

**ADOLESCENTS' KNOWLEDGE OF HIV AND AIDS IN KAWEMPE URBAN
COUNCIL SECONDARY SCHOOLS, KAMPALA – UGANDA**

BY

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DECLARATION

I hereby declare that this work is original and has never been presented to any University for any award.

Signed.....

Katami Schola

Date.....23/12/2019.....

APPROVAL

This work has been compiled and forwarded with my approval.

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DEDICATION

I dedicate this work to my late mother Regina Katami, father Wenani Taddeo and late husband Okoth John.

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ABSTRACT

The study was about Adolescents' Knowledge of HIV and AIDS. It was carried out in Kawempe Urban Council Secondary Schools, Kampala – Uganda. The objectives of the study were to establish adolescents' knowledge of: i) concepts of HIV and AIDS, ii) transmission and iii) prevention/treatment in Kawempe Urban Council in Kampala, Capital City Authority. An exploratory research design was used. Data was collected using self-administered questionnaires and interview guides. Respondents were 10 head teachers, 20 teachers and 240 senior II students from ten secondary schools in Kawempe Urban Council. The findings show that knowledge on concept of HIV and AIDS of the adolescent's was high (92.1%) on definition of AIDS. However, knowledge on major types of HIV and symptoms of HIV was low 24.6% and (42.1%) respectively. Although most adolescents (73.8%) said that HIV is transmitted through blood transfusion and kissing (45.4%), over 83.4% of adolescents thought mosquitoes, shaking hands (87.9%) and witchcraft (84.6%) can spread HIV. About eight percent of adolescents knew that abstinence is the best way of preventing the HIV, 85.5% knew that condoms could prevent the spread of HIV and AIDS if correctly used. Sixty-eight percent thought that HIV and AIDS can be cured by antiretroviral drugs. About 67.5% thought that HIV and AIDS can be cured through prayers. It is concluded that although adolescents from Kawempe Urban Council are knowledgeable in some concepts, transmission and prevention/treatment of HIV and AIDS, there still exist gaps in their knowledge of HIV/AIDS. It is recommended that teachers, school administrators and Ministry of Education and Sports (MoES) officials should: give more information about HIV and AIDS to the adolescents, conduct more sensitization on modes of transmission and continue to educate the adolescents on methods of prevention of HIV/AIDS.

CHAPTER ONE

INTRODUCTION

1.1 Overview

This chapter is about the background, statement of the problem, objectives, research questions, hypothesis, scope and significance of the study.

1.2 Background

1.2.1 Historical perspective

Adolescence is a time of emotional, physical and psychological development and contributes substantially to the wellbeing of the individual in adulthood. Consequently, understanding adolescent Human Immuno- deficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) knowledge is of great importance in this era when HIV and AIDS spread among adolescents is high. To reduce the risk of HIV and AIDS infection among adolescents, knowledge of concepts, transmission and prevention/treatment is key for a disease that has been in the population for many decades.

HIV and AIDS were first recognized in the United States of America (USA) in the early 1980s. For more than three decades now, over 60 million people worldwide are affected including more than 20 million who have already died, Selcuk et al. (2005). In 2009, the World Health Organization (WHO) reported that there were approximately 33.3 million people living with HIV worldwide, of whom 2.6 million were new infections and of these, nearly 370,000 occurred in individuals younger than 15 years. HIV and AIDS remains one of the world's most significant public health challenges, particularly in low and middle-income regions. For example in China, university adolescent students are among the population affected by HIV/AIDS because of the recent development of casual attitude towards sex (Singh and Zhang 2017). Although the students have

good knowledge regarding HIV/AIDS, they still have misconceptions especially concerning mosquitos and kissing as routes of transmission of the disease (Singh and Zhang 2017). There is difficulty in differentiating between HIV from AIDS by many of the adolescents due to insufficient knowledge regarding HIV/AIDS among them.

Adolescent nurses in China demonstrated significant differences in knowledge (Li et al., 2004). There was a positive relationship between nursing education background and general HIV/AIDS knowledge. Ninety four percent (94%) of the nursing adolescents understood that HIV/AIDS is an infectious disease caused by virus and 90% knew that there is no cure for HIV/AIDS. Most of them (97%) recognized that sharing needles can cause HIV infection. Eighty seven percent (87%) of them believed that an HIV- positive mother can transmit HIV their babies in the womb. Eighty percent (80%) pointed out that HIV can be transmitted via sexual intercourse. In Bangladesh the findings of a study conducted by Huda and Amanullah (2013) revealed that around two-fifths of the students (36.98%) had very good knowledge about HIV/AIDS. In Brazil, Health education policies in schools and families have not resulted into sufficient knowledge about HIV/AIDS and sexual relations (WHO, 2009). It is not enough to convince people that they should alter their risky habits. Despite a high-level of knowledge, many continue to indulge in risky sexual behaviors and drug practices. People also need guidance on how to translate their knowledge into actions. Oyo-Ita (2005) reported that although knowledge on HIV/AIDS was high among secondary school adolescents' in Calabar, many adolescent sexual habits were still poor.

Digban and Aigbogun, (2014) found that in Benin West Africa, 60% of secondary school adolescents had good knowledge on perinatal/vertical transmission, 20% on sexual transmission, 40.0% on parenteral transmission and 70% on epidemiological factors and preventive measures

respectively. The adolescents also had misconceptions about HIV transmission. For example, adolescents believed that HIV cannot be transmitted through oral sex, HIV can be transmitted by mosquitoes and naked eyes can detect who is infected. The study concluded that there were knowledge deficiencies in sexual and perinatal transmission, epidemiological factors of HIV as well as some misconceptions about the transmission of the HIV virus.

In Uganda, HIV infection is high amongst young people. Unfortunately, young adolescents aged 10-24 years make 33% of the population of Uganda and majority of them are in secondary schools. There is evidence that girls are at a greater risk, being 5 to 6 times more than boys (Ministry of Education and Sports 2005). This group of people is at a high risk of acquiring HIV and AIDS since majority of them are adolescents' and are sexually active. In a study conducted by Rukundo et al, (2016) on Knowledge of secondary school adolescents on HIV transmission and prevention in rural and urban areas of central Uganda it was observed that about 49% of the study participants in rural schools were knowledgeable about HIV/ AIDS as compared to the 46.1% study participants in urban schools. Twenty seven percent of the adolescents knew all the established modes of HIV transmission with 14.3% and 13.1% from urban and rural schools respectively. Sexual intercourse was the most mentioned mode HIV transmission of the study participants with 18.0% and 14.3% from urban and rural schools respectively. Blood transfusion 6.1% with 2.5% and 3.7% from urban and rural schools respectively was mentioned. The sharing of sharp objects with an infected person (4.4%), with 2.4% and 2.0% from urban and rural schools respectively was mentioned. The least mode of HIV transmission mentioned by the adolescent students were oral sex and contact through wounds with an infected person (2.4%), with 0.4% and 2.0% from urban and rural schools respectively. On the HIV prevention strategy, about 83.7% of the adolescent students were knowledgeable on the ABC HIV prevention strategy with rural schools

more informed (47.4%) as compared to 36.3% for urban schools. About 16.3% with 12.7% and 3.6% from urban and rural schools respectively were not knowledgeable about the ABC HIV prevention strategy.

In most African countries including Uganda, HIV/AIDS spread in urban areas has been associated with 'hot spots' (areas where there is commercial sex). According to [Sanya \(2019\)](#) New Vision, there are 268 hot spots identified in Kampala city. Of the 268 hot spots, Kawempe Division has the highest number. Within Kawempe Urban division, there are several adolescents from secondary schools. Although knowledge of concepts, transmission and prevention/treatment is key to reducing risk of infection among adolescents in this kind of setting, no study has explored knowledge of adolescents' on HIV and AIDS in secondary schools in Kawempe Urban Council which gaps this study addresses.

1.2.2 Theoretical perspective

The theory underpinning this study is [Bandura's \(1994\)](#) social cognitive (SCT). The theory states that when people observe a model performing a behavior and the consequences of that behavior, they remember the sequence of events and use this information to guide subsequent behaviors. The theory holds that portions of an individual's knowledge acquisition can be directly related to observing others within the context of social interactions, experiences, and outside media influences. In relation to this study adolescents knowledge on concepts, transmission and prevention of HIV and AIDS is important in shaping their behavior. The knowledge of the disease acquired by the adolescents may in turn assist in controlling against behaviors that may lead them to acquire the disease. This also implies that prevention of infection with the HIV virus requires people to exercise influence over their own behavior and their social environment. In this case

knowledge is key in influencing behavioral change; hence adolescent's knowledge is paramount in prevention of HIV and AIDS.

1.2.3 Conceptual perspective

According to Longman's dictionary of contemporary English sixth (1999) knowledge is defined as; the facts, skills and understanding that one have gained through learning or experience. In this study, knowledge in question is the facts about HIV and AIDS. The knowledge on HIV and AIDS is mainly got from the teachers in secondary schools.

1.2.4 Contextual perspective

The prevalence of HIV/AIDS among the youth is at 3.7% (Ministry of Health and ICF International, 2012). In most countries including Uganda, HIV and AIDS scourge is high in urban areas compared to rural settings. Kampala is the capital city of Uganda and it is made up of five divisions namely: Kawempe, Nakawa, Makindye, Kampala central and Lubaga. Kawempe Division is the largest, with an estimated population of 265,000 (UBOS, 2002). It is composed of 19 parishes and 728 villages. It is located in the northwestern corner of Kampala Capital City Authority (KCCA). It borders Wakiso District to the West, North and East; Nakawa Division to the Southeast, Kampala Central to the south, and Lubaga Division to the southwest. A survey in 2013, ranked Kawempe division the highest in HIV/AIDS transmission out of the five divisions within Kampala. Kawempe Division has the highest number of commercial sex spots that are driving the HIV scourge in Kampala. However, within this division there are over 30 secondary schools with a high population of adolescents.

1.3 Statement of the problem

The high prevalence of HIV and AIDS among youth coupled with Kawempe being among the host spots for commercial sex workers, predisposed adolescent youth in secondary schools in in

Kawempe to HIV/AIDS infection. Despite knowledge being important in reducing spread of HIV and AIDS, there are no studies on adolescent's knowledge of concept, transmission and prevention/treatment of HIV and AIDS in secondary schools in Kawempe. This study therefore aims at investigating the knowledge of adolescents in secondary schools in Kawempe Urban Council.

