

**THE IMPACT OF HIV/AIDS ON THE MENTAL HEALTH OF THE YOUTH IN
MUKONO**

CAROLINE NAKATO

J22B15/072

**A DISSERTATION SUBMITTED TO THE SCHOOL OF SOCIAL WORKING PARTIAL
FULFILLMENT FOR THE REQUIREMENTS OF A DEGREE OF BACHELOR OF SOCIAL
WORK AND SOCIAL ADMINISTRATION OF UGANDA CHRISTIAN UNIVERSITY**

November, 2024



**UGANDA CHRISTIAN
UNIVERSITY**

A Centre of Excellence in the Heart of Africa

DECLARATION

I **NAKATO CAROLINE** declare that this is my original work and to the best of my knowledge, it has never been submitted to any University or institution for a degree award.

Signed 

Date 2nd / 10 / 2024

.....

NAKATO CAROLINE

J22B15/072

APPROVAL

This is to certify that this research report was done by Nakato Caroline Registration Number; J22B15/072 on a topic The Impact of HIV/AIDS on The Mental Health Of The Youth In Mukono under my supervision and hereby approve it for submission for the award of A Degree Of Bachelor Of Social Work And Social Administration.

Signed  Date 02.10.2024

DR. ANTHONY KIWANUKA

ACKNOWLEDGMENT

I acknowledge that my success is due to the Almighty God who has enabled me to produce this work and the entire course at large for His mercy and good will.

Sincere thanks go to my supervisor Dr. Anthony Kiwanuka for the great support and guidance he has given me in compiling the five chapters inside this research dissertation, sir thank you very much. Special appreciation goes to my great friends and Family for the great support and encouragement.

Further I acknowledge the contribution of my mentors Amusuguti Cathrine and Mutesi Halimah and my friend Namugala Joselyne, Kyomugisha Gloria, Ateng Emmanuel and Kukundakwe Comfort. for the encouragement, cooperation and friendship availed to me in pursue of a bachelor's degree in Social Work And Social Administration.

Lastly appreciation goes to all Social Work And Social Administration students and the head of department for the good knowledge they imparted on to me for accomplishment of this course.

DEDICATION

I dedicate this research report to my family, relatives, friends and loved ones for the love, care and support they have rendered to me during my academic journey and in the process of writing this research report, may all might God bless you all abundantly

LIST OF ABBREVIATIONS

HIV/AIDS	-	Human Immunodeficiency virus
MSWS	-	Medical Social Workers
ART	-	Antiretroviral Therapy
YLWH	-	Youth Living With HIV
CD4	-	Cluster of Differentiation 4
PTSD	-	Post-Traumatic Stress Disorder

LIST OF TABLES

Table 1: Target Population, Size and Selection.....	17
Table 2: showing respondent’s gender	21
Table 3: showing marital status.....	22
Table 4: showing age of the respondents	22
Table 5: showing Education Level of the Respondents	23
Table 6: showing the category of respondents:.....	23
Table 7: showing for how long have you lived in Mukono District	24
Table 8: The socioeconomic factors that influence the mental health of HIV-positive youth	25
Table 9: Description on how availability and effectiveness are mental health support services and resources for HIV-positive youth in Mukono	28
Table 10: Description on the prevalence of mental health disorders among youth living with HIV in Mukono District.....	32

LIST OF FIGURE

Figure 1: Conceptual framework 6

TABLE OF CONTENTS

DECLARATION.....	i
APPROVAL.....	ii
ACKNOWLEDGMENT.....	iii
DEDICATION.....	iv
LIST OF ABBREVIATIONS.....	v
LIST OF TABLES.....	vi
LIST OF FIGURE.....	vii
ABSTRACT.....	xii
CHAPTER ONE.....	1
INTRODUCTION.....	1
1.0 Introduction.....	1
1.1 Background of the Study.....	1
1.2 Problem statement.....	2
1.3 Purpose of the study.....	3
1.4 Objectives of the study.....	3
1.5 Research questions.....	4
1.6 Scope of the study.....	4
1.6.1 Content scope.....	4
1.6.2 Geographical scope.....	4
1.6.3 Time scope.....	4
1.7 Justification of the study.....	4
1.8 Significance of the study.....	5
1.9 Conceptual framework.....	6
CHAPTER TWO.....	7

LITERATURE REVIEW	7
2.0 Introduction.....	7
2.1 Concept of HIV/AIDs.....	7
2.2 Concept of Mental Health.....	8
2.3 The socioeconomic factors that influence the mental health of HIV-positive youth in Mukono District.....	8
2.4 The prevalence of mental health disorders among youth living with HIV in Mukono District.	10
2.5 The availability and effectiveness of mental health support services and resources for HIV-positive youth in Mukono.	12
2.6 Summary and gap in the literature review	14
CHAPTER THREE	15
METHODOLOGY	15
3.0 Introduction.....	15
3.1 Research Design.....	15
3.2 Area of study.....	15
3.3 Study population	15
3.4 Sample size determination	16
3.5 Sampling Techniques	17
3.6 Data collection methods and instruments	17
3.6.1 Questionnaire	17
3.6.2 Interview guide	18
3.7 Procedure for data collection	18
3.8 Quality/Error Control.....	18
3.8.1 Validity	18
3.8.2 Reliability.....	19

3.9 Data analysis	19
3.9.1 Analysis of quantitative data	19
3.10.2 Analysis of qualitative data	19
3.11 Ethical Consideration	20
3.12 Anticipated limitations and delimitations of the study	20
CHAPTER FOUR.....	21
DATA ANALYSIS	21
4.1 Introduction.....	21
4.2 Demographic information:.....	21
4.2.1 Gender of respondents	21
4.2.2 Marital status.....	22
4.2.3 Age of the respondents.....	22
4.2.3 Education Level of the Respondents	23
4.2.4 Category of respondents:	23
4.2.5 Years you have lived in Mukono District.....	24
4.3 Presentations of the research findings as per the research objectives.....	24
CHAPTER FIVE	35
DISCUSSION OF FINDINGS, CONCLUSION AND RECOMMENDATIONS.....	35
5.0 Introduction.....	35
5.1 Discussion of finding	35
5.1.1 The socioeconomic factors that influence the mental health of HIV-positive youth.....	35
5.1.2 How availability and effectiveness are mental health support services and resources for HIV-positive youth.....	35
5.1.3 The prevalence of mental health disorders among youth living with HIV	36
5.3.1 Recommendations for policy Makers.	37

5.3.2 Recommendations for further studies	38
REFERENCES	39
APPENDIX.....	41

ABSTRACT

This study aims to assess the effect of HIV/AIDS on mental health and behavior among youth in Mukono District, Uganda. This research hopes to evaluate how HIV status and mental health are incredibly multifaceted for young people who have unique pressures on their social, economic, emotional lives. Given that HIV prevalence among youth remains high, investigating the impact of this chronic disease on their mental health is crucial to guide interventions and supports.

The research uses a mixed method of study, which is quantitative and qualitative where surveys are used to gather numerical data from the youth within the district combined with interviews. Socioeconomic variables such as poverty, stigma, discrimination and access to mental health care are examined in the context of how they link with psychological end-points. The data is then used to identify categories of depression, anxiety, stress and social isolation aspects among them.

Results Young people reported a strong linkage of HIV/AIDS and mental ill-health in Mukono District; Depression and anxiety thrive in high-stigma environments, where there is discrimination economically discouraged that enforces the stigma. This lack of access to help further makes things worse since people can be isolated in contract and do not have the ability to cope with their situation. Researchers suggest a comprehensive approach that includes reducing stigma, improving mental health services and providing economic support is needed to tackle the issue in HIV-positive youth.

The study concludes that the findings highlight the need to incorporate mental health services into existing HIV treatment and care modals in order to improve overall quality of life among young people infected with or affected by more than one chronic condition.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This study is about examining the impact of HIV/AIDs on the mental health of the youth in Mukono. The study's background, problem statement, purpose, aims, research questions, justification, significance, and conceptual framework are all presented in this chapter.

1.1 Background of the Study

The range of illnesses caused by HIV infection is called AIDS (Acquired Immune Deficiency Syndrome). Globally, HIV/AIDS continues to impact the mental health of young people who face higher risk due to their social vulnerability as well developmental stage. The challenges of adhering to life-long treatment, the burden on psychological health and disclosure fear along with stigma adds just a layer in young HIV positive people barriers. Numerous studies have identified these as being associated with a greater likelihood of mental health issues among young people living with HIV. In South Africa, for example, as a study found that adolescents who lived with HIV have an increased rate of depressive symptoms than their non-infected counterparts and the findings suggested association between discrimination within peer groups (Cluver et al., 2018). This study highlights the significant impact of public perceptions related to HIV on mental health outcomes among young people living with the virus. Similarly, Reisner et al. The 2021 meta-analysis showed that stigma and discrimination from society contribute to a high rate of mental health problems among youth living with HIV in sub-Saharan Africa.

Most social and economic problems that so many youth with HIV/AIDS find are effects to the mental health of disease. This population is usually very poor, uneducated and without social support systems. This might worsen your feelings of despair, angst or lonesomeness. For example, adolescents living with HIV from low-income households had higher odds of worse psychological distress in Uganda only. Consequently, patients often had lower levels of adherence to antiretroviral medication (ART) and higher clearance for substance use disorders (Musisi et al., 2019). This research highlights the complex ways in which social class and mental health interface

with respect to HIV and underscores a need for medical-social support services tailored specifically to this client population. Moreover, as evidenced in research of Betancourt et al. Economic hardship alongside stigma affecting those living with HIV would then compound and worsen the already grave situation of perishing youth as suggested by Pappin III et al. (2018).

