YOUTHS AND HIGH PREVALENCE OF HIV/AIDS IN UGANDA: A CASE OF KAUGA VILLAGE MUKONO DISTRICT

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UGANDA CHRISTIAN UNIVERSITY
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DECLARATION

I, Nambatya Cate, hereby declare that this dissertation was written entirely by me under the supervision of my advisor and has never been submitted to another organization for consideration for any award.

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APPROVAL

This dissertation has been submitted with my approval as the University supervisor.

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DEDICATION

I dedicate this study to my parents who guided, helped, and mentored me throughout my schooling up to the collegiate level. Above all, I give thanks to Almighty God for his direction and assistance in helping me finish this dissertation.

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My supervisor, Mr. Kiwumulo Peter, deserves a lot of credit for his efficient management, commitment, availability, and sound counsel.

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ABSTRACT

The study explored youths and high prevalence of HIV/AIDS in Uganda: a case of Mukono district. It specifically focused on; establishing the influence of knowledge and awareness among the youths on high prevalence of HIV in Mukono, examining the influence of behavioral factors among the youths on high prevalence of HIV in Mukono and investigating the influence of socio-economic status of the youths on high prevalence of HIV in Mukono.

The study was carried out using a cross sectional survey research design where both quantitative and qualitative research approaches were also used. The data was collected using questionnaires and interviews during the data collection, both purposive and simple random sampling methods were used. A sample size of 10 key informants and 133 youths aged 18-35 years living in Kauga village, Mukono district was included in the study although 120 ended up responding.

The study findings revealed thatwhile youths in Mukono possess a basic understanding of HIV transmission and prevention, significant gaps persist, particularly in awareness of the full effectiveness of preventive measures and the importance of regular testing. Behavioral factors such as multiple sexual partners, inconsistent condom use, and substance use before sex, compounded by socio-economic barriers including financial constraints and educational disparities, significantly contribute to the high prevalence of HIV. Addressing these issues requires a multifaceted approach that includes enhancing educational programs, reducing stigma, and providing economic support to mitigate the factors driving risky behaviors and limited access to preventive resources. Comprehensive interventions are essential for effectively combating HIV and improving health outcomes in the region.

Finally, the study recommended the need for enhanced educational programs focused on comprehensive sexual health. It also recommended the need for targeted interventions to address risky sexual behaviors and substance use among youths. Lastly, the study recommended the need for addressing socio-economic barriers by providing financial support and resources to vulnerable youths.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This study was about exploring youths and high prevalence of HIV/AIDS in Uganda: a case of Mukono district. 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

Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) continue to be a major global health tragedy despite intense efforts in international and local initiatives to address the pandemic (Busindeli, 2024). HIV is a significant global health concern, with youths (aged 18-30) disproportionately affected. This age group accounts for an estimated 1.2 million new HIV infections globally in 2021, with young women in sub-Saharan Africa particularly vulnerable (Strathdee et al., 2021). In 2001, the United Nations held a Special General Assembly where it was accepted that HIV/AIDS was a global public health crisis and the decision was made to intensify international action and mobilize resources to fight the pandemic. The millennium development goal six of the Millennium Declaration of 2000, initiated a concerted global effort to tackle the growing epidemic of HIV/AIDS (Govender et al., 2021).

Globally, there are approximately 39 million people across the globe with HIV. Of these, 39 million are adults, and 1.5 million are children (<15 years old) (Arisi et al., 2023). In addition, 53% are women and girls (WHO, 2023). However, the prevalence of HIV among youths varies across regions. In developed countries like those in Europe and North America, concerted efforts in education, prevention, and access to healthcare have led to a decline in HIV incidence among youths (Haris& Abbas, 2024). However, disparities still exist, with marginalized communities facing higher rates of infection. In contrast, in regions like Asia and parts of Eastern Europe, the prevalence of HIV among youths remains a significant concern, with challenges in accessing prevention and treatment services contributing to the persistence of the epidemic (Obeagu et al., 2023).

In Africa, particularly in countries like Nigeria and South Africa, HIV/AIDS continues to disproportionately affect youths (Maulide Cane et al., 2021). Despite efforts to scale up prevention and treatment programs, factors such as high rates of poverty, gender inequality, and limited healthcare infrastructure contribute to the ongoing transmission of HIV. Sub-Saharan Africa bears the highest burden of HIV globally, with youths accounting for a significant proportion of new infections. Despite progress in expanding access to antiretroviral therapy, gaps in prevention efforts and stigma persist, hindering effective control of the epidemic (Zakeyo&Nyashanu, 2021).

While significant progress has been made in reducing new HIV infections globally, progress among youths has been slower. Disparities exist between regions, with sub-Saharan Africa bearing the brunt of the epidemic (Vaughan et al., 2021). Sub-Saharan Africa is home to approximately 70% of the global HIV-positive population, with youths being disproportionately affected. Sub-Saharan Africa remains most severely affected, with nearly 1 in every 25 adults (4.4%) living with HIV and accounting for nearly 70% of the people living with HIV worldwide (WHO, 2022). According to Asia report, HIV infection is becoming endemic in sub-Saharan Africa, which is home to just over 12% of the world's population but two-thirds of all people infected with HIV; The HIV prevalence rate is 9.0% and 23.5 million people in Sub-Saharan Africa. However, the actual prevalence varies between regions, presently Southern Africa is the hardest hit region, with young adult prevalence rates exceeding 20% in most countries in the region, and 30% in Swaziland and Botswana. Eastern Africa also experiences relatively high levels of prevalence with estimates above 10% in some countries (Van Wyngaard, 2022).

Uganda has made significant strides in combating HIV, but challenges persist. In Uganda, 1.4 million people are living with HIV with women and youths in particular disproportionately affected (Ddungu, 2023). The national HIV prevalence among adults is around 5.5%, with a higher burden observed among youths, particularly young women (WHO, 2021). Mukono is one of the districts that have registered a high prevalence of HIV with 860 cases registered in 2023 making it among the top five districts with high HIV prevalence rates (Kanki&Koofhethile, 2023). Despite national efforts to combat the epidemic, challenges such as inadequate access to healthcare services, limited awareness about HIV prevention, and social stigma continue to contribute to the high prevalence (Okello, 2021). Comprehensive studies focusing on

understanding the specific drivers of HIV transmission among youths in Mukono, including behavioral, social, and structural factors, are essential for developing targeted interventions to address the epidemic effectively.