1.4 Purpose of the study

The purpose of this study was to investigate the knowledge of adolescents of HIV and AIDS in secondary schools in Kawempe Urban Council - Kampala.

The specific objectives of this study were to establish adolescents' knowledge of:

- i. Concept of HIV and AIDS in Kawempe Urban Council - Kampala.
- ii. Transmission of HIV and AIDS in Kawempe Urban Council - Kampala.
- iii. Prevention/treatment of HIV and AIDS in Kawempe Urban Council - Kampala.

1.5 Research questions

- i. What is adolescent's knowledge of concept of HIV and AIDS in secondary schools in Kawempe Urban Council?
- ii. Do adolescents' have knowledge of transmission of HIV and AIDS in secondary schools in Kawempe Urban council?
- iii. What do adolescents' know about prevention/treatment of HIV and AIDS in secondary schools in Kawempe Urban Council?

1.6 Geographical scope

Geographically, the study took place in Kawempe Urban Council. Kawempe Urban Council has about 100 secondary schools. The head teachers, teachers, and students in the secondary schools were respondents.

1.6.1 Content scope

This study concentrated on adolescent's knowledge of HIV and AIDS in secondary school in Kawempe Urban Council. In particular it investigated the knowledge of adolescents' on: concepts, transmission and prevention/treatment of HIV and AIDS.

1.6.2 Time scope

This study targeted the head teachers, teachers and the students in secondary schools in Kawempe Urban Council who have been administering, teaching and studying in the schools for a period between one to fifteen years (i.e. 1998-2011).

1.7 Significance of the study

The findings of this study could be useful as follows:

School Administrators

This study could help secondary school administrators and teachers to improve on the knowledge of adolescents' on HIV and AIDS.

Ministry of Education

The Ministry of Education and Sports officials could come up with strategies to help adolescents' get more facts about the spread and prevention of HIV and AIDS.

Researchers'

The study may prompt more gaps in knowledge and perception of HIV and AIDS among adolescents.

Adolescents'

Lastly, adolescents' are young people who are sexually active and if not guided may fall in problem of acquiring HIV and AIDS at tender ages. Therefore the finding of this study will enable

adolescents' in the secondary schools gain insights into their level of knowledge and misconceptions of HIV and AIDS.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

In this chapter, literature and theories underpinning the study are reviewed and a conceptual frame work is presented.

2.1 Theoretical review

The theory that underpinned this study was Bandura's (1994) social cognitive theory and exercise of control over HIV infection. According to Bandura, prevention of infection with the HIV and AIDS virus requires people to have adequate knowledge about the disease and to exercise influence over their own behavior and their social environment. Societal efforts designed to control the spread of HIV and AIDS have centered mainly on informing the public about how the Human Immune Deficiency virus (HIV) is transmitted and how to safeguard against such infection. It is widely assumed that if people are adequately informed about the HIV and AIDS threat they will take appropriate self-protective actions. Equally important is adolescents' knowledge of concepts of HIV and AIDS, transmission, prevention/treatment.

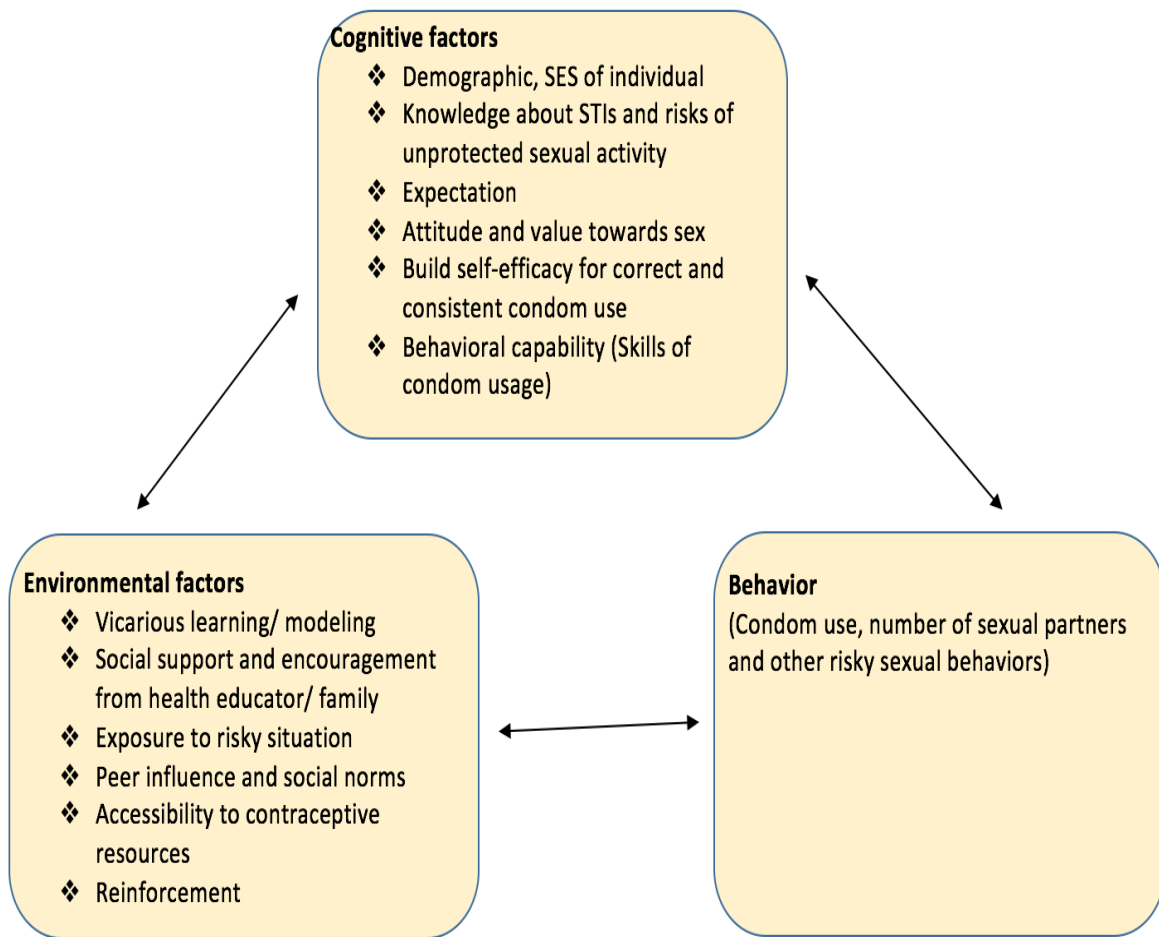


Figure 2. 1: Bandura’s 1994 Social cognitive theory and exercise of control over HIV infection.

Source: Bandura 1994: Theories and methods of behavioral interventions (pp. 25-59). New York: Plenum.

According to the researcher, the cognitive factor is the most important of the three in this study. For this study, knowledge is the important factor in prevention of HIV/AIDS spread. This is because change in behavior is often after acquisition, retention and application of knowledge **Farrant (2000)**. In society, children are surrounded by many influential models, such as parents within the family, characters on televisions, friends within their peer group and teachers at school. These models provide examples of behavior to observe and imitate for example masculine and feminine, pro and anti-social etc. Children pay attention to some of these people (models) and

encode their behavior. At a later time they may imitate the behavior they have observed. Therefore, the behavior of people around adolescents influences adolescents' behavior and hence knowledge may help moderate behavior.

2.3 Related literature

2.3.1 Adolescent Knowledge on Concept of HIV and AIDS

Knowledge is important because it helps us make decisions influencing our lives including health. In this era of HIV/AIDS, knowledge is key in moderating behavior especially of adolescents in secondary schools. Knowledge of HIV/AIDS concepts, transmission and prevention is central to curbing spread of HIV. However, studies on HIV and knowledge focusing on concepts, transmission and prevention/treatment are limited. In China, Li et al. (2004) found a significant difference in levels of AIDS knowledge among adolescents from different education backgrounds. There was a positive relationship between nursing education background and general HIV/AIDS knowledge. Ninety four percent of the nursing adolescents understood that HIV/AIDS is an infectious disease caused by virus and 90% knew that there is no cure for HIV/AIDS. Most of them (97%) recognized that sharing needles can cause HIV infection. Eighty seven percent (87%) of them believed that an HIV- positive mother can transmit HIV their babies in the womb. Eighty percent (80%) pointed out that HIV can be transmitted via sexual intercourse. A study by Zimet (1998) on adolescents AIDS knowledge showed that middle school adolescents had knowledge in only definition and prevention of HIV/AIDS. Seventy-four percent of adolescents among the sexually active students knew how to protect themselves during sexual encounter. Only 38.8% of the middle school students and 67.17% of high school students knew that no cure exists for AIDS.

In China, adolescent students aged 14 years or older had more HIV/AIDS related knowledge than those younger than 14 (Cai 2012). Meanwhile in Bangladesh, two-fifths of the students (36.98%) had very good knowledge about HIV/AIDS (Huda and Amanullah 2013).

In Eastern Ethiopia, it was established that the knowledge of the adolescents were generally low. Only about (24.5%) in-school adolescents have comprehensive HIV and AIDS knowledge. The knowledge was better among in-school adolescents from families with relatively middle or high wealth index. The adolescents were said to have got the knowledge mainly from friends or mass media. They also received Education on HIV and AIDS and sexual matters at school. The females were less likely to have comprehensive HIV and AIDS knowledge compared to males (Ojiira et al, 2013). A study (Wagbatsoma et al., 2006) showed that although 99% of the adolescents was aware of HIV and AIDS but only 16 % had correct knowledge of HIV and AIDS. The submission that kissing, living with infected persons and sharing their utensils could lead to infection was an indication of ignorance. They concluded that the knowledge of the adolescents was poor and correlates with their reckless sexual practices.