The mental health burden experienced by young people living with HIV/AIDS is enormous, most of which are a result directly from stigma. Internalized stigma usually stems from a fear of rejection or discrimination, and it can manifest as anxiety, depression perspective on oneself. In a cross-sectional study of young people living with HIV in Kenya increased internalized stigma negatively associated with depressive symptoms, and was also an important barrier for seeking mental health services (Woollett et al., 2020).

Conversely being HIV positive is associated with increased likelihood of developing mental health issues in addition to having a negative impact on the efficacy of treatment for HIV. For example, poor ART adherence is associated with depression which can lead to high viral loads and increased risk of transmitting the virus. A study in the United States suggested that untreated depression was associated with non-adherence to ART among teenagers living with HIV (Mugavero et al. The available data suggested that mental health is tightly associated with the general well-being and overall (integral) care in young people living with HIV, as it may influence their ability to cope with disease management directly. In addition, Brown-Brophy et al. suggested that best practices for protecting and advancing health of youth living with HIV along the care continuum include implementation of comprehensive models that integrate mental health within physical intervention domains (Ritter et al., 2018).

1.2 Problem statement

HIV/AIDS is still a major health threat in many parts of the world, such as sub-Saharan Africa. Out of the most vulnerable groups to possess these selected tendencies, youth and their specific psychological-social problems in that developmental stage are on top. Despite the fact that interventions through ART have transformed HIV from a dead sentence to a manageable chronic disease, devastating consequences for youth with HIV are still commonplace and largely go unnoticed.

The problem is that, young people living with HIV report a higher prevalence of mental health issues such as anxiety and depression compared to their age-mates without the infection. The stigma of HIV, the conundrum of coming out and just dealing with a chronic condition greatly increases this vulnerability. Social and economic factors, like poverty or lack of availability supportive services exacerbate these mental health issues leading to poor adherence to treatment and reduced quality of life.

This issue is very important because it impact society and individuals at great scales. Untreated mental health concerns lead to even poorer health outcomes, increase transmission rates, and reduce one's ability to lead a productive life. HIV/AIDS-related stigma and discrimination impair the mental health of young individuals, reduce their ability to access much-needed psychiatric services for support.

Unless the mental health crisis facing young people living with HIV is addressed, this cycle will get worse and so too a vicious circle of poorer outcomes followed by increased social exclusion associated with financial hardship. This really highlights the urgent need for integrated care models caring for emotional and physical health needs of young people living with HIV including community-based approaches to reduce stigma and build social capital.

This study aims to investigate how HIV/AIDS affect the mental health of young, in order analyze significant early risk for civic growth among youth, and provide suggestions according our findings could foster more effective support systems. The aim of this study will be to determine the interlinkage among HIV related stigma, financial problems and their impacts on psychological wellbeing in order to devising a holistic care strategy that benefits overall quality of lives for young people living with human immunodeficiency virus.

1.3 Purpose of the study

In the study, we aim to establish how HIV/AIDs affect mental health of young people in Mukono.

1.4 Objectives of the study

- a) To ascertain, the social-economic drivers that affect mental health of HIV-positive youth in Mukono District
- b) To assess the prevalence of mental health disorders among youth living with HIV in Mukono District.

- c) To assess the availability and quality of mental health support services amongst HIV-infected children in Mukono.

1.5 Research questions

- a) What are the socio-economic factors that influence their mental health situation?
- b) To what extent availability and effectiveness are mental health support services and resources for HIV-positive youth in Mukono?
- c) What is the prevalence's of mental health disorders among youth living with HIV in Mukono District?

1.6 Scope of the study

The scope of the study will cover three dimensions that is; content, geographical and time and these are discussed in detail below.

1.6.1 Content scope

This study therefore will concentrate on; finding out the socio-economic drivers of mental health among HIV-positive youth in Mukono District, establishing prevalence of psychiatric disorders among children Establishing availability and functionality of mental health support services/resources for young people aged 15–24 years living with HIV in Mukono.

1.6.2 Geographical scope

Geographically, the study will be the study is centered on Mukono District, which is located in the Central Region of Uganda. The research may be concentrated within specific sub counties or communities within Mukono District, depending on the data collection and study design.

1.6.3 Time scope

It will also be carried out for a period of three month from June to August, 2024.

1.7 Justification of the study

Qualitatively, this study is justified because of the urgent need to begin addressing critical mental health issues among the large cohorts of HIV-positive youth in Mukono District where both expression and context-specific understanding are likely required as part of effective public health approaches for combining traditional treatment with culturally relevant mental health care. The interplay of the disease, stigma and socioeconomic determinants places young people living with

HIV in this region on an increasing mental health morbidity burden. These however are urgent but not much research has been done in Mukono especially on this group of people. By identifying how often mental health problems occur, and assessing the adequacy of existing support services as well differentiating characteristics from other related factors such as social determinants or stigma features, this study aims to inform resource allocation for appropriate interventions and policies.

1.8 Significance of the study

The findings may ultimately be useful with regard to strengthening the support infrastructure for youth living with HIV. Better access to mental health care is expected to enhance treatment outcomes and adherence.

The study will inform how social determinants and self-stigma related to HIV are contributing toward the deterioration of mental health issues. This information is critical for the development of comprehensive plans that intervene in both mental and medical aspects associated with HIV/AIDS, leading to more effective community-based programmes or support groups.

The study will demonstrate its potentiality in filling a giant information void on the mental health problems of HIV-seropositive teenagers living within Mukono District. The research will provide essential data needed to tailor effective mental health interventions and improve the overall welfare of these youth by identifying how common mental illnesses such as anxiety and depression are in this population.

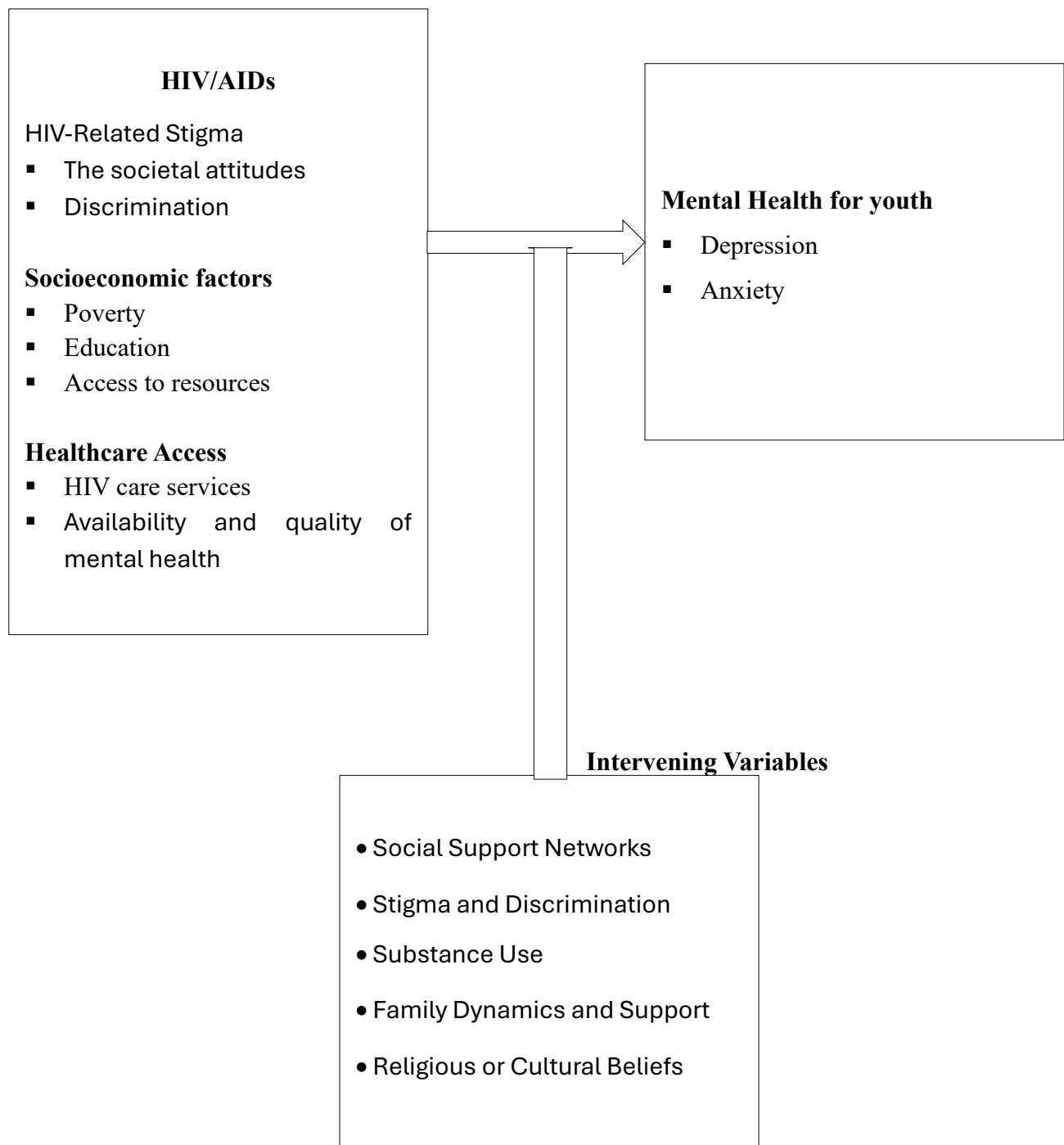
1.9 Conceptual framework

Figure 1: Conceptual framework

Source: Adopted from Mwenyango (2022)

Independent variable

Dependent variable



CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter provides an analysis of relevant literature by several scholars as well as what other researchers have to say about the impact of HIV/AIDs on the mental health of the youth in Mukono. Finding out what has been done and what has been omitted in this field of study is the main goal of this literature. Therefore, sources like newspaper articles, magazines, encyclopedia and books related to the people will be used.