1.2 Problem statement

Uganda has made significant progress in combating HIV, but a cause for concern remains the high prevalence among youths (WHO, 2021). According to the Uganda Virus Research Institute (2023), the national HIV prevalence among adults is around 5.5%, with a disproportionately higher burden observed among youthsaged 18-30, particularly young women. This translates to a significant number of youths in Uganda living with HIV, facing the associated health challenges and potential for unknowingly transmitting the virus (Ddungu, 2023). This upward trend in HIV prevalence could be attributed to limited access to sexual health education, inadequate healthcare services, and pervasive stigma surrounding the disease (Okello, 2021). If this problem is not addressed, the high prevalence of HIV/AIDS among youths will continue to escalate, leading to increased morbidity and mortality rates, economic instability, and a further strain on the already overburdened healthcare system (Kanki&Koofhethile, 2023).

Furthermore, despite numerous studies on HIV/AIDS, there remains a significant research gap in understanding the specific factors contributing to the high prevalence of the disease among youths in Mukono District. Previous research has largely focused on general populations or specific high-risk groups, often neglecting the unique challenges faced by youths. Scholars likeObeagu et al. (2023) have explored the impact of HIV/AIDS on general populations in Uganda, while studies byKitonsa et al. (2019) have examined prevention strategies among key populations. However, there is limited research specifically addressing the socio-economic, knowledge and awareness, and behavioral factors contributing to the high prevalence of HIV/AIDS among youths in Mukono. This study aimed to fill this gap by exploring the high prevalence of HIV/AIDS among the youths in Uganda with a specific focus on Mukono district.

1.3 Purpose of the study

Thepurpose of the study was toexplore youths and high prevalence of HIV/AIDS in Uganda: a case of Mukono district.

1.4Objectives of the study

i. To establishthe influence of knowledge and awareness among the youths on high prevalence of HIV in Mukono.
ii. To examine the influence of behavioral factors among the youths on high prevalence of HIV in Mukono.
iii. To investigate the influence of socio-economic status of the youths on high prevalence of HIV in Mukono.

1.5 Research questions

i. What is the influence of knowledge and awareness among the youths on high prevalence of HIV in Mukono?
ii. What is the influence of behavioral factors among the youths on high prevalence of HIV in Mukono?
iii. What is the influence of socio-economic status of the youths on high prevalence of HIV in Mukono?

1.6Scope of the study

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

1.6.1 Content scope

This study specifically focused on; establishingthe influence of knowledge and awareness among the youths on high prevalence of HIV in Mukono, examining the influence of behavioral factors among the youths on high prevalence of HIV in Mukono and investigating the influence of socio-economic status of the youths on high prevalence of HIV in Mukono.

1.6.2 Geographical scope

Geographically, the study was conducted inKauga village located in Nsuube-Kauga Parish, Mukono Municipality, Mukono district.Kauga village was chosen because it is among the areas in the district that has registered high prevalence of HIV especially among youths as evidenced

from statistics from Uganda Virus Research Institute which revealed that Mukono was among the top five districts that registered high cases of HIV infection in 2023 at 860 new cases.

1.6.3 Time scope

The study focused on scholarly material from the period 2019 to 2024. It was also carried out for a period of three month from June to August, 2024.

1.7 Justification of the study

The justification for this study lies in the urgent need to comprehensively explore youths and high prevalence of HIV in Uganda: a case of Mukono district. Furthermore, despite numerous studies on HIV/AIDS, there remains a significant research gap in understanding the specific factors contributing to the high prevalence of the disease among youths in Mukono District. Previous research has largely focused on general populations or specific high-risk groups, often neglecting the unique challenges faced by youths. Scholars like Obeagu et al. (2023) have explored the impact of HIV/AIDS on general populations in Uganda, while studies by Kitonsa et al. (2019) have examined prevention strategies among key populations. However, there is limited research specifically addressing the socio-economic, knowledge and awareness, and behavioral factors contributing to the high prevalence of HIV/AIDS among youths in Mukono. This research aimed to address this gap by conducting a detailed investigation into these specific factors, thus providing valuable insights for targeted intervention strategies and policy development tailored to the needs of the community.

1.8 Significance of the study

The study will be of help to public health officials by providing detailed insights into the factors contributing to the high prevalence of HIV/AIDS among youths in Mukono District. This knowledge will enable them to design targeted interventions and allocate resources more effectively to address the specific needs of this vulnerable population.

The study will be of help to policymakers by highlighting the socio-economic and cultural factors influencing HIV/AIDS prevalence among youths. The findings will inform the

development of policies that promote comprehensive sexual health education, improve access to healthcare services, and address stigma and discrimination associated with HIV/AIDS.

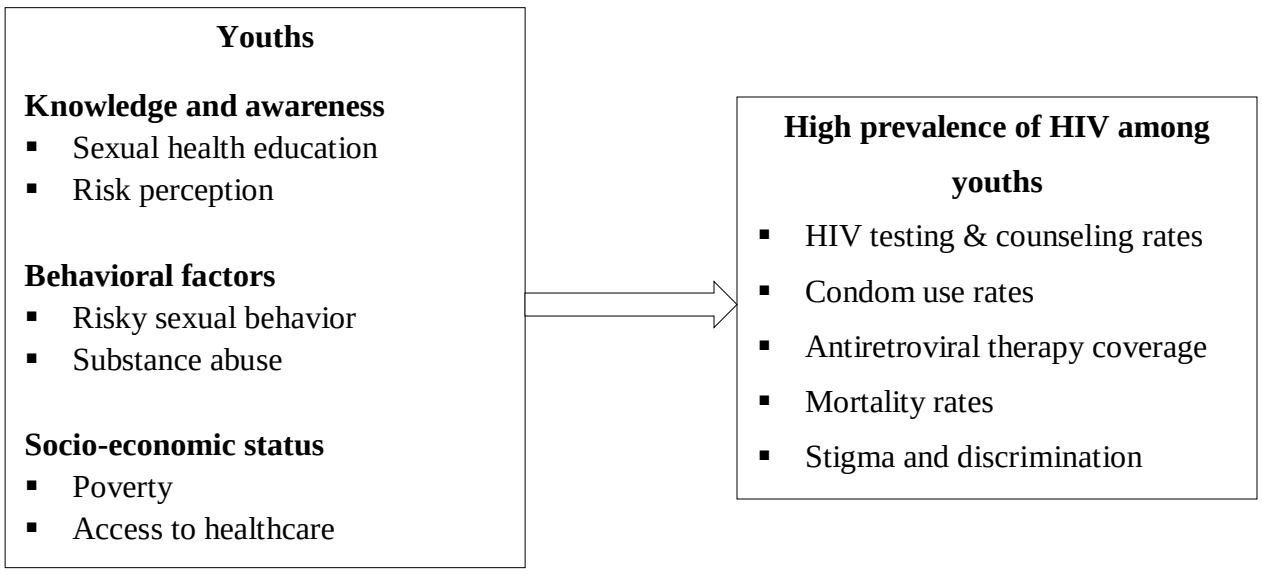
The study will be of help to NGOs working in the field of HIV/AIDS prevention and care by identifying the gaps in current intervention strategies. The results will guide these organizations in tailoring their programs to better serve the youth population in Mukono District, thereby enhancing the effectiveness of their efforts.