2.3.2 Adolescent Knowledge on Transmission of HIV/AIDS

In China, more than 80% knew that HIV/AIDS can be transmitted via sharing syringe/needles as well as vertical transmission from mother to child. About 65% - 75% thought condom could prevent HIV transmission during sexual intercourse. About fifty nine percent thought one can get HIV and AIDS through mosquito bite, and 38.5% thought HIV/AIDS is homosexual people disease (Maimaiti et al., 2010). In a study conducted by Zimet (1998) more than 65% of middle school adolescents and 90% of the high school adolescents identified three modes of transmission, namely: sexual, blood transfusion and mother-to-child transmission. However, about 26.73% believe that mosquitoes can spread the virus. In West Africa, Digbanand-Aigbogun (2014)

reported that 60% of adolescents had good knowledge on perinatal/vertical transmission, 20.0% on sexual transmission, and 40% on parenteral transmission. In Uganda, Rukundo et al. (2016) found that 27% of the adolescents knew all the established modes of HIV transmission. The sexual intercourse was the most mentioned mode HIV transmission of the study participants with 18.0% and 14.3% from urban and rural schools respectively. The sharing of sharp objects with an infected person (4.4%) and contact through wounds with an infected person (2.4%).

2.3.3 Adolescents' Knowledge on Prevention/ Treatment of HIV and AIDS

In Uganda, Rukundo et al. (2016) reported that 83.7% of the adolescent students were knowledgeable on the ABC HIV prevention strategy with rural schools more informed (47.4%) as compared to 36.3% for urban schools. About 16.3% with 12.7% and 3.6% from urban and rural schools respectively were not knowledgeable about the ABC HIV prevention strategy. Tayoosi *et al.* (2004) asserts that, among Iranian students, there are still many misconceptions about knowledge of prevention of HIV and AIDS. With 11% believing that there is cure and vaccine for AIDS, 9% believing that children will never be affected and 10% believing that HIV positive people can be recognized by their appearance. Selcuk *et al.* (2004) observed that Turkish students had correct knowledge on preventing HIV and AIDS by using condom during sexual intercourse (79.0%), having sex with a HIV negative single faithful partner (79.0%) and avoiding sex from an HIV infected person (16.0%).

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter is concerned with the research design, population, sample, research methods and instruments, quality of the instruments, procedure and data management.

3.1 Research design

An exploratory research design was used. Exploratory research design is a type of research design that examines a data set and looks for potential relations between variables. In exploratory research design, it is also possible to have an idea about a relationship between variables but with no knowledge of the direction and strength of the relationship (Creswell 2014). The advantage of exploratory research design is that it is easier to make new discoveries due to the less stringent methodological restrictions. It was obtained then coded, categorized, interpreted and analyzed under themes.

3.2. Population

Kawempe division has a total population of slightly over 2,000 students. However, the targeted population was 900 comprising of students, teachers and head teachers. From the sample size Table of Krejcie and Morgan (1970), a sample of 240 students was computed.

3.3 Sample and sample size

Schools

Random sampling was used to select the 10 secondary schools out of the about 100 schools. This was done by writing all the names of the 100 schools on small pieces of papers, folding them,

mixing them up and then selecting 10 pieces of papers randomly which represented the 10 schools secondary schools in Kawempe Urban Council.

Students

Of the target population of secondary schools comprising of about 2000 students from Krejcie & Morgan (1970) table, 240 students were sampled. In addition, 10 head teachers and 20 biology teachers per school were purposively selected making a total sample of 270 respondents. Senior two was selected purposively because it is a class where most of the students are beginning their adolescence period and the class.

3.4 Research methods and data collection

The study used the survey method which included contacting respondents for first hand data using self-administered questionnaires (SAQS). The approach enabled the researcher to cover all respondents quickly and at a reasonable cost. Furthermore SAQs were very suitable for the target respondents on account of their high levels of English literacy. In-depth interviews were conducted with head teachers.

3.5 Research instruments

The study used both self-administered questionnaires (SAQ) and interview guide. The SAQ had Section A which had questions to help classify respondents by category. Section B was on general knowledge of adolescents on HIV and AIDS. Section C was on adolescents' knowledge of HIV and AIDS on: Concept, transmission and prevention/treatment. To ease administration, Questions on (SAQ) for the students (see appendix II) were close ended while those of teachers were open ended (see appendix IV). The interview guide for the head teachers were also open ended (see appendix III).

3.6 Quality of research instruments

3.6.1 Validity of the instrument

The Content validity of the instrument piloting the questionnaire with Senior two students. The relevance, wording and clarity of questions or items in the questionnaire were checked by looking at the responses to the questions. The average content validity ratio (CVR) of the instrument was computed to 0.5 (Appendix v) which is bigger than 0.49 hence the instrument was considered valid.

3.6.2 Reliability of the instrument

The Reliability of the instrument on multi- item variable was tested using the Cronbach Alpha method provided by SPSS (Foster 1998). It was found to be $0.4964 \approx 5.0$ (Appendix v). This value is high enough making the instrument reliable.

3.7 Procedure

The researcher selected the topics to carry out the research and this was in semester one of the academic year 2010/2011. The topics were submitted to the allocated supervisor who approved one of them. The researcher then went ahead to write the research proposal including designing the questionnaires and the checklist and then took them to the supervisor for corrections and approval. After approving the proposal, the SAQ and the interview guide was developed and tested for validity and reliability. The researcher then obtained an introductory letter from the dean faculty of education and proceeded to the field for data collection. In the field the researcher reached the head teachers offices and introduced herself before she could be allowed to collect data from the schools. The instruments were administered through personal visits on appointment with head teachers and teachers. The questionnaires were filled by the respondents and collected

by the researcher after a fortnight. The data collected was presented using tables, interpreted, analyzed, and then conclusions drawn. From the conclusions, recommendations were suggested.

3.8 Data management

The collected data was processed for analysis. The data on (SAQ) was edited, categorized, coded and entered into computer. The statistical package for social sciences (SPSS) was used to generate of summary frequency tables and graphics. The qualitative data generated from semi structured open ended questionnaires, and interview guides was coded, categorized, interpreted and analyzed under themes. In the study, knowledge was categorized as high, moderate and low. The knowledge level was rated as: 0 - 24 percent = very low, 25 - 49 percent = low, 50 - 69 percent = moderate, 70 to 79 percent = high and 80 to 100 percent = very high.

3.9 Ethical Considerations

In the study, ethical issues like names of participants, their responses plus their location were handled with high confidentiality. This is because confidentiality is one of the critical issues needed to be observed in research.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 Introduction

This chapter is concerned with the results of the study.

4.2 Background characteristics of the respondents

Table 4.1 shows that three of the head teachers (30%) were holders of master's degree and seventy (70%) were graduate teachers. There were eight male (80%) and two female (20%) head teachers altogether. Five head teachers (50%) were in the age bracket 41 – 50 years and the other five (50%) were in the age bracket 51-60 years. There were no head teachers in the age bracket 31 – 40 years and 61 years and above. Four head teachers (40%) served for a period between 1 -5 years as head teachers in the secondary schools and the other six (60%) served for a period between 6 – 10 years.

Out of the twenty teachers sampled thirteen (65%) were male and seven (35%) were females. Fifteen teachers (75%) were aged 20-30 years three (15%) were 31-40 years, while two (10%) were in the age bracket 41 and above years. None (0%) of the teachers were aged 20 years and below or 51 and above years. Three teachers (15%) worked for a period of 10 – 14 years as teachers in the schools, eleven (55%) worked for a period of 5 – 9 years and six (30%) worked for a period of 1-4 years. Sixteen teachers (80%) were graduates and four (20%) were diploma holders. Whereby gender, 43.3% were boys, while 56.7% were girls. Most students (67%) were aged between 13-15 years followed 16-18 years (27.5%). Eighty three (34.6%) were Muslims, 35.4% were Catholics, and 30.0% were Anglicans.

Table 4. 1: Background characteristics of the head teachers, teachers and adolescents

Character	Characteristics	Category	Frequency	Percentage	
Head teachers	Sex	Male	08	80	
		Female	02	20	
	Qualification	Licensed	0	0	
		Grade V	0	0	
		Graduate	7	70	
		Masters	3	30	
	Age	31-40 years	0	0	
		41-50 years	5	50	
		51-60 years	5	50	
		61 and above years	0	0	
	Status of the school	Government	2	20	
		Private	8	80	
		Community	0	0	
Number of years as head teacher in the school	1-5 years	4	40		
	6-10 years	6	60		
	10 years and above	0	0		
Teachers	Sex	Male	13	65	
		Female	7	35	
	Age bracket	20-30 years	15	75	
		31-40 years	3	15	
		41-50 and above years	2	10	
	No of years as a teacher in the school	1-4 years	6	30	
		5-9 years	11	55	
		10-14years	3	15	
	Qualification	Masters	0	0	
		Graduate Teachers	16	80	
		Diploma	4	20	
	Students	Sex	Male	104	43.3
			Female	136	56.7
Age		13 – 15 years	214	89.2	
		16- 18 years	26	10.8	
Class of study		S2	240	100	
Religion		Muslim	83	34.6	
		Catholic	85	35.4	
		Anglican	72	30.0	
Status of School		Government	02	20.0	
		Private	08	80	

4.3 What is adolescent's knowledge of concept on HIV and AIDS in secondary schools in Kawempe Urban Council?

Table 4.2 shows that majority of the adolescents have (50-69%) knowledge of HIV and AIDS. One hundred twenty seven adolescents (52.1%) out of 240 knew that HIV and AIDS originated from USA in 1980's. About 68.7% of the adolescents perceived what HIV stands for while (53%) said that the major signs of HIV and AIDS is herpes. Low knowledge levels on concepts of HIV and AIDS (25 – 49) percent were observed in the areas of: major types (24.6%) and in signs and symptoms of HIV and AIDS (42.1%). Only fifty nine (24.6%) adolescents' knew that there are two major types of HIV. Forty eight percent of the adolescents did not know that there are only two major signs of HIV and AIDS. Forty two percent perceived that symptoms of HIV are the same as signs of HIV and 43% said that symptoms of HIV are not the same as signs of HIV while (15%) adolescents were neutral in their opinions. Moderate knowledge (50-69) of the adolescents on concepts was also observed in areas such as; HIV/AIDS is like any other disease and is no longer a threat (67.5%), HIV and AIDS can be cured through prayer (67.5%), since HIV and AIDS can be cured by antiretroviral drugs it is no longer a threat (68.0%) and HIV and being faithful to partner is a wastage of time because even the faithful acquire the disease was (69.1%). Sixty nine percent of adolescents thought that being faithful to a partner is wastage of time because even the faithful acquire HIV and AIDS. High knowledge on concepts (70 % – 100%) was only observed in the areas of meaning of the acronym AIDS and immorality and cause of AIDS.

Table 4. 2: represents data on adolescents’ knowledge on concept of HIV and AIDS in secondary schools in Kawempe Urban Council.