2.1 Concept of HIV/AIDs

The concept of HIV/AIDS encompasses the idea of a spectrum of illness progression. According to the same source, HIV, which stands for human immunodeficiency virus, is a virus that attacks CD4 cells. These cells are vital in the body's fight against infection. HIV weakens the immune system. AIDS, which stands for acquired immunodeficiency syndrome, is the most advanced stage of HIV infection, suppressing the immune system's ability to combat infections. If not treated, HIV can develop into AIDS over time.

AIDS, acronyms for acquired immunodeficiency syndrome and are defined by the fact of a massive drop in CD4 cells as well as which always is accompanied through an appearance from diseases or particular cancers that often should not normally be able to fight off (UNAID) 2022). The single most important way that HIV is spread, not surprisingly, is when infected body fluids including blood, semen (cum), vaginal secretions and breast milk come in contact with the bloodstream of another person. It is a chronic illness, though one that can be well-managed through the use of available antiretroviral therapy (ART): but no cure exists for HIV to date and infection has far-reaching impacts on an individual with respect not only to physical health but also mental wellness, social cognition and sense of quality-of-life impact (WHO. 2013).

The concept considers the social dimensions of an illness, such as HIV related focus on disease stigma and discrimination often resulting into exclusion from society or development of mental health conditions which suppress treatment options (Mwenyango, 2022). An extremely threatening public health, social and economic crisis needs a pervasive multi-pronged approach to manage prevention of HIV/AIDS. It is not just a clinical issue.

2.2 Concept of Mental Health

The ability for an individual to handle the trials of everyday life, work productively and make a contribution in order to his/her community is known as mental health. Mental health is not merely the lack of mental illness. Everyone should look after his/her social, psychological and emotional well-being. It affects thoughts, feelings and behaviors of people that govern the function to such an extent which can affect how well or poorly they are able. Mentally well people make the most of their potential, cope with life and play a full part in neighborhoods. On the positive side, being mentally ill can lead to mental illnesses such as schizophrenia that reduce quality of life and ability (APA, 2022).

Mental health is influenced by numerous biological characteristics (e.g. genetics, brain chemistry) and life events (e.g., abuse, trauma; stress), combined with social determinants of mental health like gender inequity in access to healthcare that may inform how we understand why women would be more fearful than men when their experiences are compared at an equal level through a larger framework describing society-wide trends worldwide. The idea is to acknowledge the importance of mental health care and need for accessible psychiatric services. It emphasizes the role of early intervention, prevention and promotion interventions in mental health at community level. Mental health and physical health are closely related to each other, on the one hand it is said that your mental illness can have significant detrimental effect on your overall well-being.

2.3 The socioeconomic factors that influence the mental health of HIV-positive youth in Mukono District

The health of youths living with HIV/AIDS remains inseparably linked to a variety of socio-economic challenges. This, in turn, can lower or heighten the psychosocial challenges faced by young people living with HIV. Understanding the impact of socioeconomic factors such as poverty, education, employment and social support will be crucial for designing effective mental health interventions to improve outcomes among this vulnerable population.

Poverty is a key socioeconomic contextual factor that may impart differential psychological stressors to the mental health of YLWH. It is well known that the stress and worry of living with a long-term condition like HIV can be worsened by economic insecurity. Research indicates that suffering from poverty, often leads to ART non-adherence, barriers to access healthcare and nearly double the likelihood of being diagnosed with mental health conditions like anxiety and depression

(Pantelic et al 2018). In addition, the financial hardship that this represents could hinder access to nutritious food, adequate housing and other necessary items for their physical health while facing major mental stress (Chander et al., 2021).

In the regions of sub-Saharan Africa where most people with HIV live, young infected also struggle daily in poverty. For children, depression may be a result of both the chronic illness and poverty associated with living in an HIV-positive household. This suggests that interventions designed to lower rates of poverty may also be necessary in order improve the mental health of this group.

Youth being aware of their status, that is a part of education can serve as the building block to maintain high self-esteem and mental health. There are better mental health outcomes associated with higher levels of education because “learning increases access to information, lessens stigma and enhances problem-solving” Kposowa & Min, 2018). Nevertheless, young people living with HIV are often prevented from completing their education due to health-related issues, stigma or financial constraints. This was further reiterated by Mutumba et al., (2015) highlighting that education disruptions are more likely to cause susceptibility to severe levels of psychological health problems and a sense of low self-esteem, high isolation.

Lack of educational infrastructure may act as the main component in sustaining a cycle of poverty leading to more significant mental health issues. In Uganda, HIV-positive individuals who abandoned their schooling before completion reported more sadness and anxiety than those who were hopeful to change their future prospects or find economic opportunities (Nanfuka et al., 2022). This underscores the importance of educational support programs to improve mental health and social status in youths living with HIV.

On top of pride and meaning, a job provides economic resources key components in well-being. However, for youth living with HIV maintaining work can be a major challenge. Tsai and Venkataramani (2019) speculate that such challenges could include negative attitudes, bad health or a lack of job prospects. This is particularly the case in areas where unemployment rates are high. Underemployment and unemployment often lead to feelings of helplessness, on-going stress your likely candidate for a hit with mental health disorders.

Static individuals with HIV have higher levels of depression and deteriorated overall mental health if they are unemployed or under-employed Cluver et al. (2020). This is escalated by the fear of

being “outed” at work, leading to isolation and increased anxiety. As such, economic empowerment programs that highlight job training and work possibilities for young are necessary to mitigate these harmful effects on mental health.

For mental health, environmental stuff is crucial. Kids who are living with HIV do rely a lot on social assistance for their head as well. Living with HIV can be mentally exhausting, but it may help to know you have a network of friends and family at your disposal (Pantelic et al., 2022). Supportive relationships that include emotional comfort, practical aid and a sense of belonging can prevent mental health disorders.

In contrast, the stigma of HIV/AIDS can seriously bring on poor psychological health. HIV stigma often leads to discrimination, marginalization and self-stigmatizing that contribute negatively towards mental health. In a study by Cluver et al. (2020)., high levels of stigma felt among those living with HIV were found to be associated with heightened rates of depression and anxiety. These multiple layers of pressure faced by adolescents living with HIV, such as unemployment and the stigma prevailing in society along with impact on their mental health issues is a complex landscape reinforcing one another.

Access to high-quality healthcare serves another critical socioeconomic component of the well-being and mental health in young people living with HIV. Inappropriate management of HIV may reduce the quality of healthcare services and aggravate mental health concern. Besides, HIV treatment locations often lack psychological support because of an absence of systematization in mental health (Remien et al., 2019). This is particularly problematic in low-resource settings with crowded healthcare systems.

2.4 The prevalence of mental health disorders among youth living with HIV in Mukono District.

There has been a lot of research on the relationship between HIV and mental health, especially with regard to young people. Teens who are HIV positive are more susceptible to mental health issues because of the stigma, long-term nature of the illness, and related financial difficulties. This focuses on how common mental health conditions like anxiety, sadness, and post-traumatic stress disorder (PTSD) are in this demographic.

Depression is one of the most common mental health disorders affecting youth living with HIV. Research in Uganda by Mutumba et al. (2019) revealed that over 30% of youth living with HIV had clinically significant depression, a rate noticeably higher than in their HIV-negative peers. These findings suggest that HIV exacerbates the risk of depression, possibly due to the chronic stress of living with a stigmatized, lifelong illness. Several studies have reported high rates of depression within this group. For example, a study by Dow et al. (2018) in South Africa found that approximately 39% of HIV-positive adolescents experienced significant depressive symptoms.

There is much evidence linking depression to HIV stigma. A systematic review by Cluver et al. (2020) uncovered the significant burden of depression in young people facilitative due to stoicism that accompanies HIV-related stigma. Based on this finding, the researchers conclude that depression symptoms in transgender people are largely a result of internalized stigma or shame about not being able to change gender and fear from others rejecting them. The study also highlighted the under-recognition and under treatment of depression common in youth living with HIV as leading to suboptimal adherence and health outcomes.

Among children with HIV, another widespread psychiatric disorder is anxiety. Studies have shown that higher levels of anxiety are linked to the uncertainty in coping with a chronic disease, concern about health outcome and fear of social rejection among this group. Kinyanda et al. (2020) In a Kenyan-based investigation, generalized anxiety disorder was the most common type of anxiety condition representing 28% among youth living with HIV. This rate was dramatically higher than among youth who were HIV-negative, suggesting that anxiety and a positive diagnosis of HIV are closely related. Anxiety among these young people was often linked to fears of side effects, fear that they were causing others to get HIV and anxiety about disclosing their HIV status. Results from this study underscore the need for integrated mental health services within HIV care programs to manage the disproportionate burden of anxiety disorders among people living with HIV.