The study will be of help to future researchers by filling the existing research gap regarding the specific factors contributing to the high prevalence of HIV/AIDS among youths in Mukono District. It will provide a foundation for further studies, enabling researchers to build on the findings and explore additional aspects of the issue.

The study will be of help to the community by raising awareness about the high prevalence of HIV/AIDS among youths and encouraging community involvement in prevention efforts. The findings will foster a collaborative approach to addressing the epidemic, involving families, community leaders, and local organizations in the fight against HIV/AIDS.

1.9 Conceptual framework

Figure 1: Conceptual Framework



Source:*Adopted from,Ayoo (2017) and modified by the researcher (2024)*

The conceptual framework for this study posits that the high prevalence of HIV among youths in Mukono District, Uganda, is influenced by multiple interrelated factors. Youths' knowledge and awareness, including sexual health education and risk perception, play a crucial role in shaping their behaviors. Behavioral factors such as risky sexual behavior and substance abuse directly impact HIV transmission rates. Additionally, socio-economic status, characterized by poverty and access to healthcare, affects youths' ability to engage in preventive measures and seek treatment. These dimensions collectively influence key indicators of HIV prevalence, including HIV testing and counseling rates, condom use rates, antiretroviral therapy coverage, mortality rates, and the extent of stigma and discrimination.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter outlines youths and high prevalence of HIV/AIDS. It outlines the various theories put across by various scholars in relation to the topic under study. For the research questions identified in chapter one, the researcher highlighted the findings of different authors, on youths and high prevalence of HIV/AIDS.

2.1 Human Immunodeficiency Virus (HIV)

HIV is a virus that causes AIDS. Normally, our body has immune system that attack viruses and bacteria. Immune system has white blood cells which protect us from infections. White blood cells contain CD4+ cells which is also known as helper cells or T cells. A person who is infected will be able to develop infections (Günthard et al., 2019, take advantage of body's immune system. They cause several health problems and even lead to death of a person. HIV has inability to protect against diseases and count of CD4 cells also decreases in HIV. There is no cure of AIDS but there are certain medicines which are used to slow down the diseases so that one can stay healthier for long time (Eshun-Wilson et al., 2021).

HIV is spread by sexual contact with an infected person, by sharing needles and/or syringes (primarily for drug injection) with someone who is infected, or less commonly (and now very rarely in countries where blood is screened for HIV antibodies), through transfusions of infected blood or blood clotting factors (Woldemeskel et al., 2022). Babies born to HIV-infected women may become infected before or during birth or through breast-feeding after birth. These body fluids have been proven to spread HIV: blood, semen, vaginal fluid, breast milk, cerebrospinal fluid surrounding the brain and the spinal cord, synovial fluid surrounding bone joints; and amniotic fluid surrounding a fetus (Thompson et al., 2021).

Some people in the early stages of acute HIV infection present with flu-like symptoms within 2-4 weeks after infection. Possible symptoms include fever, chills, rash, night sweats, muscle aches, sore throat, fatigue, swollen lymph nodes, and/or mouth ulcers that may last for a few

days to several weeks (Castle et al., 2021). However some people have no symptoms at all during acute HIV infection. As the disease gradually progresses to Stage 3, a person may develop yeast infections in their mouth and throats and opportunistic infections can hijack the body's weakened immune system associated with the progression of the disease. With the advances in treatment, progression to Stage 3 is less common (Marzinke et al., 2021).

2.2 Youths

Youth is a transitional phase between adolescence and full adulthood, typically characterized by individuals aged between 18 and 35 years old (George, 2020). This stage is marked by significant physical, cognitive, emotional, and social development as individuals navigate various life transitions such as completing education, entering the workforce, forming intimate relationships, and establishing independence. Youths often face unique challenges and opportunities as they navigate this period of transition, including exploring their identity, making important life decisions, and managing responsibilities associated with adulthood (Sweet & Bumpass, 2019).

The concept of young adulthood is multifaceted and encompasses various dimensions beyond chronological age. Developmental theorists such as Erik Erikson and Jeffrey Arnett have proposed frameworks to understand the psychosocial aspects of young adulthood. Erikson's theory of psychosocial development suggests that youths grapple with the identity versus role confusion stage, where they seek to establish a sense of self and purpose. Arnett's concept of emerging adulthood further explores this period as a distinct developmental stage characterized by exploration, instability, self-focus, and a sense of possibilities (Weiss, 2020).

Empirical research on youths spans diverse disciplines, including psychology, sociology, public health, and education, reflecting the interdisciplinary nature of understanding this life stage (George, 2020). Studies have examined various aspects of young adulthood, including mental health, substance use, sexual behavior, educational attainment, employment status, and social relationships. For example, Ray et al. (2019) research has highlighted the prevalence of mental health disorders such as depression and anxiety among youths and explored factors contributing to these issues, such as stress, social support, and access to mental health services. Similarly, studies have investigated patterns of substance use among youths, including alcohol, tobacco,

and illicit drug use, and examined the impact of these behaviors on health outcomes and social functioning. Additionally, research has explored youths' engagement in sexual risk behaviors, such as unprotected sex and multiple partnerships, and the implications for sexually transmitted infections, including HIV/AIDS.

2.3Knowledge and awareness and high prevalence of HIV

Mkandawire et al. (2020) in their study examined the relationship between HIV knowledge and risk perception among adolescents in Malawi. The study found that higher levels of HIV knowledge significantly reduced risky sexual behaviors. Similarly, Alemu et al. (2021) in Ethiopia reported that adolescents with comprehensive HIV knowledge were more likely to use condoms consistently and seek HIV testing services. Both studies highlight the critical role of accurate HIV information in shaping youths' health behaviors and reducing HIV transmission rates.