Concept of HIV and AIDS	Not Knowledgeable	Not sure	Knowledgeable
HIV/AIDS originated from USA in 1980’s	52 (21.6%)	63 (26.3%)	127 (52.1%)
HIV means human immune deficiency virus	68 (28.4%)	07 (2.9%)	165 (68.7%)
AIDS stand for Acquired Immune Deficiency Syndrome	13 (5.4%)	6 (2.5%)	221 (92.1%)
There are two major types of HIV	117 (48.7%)	64 (26.7%)	59 (24.6%)
One of the major sign of HIV/AIDS is herpezoster.	49 (20.4%)	64 (26.7%)	127 (53%)
Symptoms of HIV are the same as signs of HIV.	103 (43%)	36 (15%)	101 (42.1%)
HIV and AIDS are like any other disease and are no longer a threat.	55 (22.9)	23 (9.6%)	162 (67.5%)
Immorality may result in contraction of HIV and AIDS.	16 (6.7%)	06 (2.5%)	218 (90.8%)
Being faithful to a partner is a wastage of time because even the faithful acquire HIV and AIDS	56 (23.3%)	18 (7.5%)	166 (69.1%)

Source: Primary data. Note the knowledge level was rated as: 0 - 24 percent – very low, 25 - 49 percent - low, 50 - 69 percent- moderate, 70 - 79 percent – high and 80 - 100 percent- very high.

Ninety two percent of adolescents knew the acronym AIDS. Few students (25 – 49) percent had misconceptions on HIV and AIDS. About 22.9%) out of 240 believed that HIV and AIDS is like any other disease and is no longer a threat.

The head teachers were interviewed to explain how they have helped the adolescents to acquire knowledge of HIV and AIDS. Three of them (30%) said that they acquire HIV and AIDS

knowledge through guidance and counseling done by teachers. Four of them (40%) said that they acquire the knowledge through PIASCY activities organized by the teachers. One (10%) head teacher said

“That they acquire through the use of resource persons, one (10%) said that it is through seminars and debates and the other one (10%) said that it is through reading magazines and straight talk foundations”.

One of the head teachers said,

“In our schools we have teacher counselors who were trained to guide and counsel students in many things including HIV and AIDS issue.

Ten head teachers were also asked to give their views on their perception of HIV and AIDS by the adolescents. Six out of the ten head teachers (60%) said that the misconception of the adolescents on HIV and AIDS is low while four of them (40%) said it is high. However, fifteen (75%) out of the twenty teachers said that the knowledge of the adolescents is high while five (25%) believed that their knowledge is low. One of the teachers had this to say,

“The background of the schools has an effect on the HIV and AIDS knowledge of students”. He went on further and said that, *“adolescents from catholic founded schools are brought up better than the others from other faiths”*

(ii) Do adolescents’ have knowledge on transmission of HIV and AIDS in secondary schools in Kawempe Urban council?

Table 4.3 Represents data on adolescent’s knowledge on transmission of HIV and AIDS in secondary schools in Kawempe Urban council. The data revealed that the knowledge on transmission of HIV and AIDS was generally moderate (50 – 69) the average percentage knowledge of transmission amongst the adolescents was 51.3%. About 83.4% of adolescents stated that mosquitoes do not spread HIV and AIDS, and 15% were not aware. About 73.8% said that blood transfusion can cause HIV and AIDS.

Table 4. 3: Adolescents’ knowledge on transmission of HIV and AIDS

Knowledge	Not knowledgeable	Not sure	Knowledgeable
Mosquitoes spread HIV	200 (83.4%)	4 (1.7%)	36 (15%)
Kissing is one of the transmission routes of HIV and AIDS	98 (40.9%)	33(13.8%)	109 (45.4%)
Blood transfusion can cause HIV and AIDS	56 (23.4%)	7 (2.9%)	177 (73.8%)
HIV and AIDS can be transmitted through shaking hands	211 (87.9%)	8 (3.3%)	21 (8.8%)
HIV and AIDS are spread through witchcraft.	27 (11.2%)	10 (4.2%)	203 (84.6%)
HIV and AIDS can be got through sharing utensils	42 (17.5%)	05 (2.1%)	193 (80.5%)

Source: Primary data

About 90% of the adolescents thought that HIV and AIDS can be transmitted through shaking hands and 8.8% were not aware. Forty five percent of the adolescents agreed that kissing is one of the transmission routes of HIV and AIDS and 40.9% did not agree. Eighty five percent of adolescents said that HIV and AIDS are not spread through witchcraft compared to 11.2% who believe that HIV/AIDS is spread through witchcraft. About 80.5% of the adolescents stated that HIV and AIDS cannot be got through sharing utensils.

(iii) What do adolescents’ know about prevention/treatment of HIV and AIDS in secondary schools in Kawempe Urban Council?

Table 4.4 represents adolescent’s knowledge on prevention/treatment of HIV and AIDS in secondary schools in Kawempe Urban.

Table 4. 4: Adolescents’ knowledge on prevention/treatment of HIV and AIDS

Knowledge	Not knowledgeable	Not sure	Knowledgeable
Abstinence is the best way of preventing HIV and AIDS	42 (17.5%)	7 (2.9%)	191 (79.6%)
Condoms can prevent the spread of HIV and AIDS if correctly used.	23 (9.6%)	12 (5%)	205 (85.4%)
Circumcised people do not get HIV and AIDS	183 (76.3%)	31 (12.9%)	26 (10.8%)
Antiretroviral drugs can cure HIV and AIDS.	160 (66.7%)	40 (16.7%)	40 (16.7%)
Since HIV and AIDS can be cured by antiretroviral drugs, it is not a big threat.	45 (18.8%)	32 (13.3%)	163 (67.9%)
HIV and AIDS can be cured through prayer	67 (27.9%)	11 (4.6%)	162 (67.5%)

Source: Primary data

Table 4.4 shows that the knowledge on prevention/treatment of HIV and AIDS is generally moderate (50-69%). The total average knowledge of HIV and AIDS prevention/ treatment stands at 54.7%. A high number of adolescent (79.6%) said that abstinence is the best way of preventing HIV and AIDS. Eighty five percent were aware that condoms can prevent the spread of HIV and AIDS if correctly used. A high number of adolescents (76.3%) did not know that even circumcised people get HIV and AIDS. Sixty seven percent did not know that antiretroviral drugs can not cure HIV and AIDS. Only forty adolescents (16.6%) believe that antiretroviral drugs can not cure HIV and AIDS. A moderate number of adolescents (68%) believe that since HIV and AIDS can be cured by antiretroviral drugs, it is not a big threat. Sixty seven point five percent of the adolescents knew that HIV and AIDS can be cured through prayers. Forty five adolescents (18.8%) felt that since HIV and AIDS can be cured by antiretroviral drugs it is no longer a threat.

On who passes knowledge HIV and AIDS to the adolescents, ten (50%) teachers out of the twenty teachers said that the subject teachers pass HIV and AIDS knowledge to the adolescents. Five teachers (25%) said that it is the senior woman teacher, three (15%) said that it is the external counselor and two said it is the senior man. The teachers were asked how the schools were passing HIV and AIDS messages to adolescents. Six (30%) of them said that they do it through guidance and counseling, five (25%) said it is through teaching, three (15%) said it is through straight talk publications, one (5%) said it is through displaying posters and one (5%) said it is through talking compound. When asked whether the adolescents perceive HIV and AIDS as a big threat, fourteen (70%) out of the twenty teachers said that adolescents do not perceive it as a threat. Several reasons were given by the teachers for example: they believe pregnancy is a bigger threat than the disease, they are still involved in pre-marital and unsafe sex, and many get pregnancy and HIV and AIDS. Six of the teachers said that adolescents perceive the disease as a serious threat and they are careful. However, twelve out of the twenty teachers (60%) said that the adolescent's perception is good while eight (40%) said that their perception is not good. Some of the reasons they gave for fearing the disease include: The boys sometimes move with condoms, they have got experience of loss of relatives, they are very conscious about their lives this days, girls have been reporting cases of sexual request by boys and they do not want to come close to people with the disease. The teachers were asked to talk about the level of HIV and AIDS knowledge on transmission amongst the adolescents. Nine (45%) teachers said that the knowledge on transmission of HIV of students is moderate, eight (40%) said that the level is high and three (15%) said that the level is low. All the head teachers interviewed (100%) observed that the HIV and AIDS knowledge level of their teachers are high. Nine (95%) said the level is high amongst their students while one (5%) said it was low. On reaction of students when teaching about HIV and AIDS, the teachers said that:

“Some students react positively, others are attentive and ask a lot of questions, others show no interest and fear for the disease while others fear”.

Four (40%) of the head teachers said that teachers and students are not doing enough to combat HIV and AIDS. The reasons they gave to support their responses included: Many adolescents and members of the school community are still getting infections with HIV and AIDS. They also lamented that many students are not yet well versed with HIV and AIDS knowledge. The teachers were also asked to mention the types of books their adolescents use to acquire HIV and AIDS knowledge. Eleven of them out of twenty (55%) said they have no books about HIV and AIDS. Five of them (25%) said that they use PIASCY handbooks for post primary schools. Two (10%) said that they get information from Newspapers, another two (10%) said they get from straight talk publications and one (5%) said that they get from publications from Mulago hospital. One of the teachers said that,

“The PIASCY books are available in their schools but the students do not have interest in reading them”. He said that, *“The students concentrate on reading books for the subjects examinable in their curriculum.”*

Six (60%) of the head teachers interviewed also said that the perception of their teachers towards HIV and AIDS is good while the other four (40%) said that it is not good. Eight (80%) of the head teachers said that adolescents no longer perceive the disease as a threat and they gave similar reasons as those given by the teachers. The reasons which differed include: They are used to the disease, the disease no longer kill instantly and there are drugs to prolong life. The other two (20%) head teachers said that students still have perception that the disease is a big threat. They said so because of its effect on the population and because they have undergone a lot of sensitization and guidance and counseling about the disease.