Young people with the virus, especially those who have experienced trauma as a result of their diagnosis or living conditions are often severely impacted by Post-Traumatic Stress Disorder (PTSD). In a longitudinal study examining this in Botswana, Lowenthal et al. (2021) Successfully treated pediatric HIV/AIDS is associated with improved psychological well-being; yet, complications can arise from exposure to toxic treatment or feelings of stigma (Bain et al., 2016), PTSD rates are high in adolescents living with HIV/AIDS The major contributor for this increased

risk include early childhood trauma such as parental AIDS death and maltreatment history of adverse experiences may increase the likelihood that an individual will develop mental health problems after being diagnosed as having a serious disease. This was consistent with the study's finding that PTSD in these young people is associated with higher rates of ART non-adherence and more risky behaviors, including substance use and unprotected sex. These behaviors further heighten the health hazards of YLWH, which adds urgency to identifying and treating PTSD as early in this population. Providing research-based findings, a study of Rwandan youth by Betancourt et al. (2022), similarly only those that experienced severe trauma were significantly more likely to have PTSD and it was noted among patients attending HIV care services.

There is a growing consensus on the need for integrated mental health and HIV care services. The significance of including mental health issue screening into normal HIV care was underscored in a review conducted by Adewuya et al. (2022). In order to improve mental health outcomes and ART adherence, the evaluation emphasized effective models that integrated mental health therapies, such as cognitive-behavioral therapy (CBT) and psychoeducational, within HIV care settings. Comparably, a study conducted in the United States by Bernard et al. (2023) showed how successful it is to incorporate mental health treatments within HIV clinics for young people. According to the study, adolescents who received HIV treatment and mental health services at the same time showed much improved mental health outcomes and greater rates of ART adherence than those who just received routine HIV care. These results imply that the dual burden of HIV and mental health illnesses in young people requires the implementation of integrated care strategies.

2.5 The availability and effectiveness of mental health support services and resources for HIV-positive youth in Mukono.

Adolescents with HIV are faced not only the unique needs and mechanisms involved in maintaining physical health; they require attention to counteract the psychological burden inflicted by living with a chronic disease. Several research studies demonstrate the paucity of age appropriate mental health interventions for them. A recent, in-depth study by Rao et al. (2019) found that mental health services for HIV-positive persons are often fragmented and inadequately integrated into the settings where HIV care is delivered. It is also identified in the assessment that whilst there may be generic mental health provision available, it is rarely tailored to meet specific

barriers young people living with HIV face such as stigma; medication adherence-related stress and having a medically chronic illness.

It is a well accepted fact that youth living with HIV need mental health services; yet they do not come forward because of several barriers. Chibanda et al. (2019) found that many HIV-positive youth procrastinate seeking mental health treatment because they worry about being stigmatized and permanently blocked; stigma was still a formidable barrier thus [10]. These people hear a double stigma because it is associated with their mental health and positively status. Structural barriers — scarcity of trained mental health professionals, lack of funds, and fragmentation in service delivery apart from stigma constrain access even more. A World Health Organization (WHO) study emphasized the need to better fund mental health services, and train healthcare providers in how to treat HIV-positive youth. The report also recommended the establishment of youth-friendly, culturally appropriate services.

While there are some mental health services available, studies show that they are frequently not sufficiently specialized to meet the unique requirements of youth living with HIV. It is challenging for young people to get comprehensive support because mental health services for this population are frequently dispersed and inadequately integrated into HIV care, according to research by Rao et al. (2019). According to Petersen et al. (2020), there is a dearth of mental health care in high-AIDS regions, especially in sub-Saharan Africa, and these therapies are often unaffordable due to financial and geographical obstacles. When these services are offered, there are wide variations in their efficacy. Kemp et al. (2021) reported that a focused intervention consisting of peer support and counseling was effective in lowering anxiety and depression in young HIV-positive people in South Africa. Unfortunately, the lack of financing and resources makes it difficult to maintain these programs. According to Betancourt et al. (2019), stigma and cultural sensitivity continue to be major obstacles to increased treatment adherence and better mental health outcomes for adolescents receiving integrated mental health treatments within HIV care settings in the United States.

Nevertheless, many successful initiatives are not getting mental health support to HIV+ youth. (Chibanda et al.2019) According to WHO it identified several major challenges that are currently role barriers, such as stigma or lack of finance or disintegration of services. To improve, increased

public investment in mental health infrastructure and provider training as well as more integrated, youth-friendly, culturally appropriate mental health services are needed (Brown et al., 2022)

2.6 Summary and gap in the literature review

Mental health services for HIV-positive youth are frequently fragmented and insufficiently integrated into the continuum of care, hampered by significant structural barriers (stigma; lack of trained providers) as well as concerns related to availability and access. Funding and resource limitations result in difficulty sustaining such programs despite evidence some targeted interventions can be effective in improving mental health outcomes. The major research gap identified is the absence of mental health service programs that are complete, connected and sustainable with a focus on HIV-positive youth. We need more investigations of culturally appropriate interventions and strategies to reduce stigma within this demographic.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter outlines the research approach. It addresses the area of study, demographic and sampling methodologies, measurement levels, data collection procedures, tools, processing and analysis of the data, ethical considerations, and methodological limitations.

3.1 Research Design

This study will employ the use of a descriptive survey research design, which involves collecting data to describe the characteristics of a population or phenomenon being studied (Aquino et al., 2018). In this case, the design will be utilized to gather information on the impact of HIV/AIDs on the mental health of the youth in Mukono District. Through questionnaires and interviews, data will be gathered from the General youth population or HIV positive youth and the healthcare providers or parents/care givers. This design is chosen for its ability to provide a comprehensive understanding of the current state of the socioeconomic factors that influence the mental health of HIV-positive youth, the prevalence of mental health disorders among youth living with HIV and the availability and effectiveness of mental health support services and resources for HIV-positive youth in Mukono. Furthermore, both quantitative and qualitative research approaches will be used in this study to gather various views concerning the topic under study (Jann & Hinz, 2016).

3.2 Area of study

Geographically, the study will be conducted in Mukono District, located in the Central Region of Uganda. This district is characterized by a mix of urban and rural areas, with varying levels of access to healthcare and educational services, providing a representative case for examining the impact of HIV on youth.

3.3 Study population

The population of study will include the general youth population or youth that are HIV positive and these will be considered and used in order to obtain reliable and valid information concerning their level of knowledge about the impact of HIV/AIDs on the mental health of the youth. This

will enable the researcher to get the necessary data for the study that will give the researcher the best key findings. Since the number of youth that are HIV positive in Mukono District is not known, we shall use a total of 67 respondents in Mukono District be included in the study as the target population. Furthermore, the study will also include the senior Healthcare providers who will participate in the study as the key informants totaling to 20 key informants.

3.4 Sample size determination

According to Katamba & Nsubuga (2014) sample size is the portion or subset of the total population. The sample size will be determined by the sample calculation formula by Slovin's formula as follows;

$$n = \frac{N}{1 + N(e)^2}$$

“n” is sample size, “N” is population, “e” is error (0.05) or level of confidence 95%

“N” (population) = 40 target population size in Mukono District

$$n = \frac{67}{1 + 67(0.05)^2}$$

$$n = \frac{67}{1 + 40(0.0025)}$$

$$n = \frac{67}{1 + (0.2)}$$

$$n = \frac{67}{1.2}$$

$$n = 56$$

Therefore from the table above, the sample size will be 56 respondents got from a total population of 67 respondents in Mukono District. The study will also include the senior Healthcare providers, parents of positive HIV youth, and social workers from the Mukono District who will participate in this study as the key informants. This is further represented in the table below;

Table 1: Target Population, Size and Selection

Category of Respondents	Sample size	Sampling Techniques
General population of youth/HIV positive youth	36	Simple random sampling
Senior Healthcare providers/ social workers or parents of HIV positive youth	20	Purposive sampling
Total	56	

Source: primary data

3.5 Sampling Techniques

In this study, the 36 respondents in Mukono District will be selected using simple random sampling, where each respondent has an equal chance of being chosen. This method will be used because it ensures fairness and minimizes bias in the selection process, allowing for a representative sample of respondents to participate in the study (Noor et al., 2022). On the other hand, 20 senior healthcare providers, parents of HIV positive youth or social workers will be chosen using purposive sampling, where individuals are selected based on their expertise and relevance to the research topic. This method will be employed to ensure that the selected doctors have in-depth knowledge and experience in mental health, providing valuable insights into the relationship between HIV and mental health on the youth(Campbell et al., 2020).

3.6 Data collection methods and instruments

3.6.1 Questionnaire

A questionnaire offers respondents' liberty to provide data in specifics, as a result of the open-ended nature of some of the items it contained (Creswell, 2014). Since a sizable portion of the population may be semi-illiterate, the researcher will employ questionnaires. Because they will be simple to complete, save time, and help respondents stay more focused on the topic, the researcher will create both closed- and open-ended questions (likert scale format). The questionnaire will be broken down into sections containing questions on the dependent variable, the independent variable, and personal information. Since questionnaires are the primary means of gathering data,

they will be used. This will benefit the researcher because it will take less time to cover a wide population. The questionnaires will be the most effective tools for quantitative research since they allow for anonymity, which suggests that the answers are more truthful. The guidelines for how to approach and react to the questions will be made evident to the respondents. As a result, information from the chosen medical social workers will be gathered via the questionnaire.

3.6.2 Interview guide

The process of gathering data through interviews involves asking chosen participants questions to elicit information on the topic(s) of interest. These questions can be structured or unstructured (open-ended) (Creswell, 2014). The respondents' spoken responses will be obtained orally as part of this data gathering technique. It will be done through personal interviews and telephone interviews because there are some key informants who might not be at office and can only be interviewed using phone interviews. Interviews will produce first-hand, trustworthy information. Interviews with respondents regarding the three main goals mentioned above will be conducted as part of this. In-person meetings with respondents will also be necessary in order to get data from the chosen respondents. Since the respondents will be providing their own answers as opposed to using a questionnaire, this will aid the researcher in gathering first-hand information. The interviews will be conducted with the senior Healthcare providers in Mukono District.