Moyo et al. (2021) focused on the impact of sexual health education programs in Zimbabwean schools. The researchers found that students who participated in these programs had better HIV-related knowledge and were more likely to engage in safe sex practices. Additionally, Kamau et al. (2020) in Kenya observed that adolescents who received school-based HIV education demonstrated higher rates of condom use and HIV testing. These findings underscore the importance of integrating sexual health education into school curricula to improve knowledge and reduce HIV prevalence among youths.

Muhumuza et al. (2022) explored the effectiveness of peer education programs on HIV awareness among Ugandan youths. The results indicated that peer educators significantly improved participants' HIV knowledge and risk perception, leading to safer sexual practices. In a similar vein, research by Nyambe et al. (2020) in Zambia found that peer-led interventions increased HIV testing and condom use among young people. These studies suggest that peer education is a powerful tool for enhancing HIV awareness and promoting healthy behaviors among youths.

Bukenya et al. (2023) in Uganda analyzed the impact of mass media campaigns on HIV knowledge among adolescents. The study revealed that exposure to HIV-related information

through television, radio, and social media was associated with higher levels of HIV knowledge and reduced stigma. Similarly, Banda et al. (2021) in Malawi found that mass media campaigns effectively increased awareness about HIV prevention and treatment options. These findings highlight the potential of mass media as a strategic avenue for disseminating HIV information and reducing prevalence rates among youths.

Namakula et al. (2021) investigated the role of parental communication in HIV awareness among youths in Tanzania. The researchers found that open discussions about HIV between parents and children led to better knowledge and safer sexual behaviors. Likewise, research by Opio et al. (2022) in Uganda indicated that parental involvement in HIV education significantly improved adolescents' understanding of HIV transmission and prevention. These studies emphasize the importance of family-based interventions in enhancing HIV knowledge and reducing risk behaviors among youths.

Chimbindi et al. (2020) examined the impact of community-based HIV education programs in South Africa. The results showed that these programs significantly increased HIV knowledge and reduced risky sexual behaviors among participants. Similarly, Ngugi et al. (2021) in Kenya reported that community outreach initiatives improved HIV awareness and testing rates among young people. These findings suggest that community engagement is crucial for effective HIV prevention and education efforts.

Kabuye et al. (2022) in Uganda assessed the influence of HIV knowledge on stigma and discrimination among youths. The study found that higher levels of HIV knowledge were associated with lower levels of stigma, which in turn facilitated greater access to HIV testing and treatment services. Similarly, research by Mpondo et al. (2020) in Tanzania indicated that improved HIV awareness reduced stigma and encouraged more youths to seek HIV-related healthcare. These studies demonstrate the importance of education in addressing both the spread of HIV and the associated social challenges.

Akintunde et al. (2023) focused on the effectiveness of digital platforms in enhancing HIV awareness among Nigerian youths. The researchers found that mobile health applications and online forums significantly improved HIV knowledge and encouraged healthy behaviors. Additionally, research by Osei et al. (2021) in Ghana asserted that the potential of social media

campaigns to increase HIV awareness and promote testing among young people. These findings underscore the role of technology in expanding the reach of HIV education and prevention efforts.

2.4Behavioral factors among youths and high prevalence of HIV

High-risk sexual behaviors, such as multiple sexual partners, inconsistent condom use, and engaging in transactional sex, significantly contribute to the high prevalence of HIV among youths. Research by Hussen et al. (2019) found that youths who engage in unprotected sex with multiple partners are at increased risk of HIV infection. Additionally, transactional sex, driven by economic factors or unequal power dynamics, exposes youths to heightened HIV risk, particularly in contexts where condom use negotiation is limited (Mavedzenge et al., 2021).

Substance abuse, including alcohol and drug use, is associated with increased HIV risk behaviors among youths. Studies have shown that substance use impairs judgment and decision-making, leading to increased likelihood of engaging in unprotected sex, sharing needles, and other risky behaviors that facilitate HIV transmission (Shuper et al., 2020). Research by Napper et al. (2022) highlighted the link between substance abuse and HIV risk among youths, emphasizing the need for integrated interventions that address both substance use and HIV prevention.

Drug abuse among youths is a significant behavioral risk factor for HIV transmission, particularly in contexts where needle sharing is common. Research by Des Jarlais et al. (2020) demonstrated the elevated risk of HIV infection among youths who inject drugs, highlighting the importance of harm reduction strategies such as needle exchange programs and access to medication-assisted treatment to prevent HIV transmission within this population.

Low uptake of HIV testing and counseling services among youths contributes to delayed diagnosis, missed opportunities for prevention, and ongoing transmission of HIV. Studies have shown that fear of stigma, lack of awareness about HIV testing services, and perceived low risk of HIV infection are key barriers to testing among youths (Nasrullah et al., 2021). Research by Aloyce et al. (2019) emphasized the importance of targeted strategies to increase HIV testing uptake among youths, including community-based outreach, mobile testing units, and peer-led initiatives.

Mobility and migration patterns among youths contribute to increased HIV vulnerability through factors such as disrupted social networks, economic instability, and limited access to healthcare services. Research by Bozorgmehr et al. (2020) highlighted the heightened risk of HIV transmission among migrant and mobile populations, emphasizing the need for targeted interventions that address the unique needs of this population, including access to HIV prevention, testing, and treatment services.

Social networks and peer influence play a significant role in shaping youths' HIV risk behaviors. Research by Latkin et al. (2021) demonstrated the influence of peer norms and social networks on condom use, substance use, and sexual risk behaviors among youths. Peer-led interventions that harness positive social networks and promote healthy behaviors have shown promise in reducing HIV risk among youths (Nguyen et al., 2023).

The proliferation of internet and technology use among youths has implications for HIV risk behaviors, including increased access to sexual health information, social networking sites, and online dating platforms. Research by Young et al. (2022) explored the impact of internet use on sexual risk behaviors among youths, highlighting both positive and negative influences on HIV risk. Harnessing technology for HIV prevention interventions, such as mobile health apps, social media campaigns, and virtual counseling services, can reach youths in innovative ways and promote safer sexual behaviors.

Transactional sex, often driven by economic need or unequal power dynamics, is a significant risk factor for HIV transmission among youths, particularly women and girls. Research by Stoebenau et al. (2021) examined the intersection of transactional sex, gender-based violence, and HIV risk among youths, highlighting the importance of addressing structural drivers such as poverty, inequality, and gender-based violence. Comprehensive interventions that address the underlying economic and social determinants of transactional sex are essential for reducing HIV vulnerability among youths.