The head teachers were also asked whether the teachers and adolescents still need knowledge of HIV and AIDS. All of them (100%) accepted that the teachers and students still need the HIV and AIDS knowledge. Some said that the knowledge is required in areas like: Transmission, prevention and impact of HIV and AIDS on the community. Others identified areas like: stigma and discrimination due to HIV and AIDS, behavior and attitude change, mitigation, disclosure and guidance and counseling. One head teacher said this:

“If our students are reminded about HIV and AIDS time and again they will be able to avoid dangers of the disease and if they are not reminded they may become careless and fall into problems”

Seven out of the ten head teachers (70%) interviewed about the adolescents’ knowledge on prevention/treatment of HIV and AIDS said that their knowledge is low while three (30%) of them said it is high. One of them actually said this:

“Our parents are shy to talk to their children about sex and sexuality”. She went on to say that, “it is at school that the adolescents are talked to about sex and sexuality and this is done mainly by the senior woman and senior man teachers”

CHAPTER FIVE

GENERAL DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter is divided into three sections, namely general discussion (section 5.2), conclusions (section 5.3) and recommendations (section 5.4). Under each of these sections the discussion was carried out under three sections outlined by the three objectives of the study.

5.2 General discussion

5.2.1 Adolescents' Knowledge on Concept of HIV/AIDS.

The study established that although majority of the adolescents had knowledge on concepts of HIV and AIDS, there knowledge gaps on origin, meaning, major signs, threat and cure for HIV and AIDS. Only (53%) of the adolescents knew that the major sign of HIV and AIDS is herpezoster. Existence of knowledge gaps about the HIV and AIDS may lead them to risky sexual and unhealthy behaviors. This means that adolescents can easily be trapped and acquire the disease through sexual contact or other means. The findings of this study are not in agreement with that of Rukundo, et al, (2016) on knowledge, of secondary school adolescents towards HIV transmission and prevention in rural and urban areas of central Uganda. According to Rukondo et al. (2016), there was an excellent awareness of the HIV/AIDS among the participants. Over 95.1% of the adolescents were knowledgeable as compared to 4.9% participants who were not knowledgeable. He also noted that majority of the participants who were knowledgeable about HIV/AIDS were from rural schools (49.0%) as compared to the 46.1% in urban schools. The difference in knowledge could have been due to the fact that there was more sensitization about the disease some three years back than now. It could also have been due to the samples picked for the studies.

It is generally believed that students in urban areas are more knowledgeable than those in rural areas. Kawempe being an urban area registered a moderate knowledge level of adolescents as compared to other urban areas as reported by Rukundo et al. (2016). Student's knowledge also differs from school to school and area to area. In some schools the knowledge of adolescents about a specific topic is low while in others it is very high. Generally although there is difference in knowledge level, the study observed that the adolescents in Kawempe Division were knowledgeable about HIV and AIDS.

The finding of this study is not in agreement with that of Anahita *et al.* (2004) regarding knowledge and attitudes towards HIV and AIDS amongst Iranian students. Anahita *et al.* (2004), students from found out that Iranian students knowledge level of HIV/AIDS among the students was not high and there were still misconceptions about the routes of transmission of the disease. The difference in levels of knowledge could have been due to the sources of knowledge of the students. Some students get the knowledge through media while others get through their teachers and others get from parents guardians and peers. The study finding also disagrees with that of Badaza (2000) who found that the level of sex knowledge among students in secondary schools in Kamuli District was high and the males were more knowledgeable than the females. The difference in results could have been due to the fact that Kamuli is one of the vulnerable districts for the HIV and AIDs because it is densely populated. Furthermore, Doka et al. (2017) on "sexual health communication strategies and HIV/AIDS awareness among students in Primary Teachers' Colleges (PTCs) in central Uganda found that knowledge of HIV and AIDS among students in the Primary Teachers Colleges (PTCs) was generally low (45.3%). This could have been due to the fact that Kawempe Urban council was identified as a hot spot for the disease a lot of sensitization could have been carried out amongst the adolescents as compared to the adolescents in the (PTCs).

A study by Li (2004) showed that 90% of the adolescent's adolescents knew that HIV/AIDS has no cure. Most of them (97%) recognized that sharing needles can cause HIV infection. This could also be due to the fact that the adolescents from a nursing school are older and mature than those from senior two in Kawempe Division. They are also advanced in science related content and information than those in secondary schools. This could be the reason why there HIV and AIDS knowledge is higher than those in secondary schools in Kawempe.

This finding is not in agreement with study conducted on knowledge level of adolescents by Oljira et al. (2013) in Eastern Ethiopia. According Oljira, only 24.5% of the adolescents had comprehensive HIV and AIDS knowledge. This figure is far below that of this study. Similarly, Wagbatsoma et al. (2016) who observed adolescents from Benin City in Nigeria only 16.2% of were knowledgeable about the disease. This implies that the adolescents in Kawempe Division in Uganda are relatively more knowledgeable about the disease than those in Benin City.

5.2.2 Do adolescents' have knowledge of transmission of HIV and AIDS in secondary schools in Kawempe Urban council?

The second objective of this study was to establish adolescents' knowledge of transmission of HIV and AIDS in Kawempe Urban Council in Kampala Capital City Authority. About 87.9% of the adolescents knew that HIV and AIDS can be transmitted through shaking hands. If this is not clearly explained to the adolescents they will continue to think that HIV can be transmitted through shaking hands. On the other way round (45.4%) knew that kissing is one the transmission routes of HIV and AIDS. This study is not in agreement with that conducted by Rukundo et al. (2016) who found that 27.4% of the adolescents knew all the established modes of HIV transmission. If

many students do not know the modes of transmission of HIV and AIDS, it predisposed them to HIV and AIDS scourge.

This finding is similar to that conducted by Selcuk *et al* (2004). According to Selcuk *et al* (2004), 6 – 42 % of students have misconceptions about transmission of HIV/AIDS. One hundred and seventy seven students (73.8%) knew that Blood transfusion can cause HIV and AIDS and 26.3% did not know. These findings are in agreement with Rukundo *et al.* (2016) who reported that about 27.4% of the adolescents knew all the established modes of HIV transmission. Transmission through sexual intercourse was mentioned by 18.0% and 14.3% from urban and rural schools respectively.

Forty point nine percent of the adolescents (40.9%) had a misconception that kissing is one of the transmission routes of HIV and AIDS and 13.8% were not sure. This is not in line with an observation made by World Health Organization (WHO 2011). According to World Health Organization to become infected with HIV you must get a sufficient quantity of the virus into your body. There is HIV in saliva, but the virus is only present in very small quantities and as such has never been known to transmit HIV from kissing. Unless both partners have large open sores in their mouths, or severely bleeding gums, there is no HIV transmission risk from mouth-to-mouth kissing.

5.2.3 What do adolescents' know about prevention/treatment of HIV and AIDS in secondary schools in Kawempe Urban Council?

In this study a high number of adolescents 191 (79.6%) out of 240 knew that abstinence is the best way of preventing HIV and AIDS. In some populations in low- and middle-income countries, the median In Columbia, it was found that abstinence was more important compared to contraception

(Schenker & Nyirenda 2002). The study is in agreement with Rukundo et al. (2016) who found that majority (83.7%) of the participants were knowledgeable on the Abstinence. The difference could have been due to the complexity of the socio-economic groups in urban areas where the participant reside and the exposure of this participant to sexual activities at an early age. The findings on the knowledge of prevention/ treatment of HIV and AIDS in Kawempe Urban Council does not agree with that the study conducted by Tayoosiet *al.* (2004) who found that as adolescents believed that there is vaccine and cure for AIDS. However, this study agree with that conducted by Selcuket *al.* (2004) who observed that Iranian students had correct knowledge that HIV can be prevented by using condoms during sexual intercourse. The knowledge of prevention of HIV and AIDS is very important because it is the core for protection against the disease. Consistent and correct use of male latex condoms can reduce (though not eliminate) the risk of HIV transmission.

5.3. Conclusions

From the findings of this study, it can be concluded that;

1. Adolescents had high knowledge on concepts of HIV and AIDS in some areas such as of meaning of the acronym AIDS. Low knowledge on concept of HIV and AIDS was observed in the areas of major types and signs and symptoms of the disease.
2. Knowledge of transmission of HIV and AIDS was low registered in areas as demonstrated by responses such as; HIV can be spread through mosquitoes, kissing and shaking hands.
3. A high number of adolescents however knew that abstinence is the best way of preventing HIV and AIDS. There was a gap in the knowledge of circumcision and antiretroviral viral drugs. Majority of the adolescents thinks that circumcised people do not contract HIV and AIDS. A good number also believes that antiretroviral drugs can cure AIDS.

5.4 Recommendations

On the basis of the findings of this study, the following recommendations were suggested.

- i. It is recommended that more information about concept of HIV and AIDS more especially on types, signs and symptoms of HIV and AIDS should be given to the adolescents by the secondary school teachers and administrators. This will enhance their knowledge on concept of the disease.
- ii. The teachers, school administrators and Ministry of Education and Sports (MoES) officials need to conduct more sensitization on modes of transmission of HIV and AIDS. Misconceptions such as transmission by mosquitoes, kissing and shaking hands should be clearly explained to the adolescent students in Kawempe Urban Council. This will enable the adolescents to fully understand the modes of transmission of the disease hence prevent themselves against it.
- iii. The school administrators and teachers should continue to educate the adolescents on methods of prevention of HIV and AIDS. More knowledge especially on circumcision and antiretroviral drugs is required by the adolescents. This will enable them not to indulge in behaviors which will lead them to contract HIV and AIDS.

5.5 Areas for further research

1. The attitudes of teachers towards HIV and AIDS in secondary schools in Kawempe.
2. The attitudes of parents or guardians towards the teaching of HIV/AIDS in religious founded secondary schools in Kawempe.
3. Effectiveness of HIV and AIDS communication strategies involving (assembly messages, meetings with care givers, school clubs) in Kawempe.

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APPENDICES

APPENDIX I: INTRODUCTORY LETTER

The Head teacher

.....
.....

Dear sir / Madam

RE: SEEKING PERMISSION

I am a M.Ed. degree student collecting data for my dissertation titled: **“Adolescents’ Knowledge of HIV and AIDS in Kawempe Urban Council Secondary Schools, Kampala – Uganda.”** I am requesting for permission to use your school as one of the schools for this study.

I will be very grateful if my request is granted.

Yours faithfully

Sign.....

Katami Schola

APPENDIX II: SELF ADMINISTERED QUESTIONNAIRE FOR STUDENTS

Dear student,

I am conducting a survey on **Adolescents’ Knowledge of HIV and AIDS in Kawempe Urban Council Secondary Schools, Kampala – Uganda.**

I am requesting you kindly to respond to all the questions on this paper. The responses you will provide will be treated in a confidential way.