3.7 Procedure for data collection

The School of Social Sciences will first provide an introduction letter authorizing the researcher to conduct research before granting prior clearance for this study. In order for the researcher to conduct the study, such a letter of authorization will be obtained. The management of Mukono District will provide the researcher the permission to conduct research using that letter. Participants will receive sufficient information about the methods used to gather the data, and the survey will be anonymous.

3.8 Quality/Error Control

3.8.1 Validity

Validity is ensured, according to Cohen, Manion, and Keith (2007), by selecting an appropriate scale, making sure there are sufficient resources to conduct the necessary research, choosing an appropriate methodology to ensure the research questions, avoiding having too long or too short

of a gap between the pre- and post-tests, ensuring standardized procedures for information gathering and test administration, and customizing the instruments to the respondents' attention span. To determine whether the questions can capture the desired data, validation will be carried out. Instruments are supposed to measure what they are supposed to measure, the researcher will ensure the validity of the tools to be used in data collection first by carrying out pre-test where 5 questionnaires will be distributed to 5 medical social workers, the researcher will try by all means to be highly involved in data collection and analysis so as to avoid number of errors in his research.

3.8.2 Reliability

Reliability was defined by Mugenda & Mugenda (2003) as the extent to which a research tool produces consistent data or results following multiple trials. When an instrument yields consistent results even when administered by different researchers, it is considered dependable. It must be able to measure what it is designed to assess consistently. Prior to sending the questionnaire to many respondents, a pilot study on this research issue will be conducted on the same few respondents.

3.9 Data analysis

3.9.1 Analysis of quantitative data

The data collected will be coded, keyed into SPSS (a computer software database), organized, and cleaned for any errors that might occur during data collection. The data will then be analyzed using statistics with aid of the SPSS version 20 and Microsoft Excel (computer software). Qualitative statistical techniques will be used to describe and summarize data. The results will then be interpreted in the form of descriptive statistics the frequencies and percentages. The findings will be presented in form of tables and figures.

3.10.2 Analysis of qualitative data

Analyzing the content will be necessary for this. Qualitative data will therefore be revised and rearranged into comprehensible sentences. Put another way, a thematic approach will be applied to the analysis of qualitative data in order to identify themes, categories, and patterns. Selected direct quotes from participants will be used as illustrations to highlight recurring themes that may surface in relation to each guiding question from the interviews. These results will be included in the report.

3.11 Ethical Consideration

Ethical considerations in this study will prioritize the protection of participants' rights, confidentiality, and informed consent (Cacciattolo, 2015). All participants, including general youth population and social workers or senior healthcare providers, will be fully informed about the nature and purpose of the research, their voluntary participation, and the confidentiality measures in place to safeguard their personal information. Informed consent will be obtained from each participant before their involvement in the study, ensuring their autonomy and respect for their decision-making. Additionally, measures will be taken to minimize potential harm or discomfort to participants throughout the research process. This study will also adhere to ethical guidelines outlined by institutional review boards and relevant regulatory bodies to uphold the principles of beneficence, non-maleficence, justice, and respect for individuals' rights and dignity (Arifin, 2018).

3.12 Anticipated limitations and delimitations of the study

It's possible that some respondents are unwilling to answer questions because they have doubts about how the information will be used. The pleasant, outstanding reputation of the university as a learning environment and the acquisition of an introductory letter from the university will take care of this.

The amount of money required to support the research—such as paying for printing costs, encouraging responders, and even daily transportation to the organization where data collection takes place—is probably going to be a constraint on the researcher. To secure financial support from family, the researcher will, nevertheless, take initiative and employ techniques.

The researchers' intended time frame for studying his study may be impacted if some respondents take longer than expected to return their surveys. In order to fill in the gaps left by people who might forget to return the questionnaires, this problem will be resolved by sending out more questionnaires than the intended number.

CHAPTER FOUR DATA ANALYSIS

4.1 Introduction

This chapter presented field data findings were discussed. After collecting different data concerning the impact of HIV/AIDs on the mental health of the youth in Mukono. Findings of the research were presented and analyzed according to the study that presented inform of tables, frequencies, and percentages in line with the stated objectives and the research questions of the study. This gives interpretation and analysis of findings made in an attempt to establish the relationship between HIV/AIDs and mental health . The findings are as a result of the questionnaires which were given to the respondents to fill. The study included different kinds of the respondents from Mukono District.

4.2 Demographic information:

Demographic refers information or statistical data that describes the various characteristics of a population that may include the gender, age, education, nationality, category of respondents and years of experience of the respondents in the Mukono District.

4.2.1 Gender of respondents

Respondents were asked to show their gender and the findings are presented as shown in the table below

Table 2: showing respondent's gender

Sex	Frequency	Percentage (%)
Males	42	75
Females	14	25
Total	56	100

Source: primary data

On gender basis, majority of the respondents were males and accounted for 75% while their female counterparts accounted for 25%. This indicates that male respondents largely participated in the

study. Meaning a large number of Mukono District respondents comprise of male employees as compared to their female counterparts.

4.2.2 Marital status.

Table 3: showing marital status.

Marital status	Number of respondents	Percentage (%)
Single	42	75
Married	14	25
Total	66	100

Source: primary data

The highest number of the respondents that was single were 75% and the married were 25% as the least.

4.2.3 Age of the respondents

Table 4: showing age of the respondents

Age bracket(years)	Number of respondents	Percentage (%)
18-24	31	55
25-34	20	36
35-44	2	4
55 and above	3	5
Total	56	100

Source: primary data.

The study results from table 2 above indicate that a biggest number of the respondents came from the age bracket of (18-24) represented by 55% followed by those in the age bracket (25-34) with 36%, age bracket (35-44) contributed to 4% and age bracket 55 and above had 5% of the total respondents. This indicates that all the people in different age bracket participated in the study.

4.2.3 Education Level of the Respondents

Table 5: showing Education Level of the Respondents

Education level	Frequency	Percentage (°/0)
Diploma	7	12
Certificate /	21	37
Bachelor degree	10	18
Master's degree	16	29
PhD	2	4
Total	56	100

Source: Primary Data

I found out that the knowledge of the staffs was satisfactory enough because having HIV ideas require a lot education and experience on the relationship between HIV-related to mental health

4.2.4 Category of respondents:

Table 6: showing the category of respondents:

Category of Respondents	Number of respondents	Percentage (%)
General population of youth/HIV positive youth	36	64
Senior Healthcare providers/ social workers or parents of HIV positive youth	20	37
Total	56	100

Source: primary data.

The study results from the table 6 above indicates that the biggest number and percentage of respondents came from the general population of youth with 64%, followed by the Senior Healthcare providers/ social workers or parents of HIV positive youth with 37%.

4.2.5 Years you have lived in Mukono District

Table 7: showing for how long have you lived in Mukono District

Years Worked	Number of respondents	Percentage (%)
Less than a year	15	27
1-3 years	10	18
4-6 years	22	39
Above 6 years	9	16
Total	56	100

Source: Primary data

The study results from the table 7 above indicates that the biggest number and percentage of respondents 39% have lived in Mukono District for 4-6 years, followed by 27% that have lived there for Less than a year, 18%(1-3 years) and lastly 16% Above 6 years.

4.3 Presentations of the research findings as per the research objectives

4.3.1 The research findings on the socioeconomic factors that influence the mental health of HIV-positive youth in Mukono District.

Indicate the extent to which you agree with the following observations on the socioeconomic factors that influence the mental health of HIV-positive youth in Mukono District on a scale of (1) = strongly disagree, (2) = disagree, (3) = not sure (4) = agree (5) = strongly agree.

Table 8: The socioeconomic factors that influence the mental health of HIV-positive youth

SECTION	THE SOCIO-ECONOMIC FACTORS THAT INFLUENCE THE MENTAL HEALTH OF HIV-POSITIVE YOUTH	AGREE		NOT SURE	DISAGREE	
		F (%)	F (%)	F (%)	F (%)	F (%)
		SA	A	NS	DA	SDA
A)	The availability of financial resources can impact mental health outcomes in HIV-positive youth.	20 (36%)	22 (39%)	6 (11%)	5 (9%)	3 (5%)
B)	Access to stable employment opportunities influences the mental well-being of HIV-positive youth.	18 (32%)	20 (36%)	8 (14%)	7 (13%)	3 (5%)
C)	Social support from family and friends influences the mental well-being of HIV-positive youth.	22 (39%)	24 (43%)	5 (9%)	3 (5%)	2(4%)
D)	Economic instability within the family may increase stress levels in HIV-positive youth	24 (43%)	18 (32%)	6 (11%)	5 (9%)	3 (5%)

E)	The ability to afford mental health care services is essential for the mental well-being of HIV-positive youth.	28 (50%)	16 (29%)	5 (9%)	4 (7%)	3 (5%)
F)	Access to social services can affect the mental health of HIV-positive youth.	26 (46%)	18 (32%)	7 (13%)	3 (5%)	2 (4%)
G)	The presence of discrimination or prejudice in the community can affect the mental health of HIV-positive youth.	30 (54%)	15 (27%)	5 (9%)	4 (7%)	2 (4%)

Source: Primary data 2023

In Mukono District, the availability of financial resources is perceived as a crucial factor affecting the mental health outcomes of HIV-positive youth. According to the data, 36% of respondents strongly agree, and 39% agree, making a total of 75% who believe that financial stability significantly influences mental health. This suggests that access to financial resources enables these youth to afford healthcare, medication, and meet daily needs, all of which contribute to better mental health outcomes. However, 11% were unsure, while 9% disagreed, and 5% strongly disagreed, indicating that a minority might feel that other factors are more critical.