2.5 Socio-economic status of youths and high prevalence of HIV

Several empirical studies have highlighted the intricate relationship between poverty and the high prevalence of HIV among youths. A study by Leclerc-Madlala (2019) emphasized that socioeconomic deprivation, characterized by low income and limited access to resources, contributes significantly to increased vulnerability to HIV infection among youths. Poverty often limits individuals' access to education, healthcare services, and economic opportunities, exacerbating risk factors such as transactional sex, substance abuse, and engagement in high-risk sexual behaviors (Pettifor et al., 2019).

Education plays a crucial role in mitigating the risk of HIV transmission among youths. Research by Handa et al. (2020) found that higher levels of education are associated with greater HIV knowledge, awareness, and prevention practices among youths. Individuals with higher educational attainment are more likely to adopt protective behaviors such as condom use, undergo HIV testing, and seek timely healthcare services, thereby reducing their risk of HIV infection.

Access to healthcare services is a critical determinant of HIV prevention and treatment outcomes among youths. Studies have shown that socioeconomic disparities, including limited access to healthcare facilities, transportation barriers, and financial constraints, hinder youths' ability to access HIV testing, counseling, and treatment services (Dellar et al., 2020). Research by Risher et al. (2021) underscores the importance of improving healthcare infrastructure and reducing financial barriers to enhance youths' access to HIV-related services.

Unemployment and economic instability contribute to the high prevalence of HIV among youths by limiting their ability to access resources for HIV prevention and treatment. A study by Camlin et al. (2022) highlighted the association between unemployment and increased engagement in risky sexual behaviors, transactional sex, and substance abuse among youths, thereby heightening their vulnerability to HIV infection. Economic empowerment interventions, such as skills training and income-generating activities, have shown promise in reducing HIV risk among unemployed youths (Gonzalez et al., 2019).

Gender inequality perpetuates disparities in HIV risk among youths, particularly women and girls. Research by Jewkes et al. (2023) emphasized the intersectionality of gender, poverty, and HIV risk, highlighting how socioeconomic factors compound gender disparities in access to education, economic opportunities, and healthcare services. Structural interventions aimed at addressing gender-based violence, promoting women's empowerment, and enhancing economic opportunities for young women are critical for reducing their vulnerability to HIV infection.

Migration, both internal and international, exposes youths to unique socioeconomic challenges that increase their vulnerability to HIV infection. Studies have shown that migration often disrupts social networks, exposes individuals to economic hardship, and increases engagement in risky behaviors such as transactional sex and substance abuse (Bozorgmehr et al., 2020). Research by Wickramage et al. (2024) underscores the need for targeted HIV prevention and support services for migrant youths, including access to healthcare, social protection, and legal rights.

Socioeconomic factors intersect with social determinants such as stigma and discrimination to exacerbate HIV risk among youths. Studies have demonstrated that socioeconomic marginalization, including poverty and unemployment, intensifies experiences of stigma and discrimination among youths living with HIV, leading to social exclusion, mental health problems, and barriers to accessing healthcare services (Nyblade et al., 2021). Interventions addressing structural drivers of stigma, such as poverty alleviation programs and community empowerment initiatives, are essential for reducing HIV-related stigma and improving health outcomes among youths.

Urbanization is associated with increased HIV transmission among youths due to socioeconomic disparities and structural inequalities prevalent in urban settings. Research by Magadi et al. (2022) highlighted the role of urban poverty, overcrowded living conditions, limited access to healthcare, and social fragmentation in driving HIV risk behaviors among youths in urban areas. Urban-focused interventions that address socioeconomic determinants of HIV risk, such as improving access to education, housing, and employment opportunities, are critical for reducing HIV transmission among urban youths.

Social support networks play a crucial role in mitigating the impact of socioeconomic factors on HIV risk among youths. Studies have shown that strong social support systems, including family support, peer networks, and community organizations, buffer against the adverse effects of poverty, unemployment, and stigma on HIV vulnerability (Macintyre et al., 2019). Interventions that strengthen social support networks and promote positive social norms around HIV prevention and treatment are essential for enhancing resilience and reducing HIV risk among youths.

2.6 Summary of literature review

The literature review highlights the high prevalence of HIV among youths, emphasizing the role of knowledge and awareness, risky behaviors, and socio-economic status. Studies demonstrate that accurate HIV knowledge, behavioral interventions, and socio-economic improvements significantly reduce HIV transmission rates. However, the persistent gaps include limited integration of holistic, community-based approaches that simultaneously address educational, economic, and social determinants of HIV risk among youths, indicating a need for comprehensive, multifaceted strategies to effectively combat HIV prevalence in this demographic.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter highlights the methods employed to conduct data collection .It includes the research design, the study area and the population, sampling procedures, sampling size, data collection methods, data processing data analysis methods, data quality control, reliability, anticipated limitations and ethical consideration.

3.1 Research design

This study used a cross-sectional research design. In this design, data is collected from respondents at a single point in time without repetition from the representative population. The cross-sectional design involves the use of correlation and regression analysis which has been used to explorethe existing relationships between youths and high prevalence of HIV/AIDS in Uganda. It was used because it reduces time wastage and costs and it also gives useful conclusions in the form of statistics and in-depth details about the study (Patrik&Ugo, 2019).

The study adopted a mixed methods research which includes both qualitative and quantitative approaches. Under the quantitative methods the researcher used questionnaires that were filled by the selected youths aged 18-35 years in Mukono. The qualitative method focused on collecting in-depth information where data was collected using interview guides with the key informants who are medical doctors from Mukono General Hospital, youth leaders and local leaders in Mukonoand the data was analyzed using proceedings and then presented the data in narrative quotations. The qualitative approach facilitated in depth understanding of the variables (Leedy&Ormrod, 2013).

3.2 Study area and study population

The study was conducted in Kauga village located in Nsuube-Kauga Parish, Mukono Municipality, Mukono district. Kauga village was chosen because it is among the areas in the district that has registered high prevalence of HIV especially among youths as evidenced from statistics from Uganda Virus Research Institute which revealed that Mukono was among the top

five districts that registered high cases of HIV infection in 2023 at 860 new cases. The study population therefore focused on youths aged 18-35 years that live in Kauga village, Mukono district and the total population of these youths is 200. The study population also included; medical doctors from MukonoGeneral Hospital, youth leaders, social workers and local leaders in Mukonototaling to 10 and these were included in the study as the key informants.