Section A: Background variables

A1. Name of your school?

A2 .Status of your school?

A3. Class of study?

A4. How old are you?

A5. What is your sex?

A6. Of which faith are you?

A7. What is the founding body of your school?

B: Knowledge on concept of HIV and AIDS

Please use the scale 1= Highly not influential 2= Not influential 3= not sure 4= influential and 5= highly influential to respond to the statements in B below.

	1	2	3	4	5
B1.1 HIV/AIDS is like any other diseases and is no longer a threat					
B1.2 HIV/AIDS is spread through witchcraft					
B1.3 HIV/AIDS can be got through sharing utensils					
B1.4 HIV/AIDS can be cured through prayer					
B1.5 Immorality may result in contraction of HIV and AIDS					
B1.6 HIV/AIDS can be cured using antiretroviral drugs.					
B1.7 Being faithful to a partner is a wastage of time because even the faithful acquire HIV and AIDS					

Section C: Adolescents ‘general knowledge of HIV and AIDS

Please indicate your ideas and feelings using the scale where 1=highly not knowledgeable, 2= Not knowledgeable, 3= not sure, 4=knowledgeable, 5= highly knowledgeable to respond to the statements in C1, C2, and C3 below.

C1: General knowledge of HIV and AIDS

	1	2	3	4	5
C1.1 HIV/AIDS originated from USA in 1980’s					
C1.2 HIV means human immune deficiency virus					
C1.3 AIDS stand for Acquired Immune Deficiency Syndrome					
C1.4 There are two major types of HIV					
C1.5 One of the major sign of HIV/AIDS is herpezoster					
C1.6 Symptoms of HIV are the same as signs of HIV.					

C2: Transmission of HIV and AIDS

C1.7 Mosquitoes spread HIV					
C1.8 Kissing is one the transmission routes of HIV/AIDS					
C1.9 Blood transfusion can cause HIV/AIDS					
C1.10 HIV/AIDS can be transmitted through shaking hands					

C3: Prevention/treatment of HIV/AIDS

C1.11 Abstinence is the best way of preventing HIV/AIDS					
C1.12 Condoms can prevent the spread of HIV/AIDS if correctly used.					
C1.13 Circumcised people do not get HIV/AIDS					
C1.14 Antiretroviral drugs can cure HIV/AIDS.					

Thank you very much
 Yours faithfully
 KatamiSchola

APPENDIX III: AN INTERVIEW GUIDE FOR HEAD TEACHERS

Venue.....Date.....Time.....

Before the interview the researcher will create rapport with the respondent by asking questions like: what is your name, how old are you, what is your faith, how long have you served in the school as a head teacher, what is the status of the school, religious background of the school e.t.c. the researcher will then start the interview using the main questions below.

Section A

Nature of school	Government <input type="checkbox"/> Private <input type="checkbox"/> Community <input type="checkbox"/>	Name of the school
Age 20-30 yrs.	20-30yrs <input type="checkbox"/> 31-40yrs <input type="checkbox"/> >40 yrs. <input type="checkbox"/>	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Experience/ years of teaching	1-4 yrs. <input type="checkbox"/> 5-9yrs <input type="checkbox"/> 10-14 yrs. <input type="checkbox"/> >15 yrs. <input type="checkbox"/>	Highest qualification of Formal education Master’s degree <input type="checkbox"/> Bachelor’s degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/>

1. What is your view about the influence of your teachers and students towards HIV/AIDS?

- (a) Students.....
-
- (b) Teachers.....
-

2. Do you think teachers and students are doing enough to fight HIV/AIDS?

If yes what shows and if no explain more.....

.....

3. Do teachers and students still fear HIV/AIDS like when it had just started? If yes explain more, If no explain more.....

.....

4. What can you say about the level of HIV/AIDS knowledge among?

a) Teachers.....

b) Students in the school.....

5. How have you helped your teachers and students to acquire knowledge of HIV/AIDS?

.....

.....

6. Do you think the teachers and students need more knowledge of HIV/AIDS? If yes in which areas in particular.....

.....

Thank you very much

Yours faith fully

KatamiSchola

APPENDIX IV: SELF ADMINISTERED QUESTIONNAIRE FOR TEACHERS

Dear Sir/ Madam

I am conducting a survey on knowledge and influence on HIV/AIDS among adolescents’ in secondary schools in Kawempe Urban Council in Kampala Capital City Authority. I am requesting you kindly to respond to all the questions on this paper. The responses you will provide will be treated in confidential way.

Section A: Background Information of the Teachers

Nature of school	Government <input type="checkbox"/> Private <input type="checkbox"/> Community <input type="checkbox"/>	Name of the school
Age 20-30 yrs.	20-30yrs <input type="checkbox"/> 31-40yrs <input type="checkbox"/> >40 yrs. <input type="checkbox"/>	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Experience/ years of teaching	1-4 yrs. <input type="checkbox"/> 5-9yrs <input type="checkbox"/> 10-14 yrs. <input type="checkbox"/> >15 yrs. <input type="checkbox"/>	Highest qualification of Formal education Master’s degree <input type="checkbox"/> Bachelor’s degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/>

SECTION B. knowledge of Adolescents’ on HIV/AIDS

Answer the following questions according to your own opinion

B1.1 What can you say about the knowledge of your students about the teaching of HIV/AIDS?

.....

B1.2 Describe the reaction of your students when you are teaching about HIV/AIDS?

.....

B1.3 Do you think students these days fear the disease HIV/AIDS? If yes what shows? And if no what shows?

.....

SECTION C. Knowledge of adolescents' on HIV/AIDS

C1.1 how can you rate the level of knowledge of students about HIV/AIDS in your school?

.....
.....

C1.2 How has the school been passing knowledge about HIV/AIDS to the students in the school.

.....
.....

C1.3 What type of books about HIV/AIDS does the school has?

.....

C1.4 Who in your school passes knowledge of HIV/AIDS to your learners?

.....
.....

Thank you very much

Katami Schola

APPENDIX V: VALIDITY OF THE INSTRUMENTS

The content validity ratio (CVR) of the instrument was calculated as shown below.

$$\text{CVR} = \frac{n(3/4) - N/2}{N/2}$$

Where:

N (3/4) = Number of respondents indicating quite very relevant for the item

N = Number of respondents who were asked to judge the items.

$$N (3/4) = 21$$

$$N = 28$$

$$\text{CVR} = \frac{21 (3/4) - 24/2}{24/2}$$

$$= \frac{21 - 14}{14} = \frac{7}{14} = 0.5$$

Reliability

***** Method 1 (space saver) will be used for this analysis *****

RELIABILITY ANALYSIS - SCALE (ALPHA)

Reliability Coefficients

N of Cases = 240.0

N of Items = 27

Alpha = .4964 \approx 5.0

APPENDIX VI: SPSS TABLES

MakererM	2.00	2.00	4.00	2.00	2.00	2.00	1.00	1.00	4.00	2.00	1.00
2.00	4.00	5.00	5.00	5.00	4.00	3.00	5.00	1.00	4.00	2.00	1.00
4.00	2.00	2.00	2.00	2.14	2.14	4.50	2.50	2.50	2.00		
MakererM	2.00	2.00	3.00	2.00	3.00	2.00	4.00	1.00	2.00	1.00	1.00
1.00	2.00	5.00	5.00	5.00	2.00	2.00	1.00	1.00	5.00	5.00	1.00
5.00	5.00	1.00	1.00	1.71	1.71	3.33	3.00	3.00	2.00		
MakererM	2.00	2.00	3.00	1.00	4.00	2.00	1.00	2.00	4.00	4.00	1.00
1.00	1.00	5.00	5.00	5.00	4.00	3.00	4.00	1.00	1.00	5.00	5.00
5.00	1.00	1.00	1.00	2.00	2.00	4.33	2.00	2.00	1.00		
MakererM	2.00	2.00	4.00	1.00	1.00	2.00	1.00	1.00	2.00	1.00	2.00
2.00	1.00	5.00	1.00	5.00	1.00	2.00	5.00	1.00	4.00	4.00	1.00
1.00	5.00	4.00	2.00	1.43	1.43	3.17	3.00	3.00	1.00		
MakererM	2.00	2.00	3.00	2.00	3.00	2.00	3.00	1.00	1.00	2.00	3.00
1.00	1.00	2.00	5.00	1.00	3.00	1.00	1.00	3.00	4.00	2.00	1.00
1.00	4.00	1.00	1.00	1.71	1.71	2.17	1.75	1.75	2.00		
MakererM	2.00	2.00	3.00	2.00	2.00	2.00	2.00	1.00	1.00	4.00	2.00
1.00	1.00	1.00	5.00	5.00	1.00	1.00	2.00	1.00	1.00	5.00	1.00
3.00	4.00	1.00	1.00	1.71	1.71	2.50	2.25	2.25	2.00		
MakererM	2.00	2.00	2.00	2.00	4.00	2.00	1.00	1.00	4.00	5.00	1.00
2.00	2.00	4.00	4.00	5.00	4.00	4.00	5.00	4.00	5.00	5.00	5.00
5.00	5.00	2.00	2.00	2.29	2.29	4.33	3.50	3.50	2.00		
MakererM	2.00	2.00	3.00	2.00	4.00	2.00	1.00	2.00	2.00	4.00	5.00
2.00	3.00	1.00	5.00	5.00	1.00	3.00	1.00	1.00	2.00	3.00	1.00
1.00	5.00	3.00	3.00	2.71	2.71	2.67	3.00	3.00	2.00		
MakererM	2.00	2.00	4.00	1.00	2.00	2.00	2.00	4.00	2.00	2.00	2.00
2.00	5.00	5.00	5.00	5.00	1.00	5.00	5.00	1.00	1.00	5.00	1.00
1.00	5.00	4.00	4.00	2.71	2.71	4.33	3.50	3.50	1.00		
MakererM	2.00	2.00	3.00	2.00	4.00	2.00	1.00	2.00	1.00	4.00	2.00
1.00	4.00	4.00	4.00	4.00	1.00	2.00	4.00	1.00	2.00	4.00	1.00
4.00	4.00	2.00	2.00	2.14	2.14	3.17	3.00	3.00	2.00		
MakererM	2.00	2.00	3.00	2.00	4.00	2.00	2.00	1.00	1.00	4.00	1.00
4.00	1.00	5.00	5.00	5.00	1.00	2.00	1.00	1.00	3.00	5.00	5.00
1.00	5.00	1.00	3.00	2.00	2.00	3.17	2.50	2.50	2.00		
MakererM	2.00	2.00	3.00	1.00	4.00	2.00	1.00	4.00	2.00	5.00	2.00
1.00	4.00	4.00	4.00	4.00	2.00	3.00	2.00	1.00	3.00	2.00	1.00
2.00	5.00	1.00	1.00	2.71	2.71	3.17	2.25	2.25	1.00		
MakererM	2.00	2.00	2.00	1.00	3.00	2.00	1.00	5.00	1.00	1.00	1.00
5.00	1.00	5.00	1.00	4.00	1.00	2.00	1.00	1.00	3.00	3.00	1.00
5.00	3.00	5.00	3.00	2.14	2.14	2.33	4.00	4.00	1.00		
MakererM	2.00	2.00	2.00	1.00	4.00	2.00	5.00	1.00	1.00	5.00	1.00
4.00	1.00	4.00	1.00	5.00	4.00	4.00	1.00	2.00	3.00	5.00	1.00
5.00	5.00	1.00	3.00	2.57	2.57	3.17	3.50	3.50	1.00		
MakererM	2.00	2.00	3.00	2.00	4.00	2.00	2.00	1.00	1.00	5.00	2.00
1.00	4.00	4.00	4.00	4.00	1.00	1.00	1.00	4.00	3.00	5.00	1.00
4.00	4.00	2.00	1.00	2.29	2.29	2.50	2.75	2.75	2.00		
MakererM	2.00	2.00	2.00	2.00	4.00	2.00	2.00	2.00	2.00	1.00	2.00
1.00	2.00	4.00	5.00	5.00	3.00	4.00	4.00	1.00	1.00	5.00	5.00
5.00	5.00	2.00	2.00	1.71	1.71	4.17	3.50	3.50	2.00		
MakererM	2.00	2.00	3.00	2.00	3.00	2.00	1.00	3.00	2.00	2.00	2.00
5.00	4.00	2.00	4.00	4.00	4.00	4.00	4.00	2.00	4.00	4.00	2.00
4.00	4.00	2.00	2.00	2.71	2.71	3.67	3.00	3.00	2.00		