Similarly, access to stable employment opportunities was viewed as another key determinant of mental well-being among HIV-positive youth. A combined 68% of respondents (32% strongly agree, 36% agree) believe that stable employment plays a significant role in providing financial security, a sense of purpose, and social inclusion, all of which positively impact mental health. However, 14% of respondents were unsure about this connection, while 13% disagreed, and 5%

strongly disagreed, reflecting that some may see employment as less directly connected to mental well-being or may have faced barriers that limit its impact.

Social support from family and friends also emerged as a strong influence on mental health, with 39% strongly agreeing and 43% agreeing, resulting in a total of 82% who believe that a supportive network helps HIV-positive youth manage the emotional burden of their condition. A small percentage of respondents (9%) were unsure, while 5% disagreed, and 4% strongly disagreed, suggesting that although most recognize the importance of social support, a few may have limited access to such networks or prioritize other aspects of mental health care.

Economic instability within the family was seen as a significant source of stress for HIV-positive youth, with 43% strongly agreeing and 32% agreeing that financial challenges within households increase stress levels. This 75% majority underscores the direct connection between family finances and mental health, as economic hardship often exacerbates feelings of insecurity and anxiety among youth. However, 11% were unsure, and 14% disagreed, indicating that some respondents may not have experienced or observed this relationship as acutely.

The ability to afford mental health care services was considered essential for the well-being of HIV-positive youth by 50% of respondents, with an additional 29% agreeing, totaling 79%. This data highlights the critical need for affordable mental health services, as financial barriers can prevent youth from accessing the care they need. Meanwhile, 9% were unsure, 7% disagreed, and 5% strongly disagreed, reflecting that a small portion of respondents may not see affordability as the only factor influencing access to mental health care.

Access to social services was also recognized as an important factor, with 46% strongly agreeing and 32% agreeing, for a total of 78% who believe that access to social services positively impacts the mental health of HIV-positive youth. These services, such as counseling and health care support, are seen as vital for reducing stress and improving mental health outcomes. However, 13% were unsure, while 5% disagreed, and 4% strongly disagreed, suggesting that some respondents might have experienced limited availability or effectiveness of these services.

Finally, the presence of discrimination or prejudice in the community was overwhelmingly acknowledged as a negative influence on mental health, with 54% strongly agreeing and 27% agreeing, amounting to 81% who believe that stigma and discrimination can severely harm the

mental health of HIV-positive youth. Discrimination can lead to feelings of isolation, lower self-esteem, and emotional distress. A minority (9%) were unsure, and 7% disagreed, while 4% strongly disagreed, indicating that while most see discrimination as a key issue, some respondents may not have faced or prioritized it as a major mental health concern.

Finally, the Mukono District Demographic Health survey data reflect an understanding of socio demographics impacts on mental health among PLHIV as discussed with regard to financial security and employment; increased social support access to care at no or minimal cost did not include discussions about discrimination. This would help us to understand and improve mental health outcomes for the vulnerable population.

4.3.2 The research findings on how availability and effectiveness are mental health support services and resources for HIV-positive youth in Mukono?

Indicate the extent to which you agree with the following observations on availability and effectiveness are mental health support services and resources for HIV-positive youth in Mukono on a scale of (1) = strongly disagree, (2) = disagree, (3) = not sure (4) = agree (5) = strongly agree.

Table 9: Description on how availability and effectiveness are mental health support services and resources for HIV-positive youth in Mukono

SECCTION	AVAILABILITY AND EFFECTIVENESS ARE MENTAL HEALTH SUPPORT SERVICES AND RESOURCES FOR HIV-POSITIVE YOUTH IN MUKONO DISTRICT	AGREE F (%)		NOT SURE F (%)	DISAGREE F (%)	
		SA	A	NS	DA	SDA
A)	There are sufficient mental health resources available for HIV-positive youth.	10 (18%)	14 (25%)	8 (14%)	15 (27%)	9 (16%)

B)	HIV-positive youth receive adequate mental health care in their local community.	8 (14%)	16 (29%)	10 (18%)	12 (21%)	10 (18%)
C)	HIV-positive youth have access to qualified mental health professionals.	12 (21%)	15 (27%)	8 (14%)	13 (23%)	8 (14%)
D)	HIV-positive youth receive timely mental health interventions.	9 (16%)	14 (25%)	12 (21%)	12 (21%)	9 (16%)
E)	There are barriers to accessing mental health services for HIV-positive youth.	20 (36%)	18 (32%)	6 (11%)	7 (13%)	5 (9%)
F)	Mental health services for HIV-positive youth are offered in a convenient location	10 (18%)	14 (25%)	8 (14%)	13 (23%)	11 (20%)
G)	HIV-positive youth receive adequate follow-up care for mental health issues.	15 (27%)	17 (30%)	7 (13%)	10 (18%)	7 (13%)
H)	Mental health support services for HIV-positive youth are adequately advertised.	12 (21%)	16 (29%)	9 (16%)	10 (18%)	9 (16%)

Source: Primary data 2023

In Mukono District, the perception of the sufficiency of mental health resources for HIV-positive youth is quite varied. Only 18% of respondents strongly agree and 25% agree that there are sufficient resources available, resulting in a total of 43% who feel that mental health resources are

adequate. This suggests that while a portion of the population sees the resources as sufficient, a significant number do not. Specifically, 27% of respondents disagree and 16% strongly disagree (43% in total), indicating that many believe there is a shortage of resources. Additionally, 14% are unsure, highlighting a lack of clarity or experience regarding the availability of these resources.

Regarding the adequacy of mental health care for HIV-positive youth in the local community, 14% strongly agree and 29% agree, totaling 43% who believe that the care provided is adequate. However, 21% disagree and 18% strongly disagree (39% in total), suggesting that a significant portion of respondents feel that the mental health care available is not meeting the needs of these youth. With 18% unsure, there is some uncertainty about the adequacy of care, possibly due to variability in individual experiences or availability of services.

Access to qualified mental health professionals is another area with mixed opinions. 21% of respondents strongly agree and 27% agree, leading to a total of 48% who feel that HIV-positive youth have access to qualified professionals. Despite this, 23% disagree and 14% strongly disagree (37% in total), indicating that a notable portion of respondents believe access to qualified professionals is limited. An additional 14% are unsure, reflecting that some may lack clear information or experience regarding the availability of mental health professionals.

The timeliness of mental health interventions is perceived as inadequate by many respondents. Only 16% strongly agree and 25% agree that interventions are timely, combining for a total of 41% who see timeliness as a positive factor. Conversely, 21% disagree and 16% strongly disagree (37% in total) that interventions are provided in a timely manner. This suggests that delays in receiving mental health care are a concern for a significant portion of the population. With 21% unsure, there remains some ambiguity about the promptness of interventions, potentially due to variability in service delivery.

Barriers to accessing mental health services are widely acknowledged, with 36% strongly agreeing and 32% agreeing that significant obstacles exist, making a total of 68% who recognize these barriers. This indicates a strong consensus that accessing services is challenging for HIV-positive youth. Conversely, only 13% disagree and 9% strongly disagree (22% in total), suggesting that while most see barriers as an issue, a smaller group believes these barriers are not as significant. Additionally, 11% are unsure, reflecting some uncertainty about the nature or extent of these barriers.

The convenience of the location of mental health services is also questioned. Only 18% strongly agree and 25% agree that services are conveniently located, totaling 43% who view the location positively. However, 23% disagree and 20% strongly disagree (43% in total) that the location is convenient, indicating that many find it difficult to access services due to location issues. The remaining 14% are unsure, which may suggest limited knowledge or experience with the location of mental health services.

In terms of follow-up care for mental health issues, 27% strongly agree and 30% agree, totaling 57% who believe that adequate follow-up care is provided. However, 18% disagree and 13% strongly disagree (31% in total), indicating that a portion of respondents feels that follow-up care is insufficient or inconsistent. An additional 13% are unsure, which may reflect uncertainty or variability in the follow-up care received.

Lastly, the advertising of mental health support services is seen as inadequate by many. 21% strongly agree and 29% agree that services are well-advertised, amounting to 50% who believe in adequate promotion. Nonetheless, 18% disagree and 16% strongly disagree (34% in total) that the services are adequately advertised, suggesting that many are not aware of available mental health support. The remaining 16% are unsure, indicating a lack of clarity about the visibility and awareness of mental health services.

In sum, the Mukono District data broadly suggested notable mental health resource and service (availability, adequacy and accessibility) deficits among youth living with HIV. Work in this area is needed to improve mental health outcomes and services available for this highly vulnerable population.

4.3.2 The research findings on the prevalence of mental health disorders among youth living with HIV in Mukono District.

Indicate the extent to which you agree with the following observations on the prevalence of mental health disorders among youth living with HIV in Mukono District on a scale of (1) = strongly disagree, (2) = disagree, (3) = not sure (4) = agree (5) = strongly agree.

Table 10: Description on the prevalence of mental health disorders among youth living with HIV in Mukono District.