3.3 Sample size determination

A sample is a section of the wider population that was engaged in the survey (Stuart, 2016). According to (Creswell, 2012), a sample is a subgroup which is representative of the target population from whom findings can be generalized about the population. Therefore, sample size was determined by the sample calculation formula by Slovin's (1960) 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) = 200youths/ youths aged 18-35 years in Kauga, Mukono

$$n = \frac{200}{1 + 100(0.05)^2}$$

$$n = \frac{200}{1 + 200(0.0025)}$$

$$n = \frac{200}{1 + (0.5)}$$

$$n = \frac{200}{1.5}$$

n = 133 youths aged 18-35 years living in Kauga village, Mukono district

Therefore, the sample size was 133youths aged 18-35 years living in Kauga village, Mukono district. More so, the study also included a sample of 10 key informants who were;medical doctors from Mukono General Hospital, youth leaders, social workers and local leaders in

Mukono. The population and sample size for the youth group beneficiaries and the key informants were further divided in the table below.

Table 1: Population, sample size selection and sampling methods

Category of respondents	**Population**	**Sample size**	**Sampling method**
Youths aged 18-35 years	200	133	Simple random sampling
Medical doctors	2	2	Purposive sampling
Local leaders like LC1 chairmen	2	2	Purposive sampling
Social workers	3	3	Purposive sampling
Youth leaders	3	3	Purposive sampling
TOTAL	**401**	**143**	

Source:*Mukono Municipal Council (2024)*

3.4 Sampling techniques and procedure

The researcher used both purposive and simple random sampling methods. Purposive sampling was used to select the 10 key informants who are;medical doctors from Mukono General Hospital, youth leaders and local leaders in Mukono. The reason why purposive sampling was used for this category of respondents was because they are the ones who are tasked with ensuring that they provide information to these youths on how to prevent themselves from contracting HIV. These individuals also have special qualification and therefore these categories of respondents were expected to provide in-depth information about the topic understudy.

The selected youths aged 18-35 years living in Kauga, Mukono district were selected using simple random sampling given that these were big in number and using this method eased their selection and gave each person to participate in the study, simple random sampling was preferred because its procedure is un biased and prevents bias in their work and makes research on large populations more practical.

3.5 Data collection methods

The researcher also employed quantitative and qualitative research methods. Quantitative research method was used because it is more reliable and objective, it helped the researcher in use of statistics to generalize the findings and help in testing theories/ hypotheses and lastly, it helped in determining the relationship between the two variables (Bhawna&Gobind, 2015). Therefore, quantitative research approach was used to gather statistical data from the selected youths aged 18-35 years living in Kauga, Mukono district with the help of researcher-administered questionnaires (Haradhan, 2021). Quantitative research method was used to collect statistical data on all the three objectives of the study.

Qualitative research method was also applied to get in-depth information concerning the topic under study. The medical doctors from Mukono General Hospital, youth leaders, social workers and local leaders in Mukonowere employed as key informants in a qualitative study that uses interviews in order to provide an in-depth analysis of the subject. The qualitative data gotten from using interviews helped to supplement that gotten from quantitative data using questionnaire surveys. Qualitative data was also used to collect data on all the three objectives of the study including the measures that can be adopted by the stakeholders to deal with the causes of HIV in the district.

3.6 Data collection instruments

3.6.1 Researcher-administered questionnaires

According to (Katamba&Nsubuga, 2014) a questionnaire survey is a set of questions designed by the researcher for purpose of collecting data. The questionnaire included open ended questions which required the respondent to give more details about the subject matter and because they give the respondents opportunity to express their opinion in free flowing manner giving them time to think before answering questions since it avoids personal contact. Semi structured or closed ended questions where answers are provided were also used and the respondents were only required to tick the best suitable answer about the subject matter. Since the researcher used researcher-administered questionnaires, she was involved in the process of guiding the respondents in ensuring that the right information was collected from the teachers. The

questionnaires were measured using a Likert scale where 5 (Strongly Agree), 4 (Agree), 3 (Not sure), 2 (Disagree) and 1 (Strongly Disagree). The questionnaires were used to collect data from the selectedyouths aged 18-35 years living in Kauga, Mukono district.

3.6.2 Key Informant Interviews

Key informant interviews were used to conduct face to face interviews with the medical doctors from Mukono General Hospital, youth leaders, social workers and local leaders in Mukonototaling to 10 key informants. An unstructured informant interview guide was used as a tool for collecting in depth information from the key informants. The interview guide had a list of topical issues and questions which were explored in the course of conducting the interviews. The guide was drawn with the questions soliciting for the perception of the professionals regardingthe causes of high prevalence of HIV among youths in Mukono. The key informant interviews were used because they provide in-depth data which may not be possible to obtain when using a questionnaire.

3.7 Validity and reliability

3.7.1 Validity and reliability for quantitative research

Validity was done in order to find out whether the questions are capable of capturing the intended data (Cohen et al., 2007). Experts in research reviewed the questions to see whether they were capable of capturing the intended response. A Content Validity Index (CVI) was calculated in order to establish the validity of the research instrument. The researcher used the following formula to establish validity of the research instruments as seen below.

$$\text{Content validity Index (CVI)} = \frac{\text{Relevant items by all judges as suitable}}{\text{Total number of items judged.}}$$

The CVI was 0.83 which was greater than the recommended 0.70 (Kent, 2001), hence implying that the questionnaire was valid for data collection.

Reliability of the questionnaire instrument was assessed using Cronbach's coefficient alpha (Mugenda and Mugenda, 2003). A pilot study was carried out on 10 respondents and the

reliability results were computed using the Statistical Package for the Social Sciences (SPSS). The following formula was used to calculate the Cronbach's coefficient alpha

$$\alpha = \frac{k}{K-1}\left(1 - \frac{\sum SDi^2}{\sum SDt^2}\right)$$

Where α = coefficient alpha

$\sum SDi^2$ = sum variance of items

$\sum SDt^2$ = sum variance of scale

The coefficient was 0.81 which was above the recommended .70 (Amin, 2005), hence implying that the questionnaire was suitable for data collection.

3.7.2 Validity and reliability for qualitative research

Validity: In qualitative research, the researcher's poor memory can affect the validity of the study. Therefore to avoid this problem as much as possible, the researcher was taking notes during the interviews. Directly after the interviews the researcher compiled data from interviews and transformed it into precious information. The researcher also presented her results for the respondents to see if she had interpreted their answers correctly. Furthermore, the validity of the result was discussed with the researcher's supervisor with valuable feedback.