MakererM	2.00	2.00	2.00	2.00	1.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
	2.00	1.00	4.00	4.00	4.00	2.00	5.00	4.00	4.00	2.00	2.00	2.00
	2.00	2.00	1.00	4.00	1.86	1.86	3.83	2.25	2.25	2.00		
MakererM	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	1.00	2.00	1.00	3.00
	2.00	1.00	4.00	4.00	5.00	1.00	4.00	1.00	1.00	5.00	4.00	1.00
	4.00	4.00	3.00	1.00	1.71	1.71	3.17	3.00	3.00	2.00		
MakererM	2.00	2.00	4.00	1.00	4.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
	2.00	1.00	4.00	5.00	5.00	2.00	2.00	2.00	2.00	5.00	5.00	2.00
	3.00	5.00	2.00	2.00	1.86	1.86	3.33	3.00	3.00	1.00		
MakererM	2.00	2.00	2.00	2.00	4.00	2.00	2.00	2.00	1.00	1.00	2.00	2.00
	1.00	2.00	5.00	5.00	5.00	2.00	5.00	5.00	5.00	2.00	5.00	1.00
	5.00	4.00	2.00	1.00	1.57	1.57	4.50	3.00	3.00	2.00		
MakererM	2.00	2.00	2.00	1.00	1.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
	2.00	4.00	4.00	4.00	5.00	4.00	2.00	4.00	2.00	5.00	1.00	3.00
	5.00	5.00	2.00	2.00	2.29	2.29	3.83	3.50	3.50	1.00		
MakererM	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
	2.00	4.00	4.00	5.00	3.00	5.00	5.00	5.00	2.00	2.00	5.00	1.00
	5.00	4.00	3.00	3.00	2.29	2.29	4.50	3.75	3.75	2.00		
MakererM	2.00	2.00	2.00	2.00	2.00	2.00	2.00	5.00	1.00	1.00	1.00	1.00
	5.00	1.00	5.00	5.00	5.00	1.00	5.00	1.00	1.00	4.00	5.00	1.00
	5.00	5.00	1.00	1.00	2.14	2.14	3.67	3.00	3.00	2.00		
St Marga	2.00	2.00	2.00	2.00	1.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
	2.00	2.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	1.00
	2.00	5.00	2.00	4.00	2.00	2.00	5.00	3.25	3.25	2.00		
St Marga	2.00	2.00	2.00	2.00	4.00	2.00	1.00	2.00	2.00	2.00	2.00	1.00
	1.00	2.00	4.00	5.00	5.00	1.00	2.00	1.00	4.00	2.00	5.00	2.00
	1.00	4.00	1.00	1.00	1.57	1.57	3.00	1.75	1.75	2.00		
St Marga	2.00	2.00	3.00	2.00	4.00	2.00	2.00	4.00	2.00	2.00	4.00	2.00
	4.00	2.00	5.00	5.00	5.00	2.00	3.00	5.00	2.00	2.00	5.00	1.00
	1.00	5.00	2.00	4.00	2.86	2.86	4.17	3.00	3.00	2.00		
St Marga	2.00	2.00	3.00	2.00	1.00	2.00	2.00	2.00	2.00	1.00	4.00	1.00
	3.00	1.00	5.00	5.00	5.00	3.00	3.00	4.00	5.00	5.00	5.00	5.00
	5.00	5.00	5.00	3.00	2.00	2.00	4.17	4.50	4.50	2.00		
St Marga	2.00	2.00	3.00	2.00	1.00	2.00	2.00	2.00	2.00	1.00	3.00	3.00
	2.00	1.00	5.00	3.00	3.00	3.00	3.00	5.00	2.00	2.00	2.00	1.00
	5.00	3.00	1.00	2.00	2.00	2.00	3.67	2.75	2.75	2.00		
St Marga	2.00	2.00	3.00	1.00	1.00	2.00	1.00	1.00	1.00	2.00	1.00	1.00
	2.00	1.00	2.00	4.00	4.00	4.00	5.00	4.00	4.00	4.00	5.00	1.00
	1.00	4.00	2.00	2.00	1.29	1.29	3.83	2.25	2.25	1.00		
St Marga	2.00	2.00	3.00	2.00	1.00	2.00	2.00	2.00	2.00	2.00	1.00	1.00
	4.00	2.00	2.00	4.00	4.00	4.00	3.00	5.00	1.00	1.00	5.00	1.00
	1.00	4.00	3.00	4.00	2.00	2.00	3.67	3.00	3.00	2.00		
St Marga	2.00	2.00	3.00	1.00	4.00	2.00	5.00	4.00	1.00	1.00	1.00	5.00
	1.00	3.00	5.00	5.00	5.00	2.00	3.00	2.00	2.00	4.00	4.00	1.00
	2.00	5.00	1.00	5.00	2.86	2.86	3.67	3.25	3.25	1.00		
St Marga	2.00	2.00	2.00	1.00	4.00	2.00	2.00	1.00	2.00	2.00	4.00	2.00
	1.00	4.00	4.00	4.00	4.00	3.00	3.00	3.00	2.00	2.00	4.00	1.00
	5.00	4.00	2.00	1.00	2.29	2.29	3.50	3.00	3.00	1.00		
St Marga	2.00	2.00	4.00	1.00	3.00	2.00	2.00	2.00	2.00	1.00	1.00	2.00
	2.00	3.00	4.00	5.00	5.00	2.00	3.00	4.00	1.00	3.00	4.00	2.00
	1.00	4.00	2.00	2.00	1.86	1.86	3.83	2.25	2.25	1.00		
St Marga	2.00	2.00	4.00	1.00	2.00	2.00	2.00	2.00	2.00	1.00	4.00	2.00
	2.00	1.00	4.00	4.00	4.00	3.00	3.00	3.00	4.00	4.00	4.00	1.00
	4.00	4.00	2.00	2.00	2.00	2.00	3.50	3.00	3.00	1.00		

