for girl child education in Munkunyu Sub County.

Policy support is critical. National-level HIV prevention policy responses should not be gender neutral, and guidance is available on how to ensure that policies are gender specific, gender sensitive, and gender empowering as Female condoms are effective and protect women against HIV. These initiatives are needed at the national, local, and agency level. Provider training is also needed, as providers frequently harbor negative attitudes about the female condom. Engaging men in the use, acceptance, and promotion of female-initiated methods is also needed.

The correlation between Women empowerment and HIV Prevalence was r=0.957** that implied that there was a very strong positive relationship between the two variables since the significant value is 0.000 less than 0.05 that also meant that Women empowerment affects HIV Prevalence by 95.7% among Munkunyu communities.

5.3 Recommendations of the findings

Continue and bolster positive momentum in the region on reaching high-risk populations (men who have sex with men, sex work, and injection drug use) with HIV prevention. The interaction between drug use and sexual transmission will be vital in halting the progression of the epidemic. Although there are regional differences to be sure, one study in Iran has suggested that one half of injecting drug users (often male) in the country are married and that one third have extramarital sex. Additionally, in some areas of the region, high levels of HIV infection have been found among drug users who may pass

empowerment should be seen as the provision equal opportunities. The strategy needs to initially looking at crating local community support to create local ownership, with an outward looking approach targeting support from other development partners like government and civil society organizations. This funding could be in form of bursaries, which will then be paid at an appropriate timing with a realistic repayment term. The idea here is to create a self-sustaining funding base.

5.4 Areas for further research

This study was purely a descriptive one. There is need to use an empirical methodology that could be used to corroborate these findings. In addition, the study sample was 80, a baseline survey could be designed so as to come up with more detailed data that could be used to further the analysis.

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APPENDICES

APPENDIX I: Research Questionnaire (Administered to the Staff of Kasese municipal council, Cultural leaders, Community & church leaders and NGO representatives)

Dear sir/madam,

I am called Ayera Barbrah, a student of Kampala international university conducting a research on ***"Women empowerment and prevalence of HIV transmission in Munkunyu sub-county, Munkunyu Sub county".*** This is in partial fulfillment of the requirements for the award of a Bachelor's Degree in ..... of Kampala International University.

You have been therefore selected to help in this research exercise. The information given shall be treated with total confidentiality. You may use the spaces provided to answer the questions or by ticking against the appropriate answer. Your response will highly be appreciated.

Thank you,

.....

Name (.....)

Researcher.

SECTION A: Personal Data

Name (Optional).....

1. Gender

Female ☐ Male ☐

2. Your age

Below 18 years ☐ 19-35 years ☐ 36-55 years ☐ Above 55 years ☐

3. Marital status

Single ☐ Married ☐ Divorced Widower ☐

4. Education level

Certificate ☐ Diploma ☐ Degree ☐ M ☐

Others.....

In this section, please tick the box that corresponds to your most suitable response or opinion according to the scale of range; **1**=Strongly Agree, **2**=Agree, **3**=Not sure, **4**= Strongly Disagree, **5**= Disagree.

	Scale	1	2	3	4	5
	Statement					
	SECTION B: Women empowerment					
1	Women own assets (farm equipment, motor vehicle, land, house) in Munkunyu Sub County					

2	Women spend their income over their wishes in Munkunyu Sub County					
3	Women have a Group membership Speaking in public in Munkunyu Sub County					
4	Women have participated in multiple activities at a domestic level in Munkunyu Sub County					
5	Women have been engaged in decision making for their families in Munkunyu Sub County					
6	Women have been given a chance for higher and vocational education in Munkunyu Sub County					
7	There are improved health standards for women on a household basis in Munkunyu Sub County					
	SECTION C: HIV Prevalence					
1	There is Poverty Reduction and Risk Among Key Populations in Munkunyu Sub county					
2	There are high efforts on eliminating HIV Infections by Targeting Inequalities in Munkunyu Sub county					
3	There is information on risky sexual behaviors within Munkunyu Sub county					
4	There is Provision of STD clinical services as a part of HIV counseling and testing in Munkunyu Sub county					
5	Economic alternatives for sex workers are available within Munkunyu Sub county					
6	There are Integrate reproductive health, STD and HIV programs at CDCs within Munkunyu Sub county					
7	There is antenatal (prenatal) HIV screening of pregnant women within Munkunyu Sub county					

8	There are condom access programs for teens and young adults within Munkunyu Sub county					
	Section D: The relationship between women empowerment and HIV prevalence in Munkunyu Sub county					
1	There are interventions to keep girls in school through late adolescence within Munkunyu Sub county					
2	There are economic support systems and self-defense training for widows within Munkunyu Sub county					
3	There is fast track prosecution of domestic violence and rape cases in Munkunyu Sub county					
4	There are organized cooperatives of sex workers within Munkunyu Sub county					
5	STD screening of HIV positive (and sexually active) routine practice every six months has been made a standard of care in Munkunyu Sub county					

Thank you for your cooperation.

May God bless you abundantly!

APPENDIX II: Interview guide

1) Bride and inheritance rules that prevent women's and girls' independence in many cultures
2) Organizing cooperatives of sex workers
3) STD screening of HIV positive (and sexually active) a routine practices every six months a standard of care
4) Condom access programs for teens and young adults
5) HIV prevention services and messages part of general health services at all clinics and hospitals
6) Integrated reproductive health, STD and HIV programs at CDC in funding and resource issues
7) Antenatal (prenatal) HIV screening of pregnant women
8) Integrated family planning and HIV prevention services
9) STD clinical services as a part of HIV counseling and testing
10) Fast track prosecution of domestic violence and rape cases where the perpetrator is HIV positive
11) Economic support systems and self-defense training for widows so they can avoid dangerous re-marriage or sexual dependency
12) Economic support systems and self-defense training for widows so they can avoid dangerous re-marriage or sexual dependency
13) Interventions to keep girls in school through late adolescence

Appendix III: Actual Research Time frame

This entails different activities and their stipulated weeks and months when to be performed.

NO	ACTIVITY	WEEK / MONTHS
1	Proposal writing	Early July 2019
2	Questionnaire and Methodology &literature review	Mid July 2019
3	Submission of proposal	Early August 2019
4	Data collection	Mid August 2019
5	Data processing& analysis	Early September, 2019
6	Complete dissertation review and submission	Mid September 2019