Reliability: This was measured by conducting the study again in order to see if the same results would be obtained. Because of the lack of time, the researcher did not have a possibility of conduct the study more than once. Therefore it was difficult to draw any conclusions on the reliability of this study.

3.8 Procedure of data collection

The researcher obtained an introductory letter from the School of Social Sciences at Uganda Christian University, after which she sought for permission from the LC1 Chairmen in Kauga to

conduct to use as a case study. The researcher then approached various respondents to conduct interviews and distribute the questionnaires after the respondents had consented.

3.9 Data analysis

3.9.1 Quantitative data analysis

This was done through categorization of respondents into categories called codes. It involved sorting, editing questionnaires and coding responses after which data was tabulated and analyzed using a computer program known as Statistical Package for Social Sciences (SPSS) version 20. It was used because it provides a wide range of tools from basic tabulation to sophisticated multivariate analysis. It is wildly used to analyze quantitative data, meaning that data in form of tables and figures. Commonly used in both academic and commercial spheres (Mubazi, 2008). This software was also used because it saves time of analyzing and it interprets complicated figures. The process of data processing involved editing for errors and omissions, coding was employed to reduce the data to a meaningful pattern of responses and tabulation of the findings was done in order to prepare data, analyze and compile the research report.

Data editing: This required the researcher to edit the data by examining the collected raw data to detect errors and omissions. Therefore, the researcher undertook careful scrutiny of the completed questionnaires. Editing was of help to ensure that the data was accurate, consistent with other facts gathered, uniformly entered, and well arranged to facilitate coding and tabulation.

Coding is the process of assigning numerals or other symbols to answers so that responses can be put into a limited number of categories or classes. The researcher ensured exhaustiveness and mutual exclusiveness (a specific answer is placed in only one cell in a given category set). Coding was necessary for the efficient analysis, as several replies were reduced to a small number of classes, which contain critical information required for analysis.

3.9.2 Analysis of qualitative data

Making sense of both written text and auditory data is a key component of data analysis. Deeper comprehension of the information given was required. Data analysis developed into a continuous process involving ongoing reflection on the data gathered, asking analytical questions, and creating notes during the course of the study, which was finally included in the final report (Yin, 2002). The process of qualitative data analysis begun with the data management phase and move through the generative phase, interpretative phase, representational phase, and theorizing phase. A hierarchical strategy was used by the researcher, starting at the bottom and working up. A six-step process was used, starting with organizing and getting the raw data ready for analysis. To clarify and triangulate the audio records that the lead researcher would find to be unclear, she referred to field notes she took while conducting interviews and reviewing documents. Transcription was done every evening for the interviews conducted each day. In order to preserve memory, the researcher also typed up all of their field notes after each outing.

To have a broad understanding of the data gathered during fieldwork and to consider its overall significance in relation to the study's main goal, the researcher examined all of the transcribed data. This gave the researcher the ability to analyze the opinions of the participants as well as the manner in which they expressed their thoughts. The researcher continuously made notes during interview sessions regarding significant things seen and broad observations about the data for further analysis. The results of the investigation were categorized into themes. To extract meaning from the data gathered, interpretation was the final stage in data analysis. Lessons learned from the data interpretation were based on the researcher’s analysis, experiences, and meaning deduced through a comparison of the findings and data gathered from the literature. The results served to both confirm and, in some circumstances, vary from earlier knowledge. Also, this stage of data analysis made new questions that the researcher did not anticipate in the study possible.

3.10 Ethical consideration

Ethics are the standards for conduct that distinguish between right and wrong. They help to determine the difference between acceptable and unacceptable behaviors (Devlin, 2006). Ethical standards stop falsifying of data this promote the pursuit of knowledge and truth which is a main

goal of research (May, 2011). It also important for collaboration since it instills trust, and mutual respect among colleagues. The handling of these ethical issues greatly impacts the findings of the study .

The ethical principles include ; honesty , objectivity , respect for intellectual property , confidentiality , non discrimination among many others This involves assuring participants of voluntary participation and informed consent.

The sensitivity of the organization records, means that no harm was ensured .According to (Cohen et al, 2000), it is crucial for the participants tov have the right to decline the participation and the research has to grant this right .This was evident in the introductory part of the questionnaire and consent form .

Another issue was anonymity. To this end, promise and principle of anonymity together with confidentiality was assured, after, the names of the respondents were not requested, and emphasis was noted that the information would be treated in aggregate and purely for research purposes. Appreciation was ensured to the respondents after participation for ethical considerations. The researcher shared the findings of the study with the respondents since these findings were useful to the entity where the study was carried out.

3.11 Limitations and delimitations of the study

In view of the following threats to validity, the researcher claimed an allowable 5% margin of error at 0.05 (level of significance). Measures are also indicated in order to minimize if not to eradicate the threats to the validity of the findings of this study.

Instrumentation: The research instruments were not standardized. Therefore, a validity and reliability test was done to produce a credible measurement of the research variables.

Testing: The use of research assistants brought about inconsistency in the administration of the questionnaires in terms of time of administration, understanding of the items in the questionnaires and explanations given to the respondents. To minimize this threat, the research assistants were oriented and briefed on the procedures to be done in data collection.

Attrition: Not all questionnaires were returned neither completely answered nor even retrieved back due to circumstances on the part of the respondents such as travels, sickness, hospitalization and refusal/withdrawal to participate. In anticipation to this, the researcher reserved more respondents by exceeding the minimum sample size. The respondents were also reminded not to leave any item in the questionnaires unanswered and were closely followed up as to the date of retrieval.

CHAPTER FOUR

DATA PRESENTATION, INTERPRETATION AND DISCUSSION

4.0 Introduction

This chapter presents and discusses the results of analysis that has been done to look at the specific objectives of the study and in relation to the reviewed literature. The study was cried out using questionnaires with youths aged 18-35 years living in Kauga village, Mukono district and interviews with key informants who are medical doctors from Mukono General Hospital, youth leaders, social workers and local leaders in Mukono. The findings are presented with the help of tables for purposes of clarity and interpretation.