St Marga	2.00	2.00	2.00	1.00	2.00	2.00	3.00	2.00	1.00	4.00	1.00
5.00	2.00	3.00	5.00	5.00	3.00	3.00	1.00	1.00	3.00	5.00	1.00
4.00	1.00	2.00	4.00	2.57	2.57	3.33	2.75	2.75	1.00		
St Marga	2.00	2.00	2.00	1.00	1.00	2.00	4.00	1.00	2.00	3.00	1.00
1.00	4.00	2.00	4.00	5.00	2.00	1.00	1.00	1.00	5.00	5.00	5.00
5.00	4.00	1.00	1.00	2.29	2.29	2.50	2.75	2.75	1.00		
St Marga	2.00	2.00	2.00	1.00	2.00	2.00	2.00	2.00	1.00	1.00	1.00
2.00	1.00	5.00	3.00	1.00	2.00	3.00	4.00	2.00	5.00	4.00	2.00
5.00	4.00	2.00	2.00	1.43	1.43	3.00	3.25	3.25	1.00		
St Marga	2.00	2.00	2.00	1.00	1.00	2.00	3.00	2.00	1.00	4.00	1.00
5.00	2.00	4.00	5.00	5.00	3.00	3.00	1.00	5.00	3.00	5.00	1.00
5.00	5.00	4.00	3.00	2.57	2.57	3.50	4.25	4.25	1.00		
St Marga	2.00	2.00	2.00	1.00	2.00	2.00	5.00	1.00	1.00	4.00	1.00
5.00	5.00	5.00	5.00	5.00	3.00	3.00	5.00	5.00	5.00	5.00	3.00
5.00	5.00	3.00	1.00	3.14	3.14	4.33	3.50	3.50	1.00		
St Marga	2.00	2.00	2.00	1.00	2.00	2.00	4.00	1.00	3.00	1.00	2.00
1.00	1.00	4.00	5.00	1.00	3.00	3.00	5.00	1.00	1.00	5.00	1.00
5.00	5.00	2.00	4.00	1.86	1.86	3.50	4.00	4.00	1.00		
St Marga	2.00	2.00	2.00	2.00	2.00	2.00	3.00	1.00	1.00	1.00	1.00
2.00	4.00	5.00	5.00	1.00	1.00	2.00	1.00	1.00	1.00	5.00	1.00
5.00	2.00	2.00	3.00	1.86	1.86	2.50	3.00	3.00	2.00		
St Marga	2.00	2.00	2.00	2.00	2.00	2.00	1.00	2.00	2.00	2.00	1.00
2.00	2.00	2.00	4.00	4.00	2.00	3.00	2.00	1.00	4.00	2.00	1.00
1.00	4.00	1.00	1.00	1.71	1.71	2.83	1.75	1.75	2.00		
St Marga	2.00	2.00	2.00	2.00	4.00	2.00	5.00	1.00	2.00	2.00	1.00
2.00	2.00	3.00	5.00	5.00	1.00	4.00	4.00	1.00	3.00	5.00	1.00
1.00	5.00	2.00	3.00	2.14	2.14	3.67	2.75	2.75	2.00		
St Marga	2.00	2.00	2.00	2.00	2.00	2.00	5.00	1.00	2.00	2.00	1.00
2.00	2.00	3.00	5.00	5.00	1.00	3.00	4.00	1.00	3.00	5.00	1.00
5.00	5.00	2.00	1.00	2.14	2.14	3.50	3.25	3.25	2.00		
St Marga	2.00	2.00	2.00	2.00	2.00	2.00	5.00	1.00	2.00	1.00	1.00
2.00	2.00	3.00	5.00	5.00	1.00	4.00	5.00	1.00	3.00	3.00	1.00
5.00	4.00	2.00	3.00	2.00	2.00	3.83	3.50	3.50	2.00		
St Marga	2.00	2.00	2.00	2.00	2.00	2.00	2.00	1.00	1.00	1.00	1.00
2.00	2.00	3.00	5.00	5.00	1.00	3.00	5.00	1.00	3.00	5.00	1.00
5.00	5.00	2.00	1.00	1.43	1.43	3.67	3.25	3.25	2.00		
St Marga	2.00	2.00	3.00	2.00	2.00	2.00	1.00	1.00	4.00	2.00	1.00
2.00	4.00	5.00	5.00	5.00	4.00	3.00	5.00	1.00	4.00	2.00	1.00
4.00	2.00	2.00	2.00	2.14	2.14	4.50	2.50	2.50	2.00		
MulagoSS	2.00	2.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
1.00	4.00	5.00	5.00	5.00	5.00	5.00	3.00	1.00	5.00	5.00	5.00
5.00	5.00	1.00	1.00	1.43	1.43	4.67	3.00	3.00	1.00		
MulagoSS	2.00	2.00	2.00	2.00	1.00	1.00	2.00	4.00	1.00	2.00	1.00
2.00	5.00	3.00	5.00	5.00	3.00	4.00	3.00	1.00	3.00	4.00	1.00
5.00	4.00	3.00	1.00	2.43	2.43	3.83	3.25	3.25	2.00		
MulagoSS	2.00	2.00	2.00	2.00	1.00	1.00	3.00	2.00	1.00	1.00	1.00
4.00	1.00	2.00	5.00	5.00	4.00	4.00	5.00	1.00	3.00	5.00	2.00
5.00	4.00	3.00	4.00	1.86	1.86	4.17	4.00	4.00	2.00		
MulagoSS	2.00	2.00	2.00	2.00	1.00	1.00	2.00	2.00	2.00	2.00	1.00
2.00	5.00	5.00	5.00	5.00	3.00	5.00	3.00	1.00	1.00	5.00	1.00
5.00	5.00	2.00	5.00	2.29	2.29	4.33	4.25	4.25	2.00		
MulagoSS	2.00	2.00	3.00	1.00	2.00	1.00	2.00	2.00	2.00	1.00	1.00
2.00	5.00	3.00	5.00	5.00	3.00	4.00	3.00	5.00	1.00	1.00	1.00
2.00	5.00	3.00	4.00	2.14	2.14	3.83	3.50	3.50	1.00		

MulagoSS	2.00	2.00	2.00	2.00	1.00	1.00	3.00	1.00	2.00	3.00	1.00	
	2.00	3.00	4.00	5.00	5.00	3.00	4.00	3.00	2.00	3.00	3.00	1.00
	5.00	4.00	2.00	1.00	2.14	2.14	4.00	3.00	3.00	2.00		

APPENDIX VII: FREQUENCY TABLES

Name of school

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	.4	.4	.4
Emanuel	24	10.0	10.0	10.4
Happy Hr	24	10.0	10.0	20.3
Kawempe	24	10.0	10.0	30.3
Makererc	24	10.0	10.0	40.2
MakererM	24	10.0	10.0	50.2
Mbogo	24	10.0	10.0	60.2
Midland	24	10.0	10.0	70.1
MulagoSS	24	10.0	10.0	80.1
St Marga	24	10.0	10.0	90.0
St Mark	24	10.0	10.0	100.0
Total	241	100.0	100.0	

Class of study

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid S2	240	99.6	100.0	100.0
Missing System	1	.4		
Total	241	100.0		

Age

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 10-12	5	2.1	2.1	2.1
13-15	161	66.8	67.1	69.2
16-18	66	27.4	27.5	96.7
19 and above	8	3.3	3.3	100.0
Total	240	99.6	100.0	
Missing System	1	.4		
Total	241	100.0		

Sex

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	104	43.2	43.3	43.3
	Female	136	56.4	56.7	100.0
	Total	240	99.6	100.0	
Missing	System	1	.4		
Total		241	100.0		

HIV/AIDS is no longer a threat

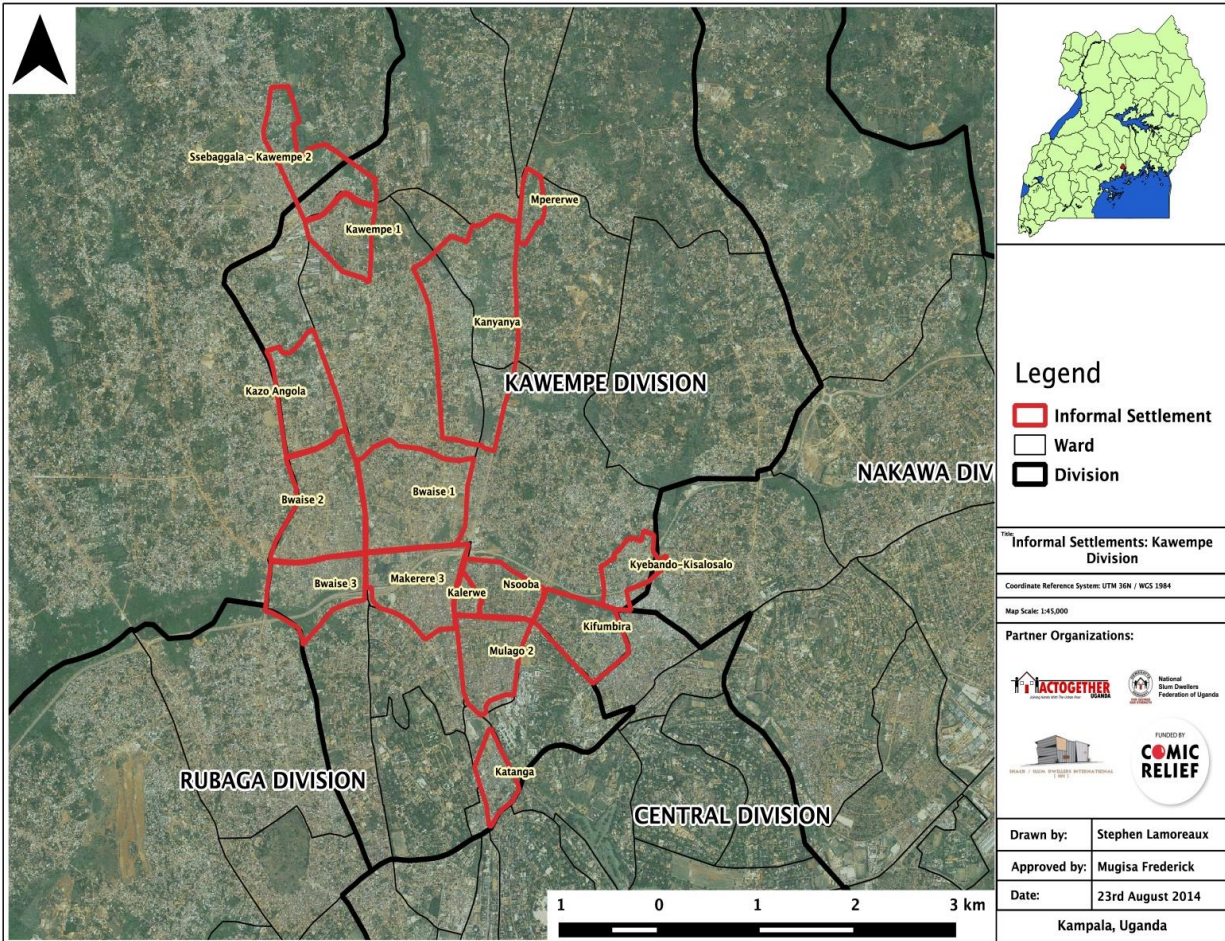
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	109	45.2	45.4	45.4
	Disagree	53	22.0	22.1	67.5
	Neutral	23	9.5	9.6	77.1
	Agree	37	15.4	15.4	92.5
	Strongly Agree	18	7.5	7.5	100.0
	Total	240	99.6	100.0	
Missing	System	1	.4		
Total		241	100.0		

Group Statistics

	Sex	N	Mean	Std. Deviation	Std. Error Mean
DV(influence of founding body on HIV/AIDS)	Male	104	2.0508	.56337	.05524
	Female	136	2.0074	.46958	.04027

Sex	Observed N	Expected N	Residual
Male	104	120.0	-16.0
Female	136	120.0	16.0
Total	240	240	

APPENDIX VIII: AREA OF STUDY



Legend

	Informal Settlement
	Ward
	Division

Informal Settlements: Kawempe Division

Coordinate Reference System: UTM 36N / WGS 1984
Map Scale: 1:45,000

Partner Organizations:



IAC TOGETHER
Uganda



National Slum Dwellers Federation of Uganda



COMIC RELIEF

Drawn by:	Stephen Lamoreaux
Approved by:	Mugisa Frederick
Date:	23rd August 2014
Kampala, Uganda	