SECTION	THE PREVALENCE OF MENTAL HEALTH DISORDERS AMONG YOUTH LIVING WITH HIV IN MUKONO DISTRICT	AGREE		NOT SURE	DISAGREE	
		F (%)		F (%)	F (%)	
		SA	A	NS	DA	SDA
A)	Youth living with HIV frequently experience feelings of sadness.	18 (32%)	25 (45%)	6 (11%)	5 (9%)	2 (3%)
B)	Anxiety is commonly reported among youth with HIV.	16 (29%)	20 (36%)	10 (18%)	7 (13%)	3 (5%)
C)	Depression is a prevalent issue among young people living with HIV.	15 (27%)	22 (39%)	8 (14%)	7 (13%)	4 (7%)
D)	Many youth with HIV report feelings of hopelessness.	14 (25%)	21 (38%)	9 (16%)	8 (14%)	4 (7%)
E)	Suicidal thoughts are reported by a significant number of HIV-positive youth.	10 (18%)	17 (30%)	12 (21%)	12 (21%)	5 (9%)
F)	Feelings of worthlessness are commonly observed in HIV-positive youth.	12 (21%)	19 (34%)	10 (18%)	10 (18%)	5 (9%)
G)	Irritability is a common emotional response among youth with HIV.	15 (27%)	9 (16%)	9 (16%)	8 (14%)	4 (7%)
H)	A sense of isolation is frequently reported among HIV-positive youth.	14 (25%)	19 (34%)	10 (18%)	8 (14%)	5 (9%)

Source: Primary data 2023

In Mukono District, youth living with HIV frequently experience feelings of sadness, as indicated by the data. A notable 32% of respondents strongly agree and 45% agree that these youth often feel sad, combining for a total of 77% who recognize sadness as a prevalent emotion among HIV-positive youth. This suggests that emotional distress is a significant issue. Conversely, 9% disagree

and 3% strongly disagree, with 11% unsure, reflecting that while most acknowledge sadness, a small fraction may not perceive it as a major issue or lacks information on the subject.

Anxiety is also a commonly reported concern, with 29% of respondents strongly agreeing and 36% agreeing that youth with HIV experience significant anxiety, totaling 65%. This indicates a substantial recognition of anxiety as a prevalent issue among this group. In contrast, 13% disagree and 5% strongly disagree (18% in total), suggesting that while many see anxiety as a common problem, some may not view it as widespread. An additional 18% are unsure, pointing to variability in individual experiences or awareness.

Depression is reported as a significant issue, with 27% strongly agreeing and 39% agreeing that it is prevalent among young people with HIV, making a total of 66% who view depression as a common problem. This highlights depression as a critical concern for HIV-positive youth. However, 13% disagree and 7% strongly disagree (20% in total), indicating that some respondents may either see depression as less prevalent or have different experiences. The remaining 14% are unsure, which could reflect uncertainty or varying levels of awareness.

Feelings of hopelessness are reported by many, with 25% strongly agreeing and 38% agreeing, totaling 63% who recognize hopelessness as a significant issue among HIV-positive youth. This shows that a majority of respondents see hopelessness as a common emotional response. Yet, 14% disagree and 7% strongly disagree (21% in total), suggesting that some may perceive hopelessness as less common or have differing observations. The 16% who are unsure may not have enough information to make a definitive judgment.

Suicidal thoughts are reported by a notable portion of HIV-positive youth, with 18% strongly agreeing and 30% agreeing, leading to a total of 48% who recognize this as a significant issue. This indicates that a considerable number of respondents see suicidal thoughts as a concern. However, 21% disagree and 21% strongly disagree (42% in total), reflecting that while many acknowledge the issue, some believe it may not be as widespread. The 21% who are unsure highlight a lack of clear information or varying experiences regarding this serious concern.

Feelings of worthlessness are also commonly observed, with 21% strongly agreeing and 34% agreeing, amounting to 55% who see worthlessness as a frequent emotional response among HIV-positive youth. This suggests that worthlessness is a significant issue. In contrast, 18% disagree

and 9% strongly disagree (27% in total), indicating that some respondents may not see worthlessness as prevalent or may have different perceptions. An additional 18% are unsure, reflecting variability in experiences or awareness.

Irritability is reported as a common emotional response, with 27% strongly agreeing and 16% agreeing, resulting in a total of 43% who see irritability as a frequent issue. This suggests that irritability is a notable concern for some HIV-positive youth. However, 14% disagree and 7% strongly disagree (21% in total), indicating that while many recognize irritability, some may not view it as a common response. The 16% who are unsure reflect a lack of clear consensus on this issue.

Finally, a sense of isolation is frequently reported, with 25% strongly agreeing and 34% agreeing, totaling 59% who see isolation as a significant issue for HIV-positive youth. This highlights isolation as a common emotional experience. Nonetheless, 14% disagree and 9% strongly disagree (23% in total), suggesting that some respondents may not perceive isolation as widespread. The 18% who are unsure may reflect varying levels of awareness or personal experience with isolation among HIV-positive youth.

In conclusion, the data from Mukono District illustrates that a range of emotional issues—including sadness, anxiety, depression, hopelessness, suicidal thoughts, worthlessness, irritability, and isolation—are recognized as significant concerns for youth living with HIV. Addressing these emotional challenges is crucial for improving the mental health and overall well-being of this vulnerable population.

CHAPTER FIVE

DISCUSSION OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This section presents discussion of findings, conclusions and recommendations of the study basing on the study findings.

5.1 Discussion of finding

5.1.1 The socioeconomic factors that influence the mental health of HIV-positive youth

The first hypothesis was that for teenagers living with HIV in Mukono District mental well-being is influenced by a myriad of socioeconomic conditions including poverty, educational attainment, and stigma. According to research, tension and anxiety are common among teens who test positive for HIV due of their lack of access healthcare services including mental health service (Mugisha et al., 2018). Low mental health outcomes are associated with low levels of education because individuals who achieve fewer years in school tend to have lower knowledge on where and how to access mental resources, as well as ways for coping (Kigozi et al., 2020). According to Byansi et al. (2021) support these challenges further, where anxieties underscore feelings of isolation, and despair. The impacted youth in Mukono District experience a vicious cycle of poor mental and physical health as a result of these socioeconomic stressors.

5.1.2 How availability and effectiveness are mental health support services and resources for HIV-positive youth

The second hypothesis that the study formulated is there are limited and most of the time inadequate mental health support options for HIV positive youth in Mukono District. However, studies have shown that mental health services although existent are not readily accessible due to budget constraints and lack of adolescent-specific care (Nabunya et al., 2019). The efficacy of these treatments is further hampered by a lack of skilled mental health workers and inadequate integration of mental with primary healthcare systems (Kigozi et al., 2020). Moreover, the remaining tools may be less effective because many young people are inhibited from seeking help by pervasive stigma about mental health concerns and HIV (Mugisha et al., 2021). As a result, the mental health services now available to kids living with HIV are neither completely accessible nor sufficient to satisfy their requirements.

5.1.3 The prevalence of mental health disorders among youth living with HIV

The third hypothesis of the study speculated that youth who are living with HIV in the Mukono district would have high prevalence of mental health problems due to psychological and social difficulties they face. A study conducted in this region of Uganda found that young people living with HIV are at increased risk for mental health concerns including anxiety, depression and PTSD (Kinyanda et al., 2019). According to Musisi et al. According to Green (2018), social stigma, loneliness as a result of not having access due to their condition and fear for discrimination are important psychosocial factors that may contribute toward mental health problems in addition the emotional difficulties of living with a chronic illness. This is in addition to little access care support for mental health challenges, all of which heighten the extent of untreated and under treated mental illnesses available within this populace (Mugisha et al., 2021). This emphasizes how critical it is to develop better mental health interventions that are specific to the requirements of Mukono District's HIV-positive kids.

5.2 Conclusions

Based on the findings from Chapter Four and the testing of the hypotheses, the following conclusions can be drawn:

- i) The first hypothesis was that poverty, low education levels and social stigma will be major cause of poor mental health outcomes due to increased stress, anxiety and isolation.
- ii) The second hypothesis suggested that although there are some mechanisms of mental health support services, they are not accessible conveniently and the effectiveness has weakened because stigma continues to thwart financial barriers, a lack of professional trained people in this field.
- iii) The third hypothesis was also confirmed with higher prevalence of mental health disorders especially depression and anxiety among HIV positive youth living compared to their negative counterparts which is a combined the effect of psychological burden from suffering this chronic disease alone as well not having optimal treatment. In conclusion, these conclusions underscore the need for targeted interventions that address socioeconomic challenges, improve mental health service delivery, and reduce stigma to enhance the mental well-being of HIV-positive youth in the district.

5.3 Recommendations

5.3.1 Recommendations for policy Makers.

Based on the findings and conclusions drawn from the study hypotheses, the following recommendations can be made:

- i) i) Policymakers must focus on establishing and expanding social protection programs. In this population, a myriad of additional and powerful stressors from joblessness to lack of education to poverty exacerbates mental health challenges. This financial burden caused by poverty can be partially alleviated in young people through the implementation of skill development programs, income generating activities focusing and subsidized with educational subsidies from policy makers. It is also essential that these programs contain components facilitating families to provide better care and psychosocial support networks, among their HIV-positive members. This strategy would provide these minors with a better financial outlook and create an environment of greater positivity that is correlated to mental health.
- ii) Such institutions could and should be funded by policy makers, who have other more pressing matters to attend otherwise. This can be achieved by scaling up investment for mental health programmes, and ensuring that these are integrated into existing healthcare services. Increasing the availability of existing services will also entail training and hiring more mental health specialists, especially those with competence in managing youth-specific difficulties. Other interventions, in general terms, will also be improved by ensuring there is access and cost-effectiveness for mental health services across the lifespan especially for young people from disadvantaged backgrounds. This approach is intended to ensure that the health system in Mukono District has enough resources for mental healthcare delivery to children infected with HIV. (Second Hypothesis).

iii) Trauma comes with having HIV and stigma associated with it so the woman will be expected to treat these areas additionally. Offering spaces in schools or other community facilities, such as counseling rooms where young people can receive mental health services delivers a level of immediate intervention support and ongoing assistance. Policies that strengthen outreach and treatment programs are complemented by those allowing collaboration with NGOs working on HIV or mental health-related. By focusing on primary preventions and tailoring help this proposal could reduce the endured qualitatively treated mental health issues in children living with HIV

5.3.2 Recommendations for further studies

Certainly, here are some recommendations for further research based on the findings and limitations of the current study:

This study will therefore focus on how well specific programs work to reduce stigma and improve mental health outcomes, in order to gain further insights on the long-term effects of interventions for children with HIV infection about their Mental Health status in Mukono District. Future investigations could examine the mental health of these young people in association with other social factors such as gender, living individually versus communally, and family relationships. Furthermore, longitudinal research could help provide answers to questions such as how HIV positive children experience changing mental health problems into adulthood. Comparative research across Ugandan regions could be helpful in order to discover regional differences and best practices for mental health care. These studies seek to improve our understanding of the sustainable strengthening mental health services and policy decisions for this vulnerable demographic.

REFERENCES

- Brown, L. K., Whiteley, L., Harper, G. W., Nichols, S., & Nieves, A. (2018). Mental health and HIV: A review of contemporary research issues. *AIDS and Behavior*, 22(8), 2546-2559.
- Musisi, S., Kinyanda, E., Nakasujja, N., Nakimuli-Mpungu, E., & Kizza, R. (2019). Psychiatric disorders in HIV-positive adolescents in Uganda. *African Health Sciences*, 9(1), 36-41.
- Woollett, N., Cluver, L., Bandeira, M., & Brahmabhatt, H. (2020). Identifying strengths and weaknesses of home visitation programs in South Africa: A case study of an HIV-focused program. *AIDS Care*, 32(10), 1292-1301.
- Betancourt, T. S., Scorza, P., Kanyanganzi, F., Fawzi, M. C., Sezibera, V., Cyiza, A., ... & Beardslee, W. R. (2018). HIV and child mental health: A case for collaborative local capacity building in sub-Saharan Africa. *PLoS Medicine*, 15(5), e1002573.
- Tsai, A. C., & Venkataramani, A. S. (2019). Syndemics and health disparities: A methodological note. *AIDS and Behavior*, 23(1), 73-78.
- Mutumba, M., & Musiime, V. (2021). Mental health outcomes of adolescents living with HIV in Uganda: A cross-sectional study. *Child and Adolescent Psychiatry and Mental Health*, 15(1), 1-10.
- Boyes, M. E., Cluver, L. D., Meinck, F., Casale, M., & Newnham, E. (2019). Mental health in South African adolescents living with HIV: Correlates of depression and anxiety. *AIDS Care*, 31(1), 117-126.
- CDC (2023). Human Immunodeficiency Virus. Centers for Disease Control and Prevention.
- Rao et al. (2019)** - Rao, D., et al. (2019). "Mental health services integration in HIV care: A systematic review." *AIDS Care*, 31(9), 1091-1100.
- Kemp et al. (2021)** - Kemp, C. G., et al. (2021). "Impact of a mental health intervention for HIV-positive youth in South Africa." *Journal of Adolescent Health*, 68(2), 221-22a1.
- WHO(2022) - World Health Organization (2022). "Mental health and HIV: Integrating services to address the dual burden." WHO Reports.
- Brown et al. (2022)** - Brown, L. K., et al. (2022). "Integrating mental health care into HIV services: A review of recent interventions." *The Lancet HIV*, 9(3), e183-e192.

Arifin, S. R. M. (2018). Ethical considerations in qualitative study. *International journal of care scholars*, 1(2), 30-33.

Cacciattolo, M. (2015). Ethical considerations in research. In *The Praxis of English Language Teaching and Learning (PELT)* (pp. 55-73). Brill.

Campbell, S., Greenwood, M., Prior, S., Shearer, T., Walkem, K., Young, S., ... & Walker, K. (2020). Purposive sampling: complex or simple? Research case examples. *Journal of research in Nursing*, 25(8), 652-661.

Jann, B., & Hinz, T. (2016). Research question and design for survey research. *The SAGE handbook of survey methodology*, 105-121.

Noor, S., Tajik, O., & Golzar, J. (2022). Simple random sampling. *International Journal of Education & Language Studies*, 1(2), 78-82.

Okonta, P. I., & Rossouw, T. (2014). Misconduct in research: a descriptive survey of attitudes, perceptions and associated factors in a developing country. *BMC medical ethics*, 15, 1-8.

APPENDIX

Appendix I: Study Questionnaire

Dear Respondent,

My name is **Nakato Caroline**, pursuing a Bachelor's degree in social work and social sciences **J22B15/072** from Uganda Christian University Mukono. You have been selected as one of the respondents in this research as I am investigating the **IMPACT OF HIV/AIDS ON MENTAL HEALTH OF YOUTH** in **Mukono District**. All responses given should be genuine so as we come up with accurate data.

INSTRUCTIONS

Tick and fill in where necessary.

SECTION A: DEMOGRAPHIC INFORMATION

1. Gender

a) Male

b) Female

2. Marital status

a) Married

b) Single

3. Age bracket (years)

a) 18-24

b) 25-34

c) 35-44

d) 55 and above

4. Academic qualifications

a) Diploma

b) Certificate

- c) Master's degree
- d) Bachelor's degree
- e) Certificate / diploma
- f) PhD

5. Category of respondents

- a) Healthcare providers
- b) General population of youth

6. How long have you lived in Mukono District?

- a) Less than a year
- b) 1-3 years
- c) 4-6 years
- d) Above 6 years

SECTION B: What are the socioeconomic factors that influence the mental health of HIV-positive youth in Mukono District? (Tick as Appropriate)

Indicate the extent to which you agree with the following observations on the socioeconomic factors that influence the mental health of HIV-positive youth in Mukono District on a scale of (1) = strongly disagree, (2) = disagree, (3) = not sure (4) = agree (5) = strongly agree.

Scale	5	4	3	2	1
The availability of financial resources can impact mental health outcomes in HIV-positive youth.					
Access to stable employment opportunities influences the mental well-being of HIV-positive youth.					
Social support from family and friends influences the mental well-being of HIV-positive youth.					

Economic instability within the family may increase stress levels in HIV-positive youth					
The ability to afford mental health care services is essential for the mental well-being of HIV-positive youth.					
Access to social services can affect the mental health of HIV-positive youth.					
The presence of discrimination or prejudice in the community can affect the mental health of HIV-positive youth.					

SECTION C: How availability and effectiveness are mental health support services and resources for HIV-positive youth in Mukono? (Tick as Appropriate)

Indicate the extent to which you agree with the following observations on availability and effectiveness are mental health support services and resources for HIV-positive youth in Mukono on a scale of (1) = strongly disagree, (2) = disagree, (3) = not sure (4) = agree (5) = strongly agree.

Scale	5	4	3	2	1
There are sufficient mental health resources available for HIV-positive youth.					
HIV-positive youth receive adequate mental health care in their local community.					
HIV-positive youth have access to qualified mental health professionals.					
HIV-positive youth receive timely mental health interventions.					
There are barriers to accessing mental health services for HIV-positive youth.					
Mental health services for HIV-positive youth are offered in a convenient location					
HIV-positive youth receive adequate follow-up care for mental health issues.					
Mental health support services for HIV-positive youth are adequately advertised.					

SECTION D: What is the prevalence of mental health disorders among youth living with HIV in Mukono District? (Tick as Appropriate)

Indicate the extent to which you agree with the following observations on the prevalence of mental health disorders among youth living with HIV in Mukono District on a scale of (1) = strongly disagree, (2) = disagree, (3) = not sure (4) = agree (5) = strongly agree.

Scale	5	4	3	2	1
Youth living with HIV frequently experience feelings of sadness.					
Anxiety is commonly reported among youth with HIV.					
Depression is a prevalent issue among young people living with HIV.					
Many youth with HIV report feelings of hopelessness.					
Suicidal thoughts are reported by a significant number of HIV-positive youth.					
Feelings of worthlessness are commonly observed in HIV-positive youth.					
Irritability is a common emotional response among youth with HIV.					
A sense of isolation is frequently reported among HIV-positive youth.					

GOOD LUCK



UGANDA CHRISTIAN UNIVERSITY

A Centre of Excellence in the Heart of Africa

October 1st, 2024

TO WHOM IT MAY CONCERN

Dear Sir/Madam

Re: INTRODUCTORY LETTER FOR RESEARCH

This is to introduce to you **NAKATO Caroline** Registration number **J22B15/072**, a student of Uganda Christian University, pursuing Bachelor's degree in Social Work and Administration. She is expected to carry out research in the final year under the guidance of a university supervisor in partial fulfillment for the requirements of the above mentioned award.

Topic: "The Impact of HIV/AIDs on the Mental Health of the Youth in Mukono."

The purpose of this communication is to request your office to allow her collect data from your organization. Any assistance rendered to her will be highly appreciated.



Doreen Kukugiza
Coordinator, Research & Fieldwork Programmes
Tel: 0773395349
Email: dkukugiza@ucu.ac.ug

A Centre of Excellence in the Heart of Africa