4.1 Response rate

Table 2: Response rate for questionnaires

Response Rate	Sample Size	
	Frequency	**Percentage (%)**
Received	120	90.2%
Non Response	13	9.8%
Expected Response	133	100.0%

Source:*Primary data*

As indicated in table 2 above, a total of 133 respondents who are youths aged 18-35 years living in Kauga village, Mukono district were expected to respond to the questionnaires, however, 120 responded to the questionnaires leaving out 13 .According to Ahuja (2009), a response rate of 70% is excellent, 60% is good and while 50% is adequate for analysis. Thus the response rate of 90.2% was suitable and reliable for the study. Due to the limited time the researcher could not collect data from one of the respondents since the researcher had to beat the deadline of the dissertation submission yet there was delay in the responsive nature of the respondents.

4.2 Findings on demographic characteristics of respondents

The background information of respondents solicited data on the samples and this has been presented below categorized into; gender, age,level of education and marital status, occupation and religion of the youths aged 25-30 years in Kauga village among others.

Table 3: Descriptive statistics on the bio data of respondents

Item	Description	Frequency	Percentage (%)
Gender	Male	42	35.0
	Female	78	65.0
	Total	**120**	**100.0**
Age	18-24 years	41	34.2
	25-30 years	48	40.0
	31-35 years	31	25.8
	Total	**120**	**100.0**
Marital status	Single	83	69.2
	Married	37	30.8
	Total	**120**	**100.0**
Education level	Primary	34	28.4
	Secondary	37	30.8
	Tertiary	49	40.8
	Total	**120**	**100.0**
Occupation	Student	31	25.8
	Unemployed	19	15.8
	Working with government	13	10.8
	Working with private sector	22	18.3
	Business person	35	29.2
	Total	**120**	**100.0**
Religion	Protestant/ Anglican	42	35.0
	Catholic	31	25.8

	Muslim	20	16.7
	Pentecostal	27	22.5
	Total	**120**	**100.0**

Source: *Primary data*

From table 3 above, the gender distribution of the respondents shows a higher percentage of females compared to males. Specifically, 65.0% of the respondents are female, while 35.0% are male. This indicates that the majority of the respondents in this study are female.

The age distribution among the respondents is relatively diverse. The highest percentage of respondents represented by 40.0% falls within the age group of 25-30 years, followed by the 18-24 years age group at 34.2%. The remaining 25.8% of the respondents are in the 31-35 years age group. This indicates that the largest age group represented in this study is the 25-30 years bracket.

Furthermore, the study findings established that a significant majority of the respondents are single, accounting for 69.2%, whereas 30.8% are married. This shows that most of the respondents in the study are unmarried.

More so, the education level of the respondents varies, with the highest percentage having tertiary education at 40.8%. This is followed by those with secondary education at 30.8%, and lastly, 28.4% have completed primary education. This indicates that a considerable proportion of the respondents have attained higher education levels.

In addition, regarding occupation, the largest group of respondents are business persons, comprising 29.2%. Students make up 25.8%, followed by those working with the private sector at 18.3%. Respondents who are unemployed constitute 15.8%, those working with the government are 10.8%. This shows that a significant portion of respondents are engaged in business and education.

Lastly, the religious affiliation of the respondents shows that the Protestants/Anglicans made up the highest percentage represented by 35.0%, followed by Catholics at 25.8%. Pentecostals make up 22.5%, and Muslims comprise 16.7%. This indicates that Protestant/Anglican is the predominant religious group among the respondents.

4.3 The influence of knowledge and awareness among the youths on high prevalence of HIV in Mukono

Table 4 summarizes respondents' responses on the influence of knowledge and awareness among the youths on high prevalence of HIV in Mukono by using a Likert scale where SA (Strongly Agree), A (Agree), NS (Not Sure), D (Disagree) and SD (Strongly Disagree).

Table 4: Influence of knowledge and awareness among the youths on high prevalence of HIV in Mukono

Statements	Extent of agreement and disagreement				
	SA	A	NS	D	SDA
	F (%)	F (%)	F (%)	F (%)	F (%)
I am well-informed about the modes of HIV transmission.	32 26.7%	55 45.8%	22 18.3%	11 9.2%	00
I have attended HIV/AIDS awareness programs in the last year.	33 27.5%	33 27.5%	21 17.5%	22 18.3%	11 9.2%
I know where to access HIV testing services in my community.	44 36.7%	55 45.8%	21 17.5%	00	00
I believe that using condoms can effectively prevent HIV transmission.	44 36.7%	33 27.5%	22 18.3%	21 17.5%	00
I feel confident in my knowledge about HIV prevention methods.	44 36.7%	44 36.7%	32 26.7%	00	00
I understand the importance of regular HIV testing.	33 27.5%	54 45.0%	22 18.3%	11 9.2%	00

Source: *Primary data*

Table 4 represents the descriptive statistics on the influence of knowledge and awareness among the youths on high prevalence of HIV in Mukono. According to study, majority of respondents represented by 72.5% strongly agreed and agreed that they are well-informed about the modes of HIV transmission. Meanwhile, 18.3% were not sure, whereas 9.2% disagreed with the statement

put across. This implies that most youths in Mukono have a good understanding of how HIV is transmitted, which is a crucial factor in preventing the spread of the virus.

The findings also revealed that 55.0% of the respondents strongly agreed and agreed that they have attended HIV/AIDS awareness programs in the last year, 17.5% were not sure, while 27.5% disagreed and strongly disagreed with the statement put forward. This suggests that more than half of the youths are actively participating in awareness programs, although a significant portion may not be as engaged.

Furthermore, the study findings established that 82.5% strongly agreed and agreed that they know where to access HIV testing services in their community, whereas 17.5% were not sure of the statement put across. This implies that access to information about testing services is widespread among the youths, which is essential for early detection and management of HIV.

More so, the study findings illustrated that 64.2% of the respondents strongly agreed and agreed that using condoms can effectively prevent HIV transmission, 18.3% were not sure, whereas 17.5% disagreed with the statement put forward. This indicates that while a significant number of youths understand the preventive role of condoms, there is still a need to address misconceptions among the remaining youths.

In addition, the findings show that 73.4% strongly agreed and agreed that they feel confident in their knowledge about HIV prevention methods, whereas 26.7% were not sure of the statement put across. This implies a high level of self-assuredness in the youths' understanding of prevention strategies, which is critical for proactive health behaviors.

Lastly, the study findings revealed that 72.5% strongly agreed and agreed that they understand the importance of regular HIV testing, 18.3% were not sure, whereas 9.2% of the respondents disagreed with the statement put forward. This suggests that most youths recognize the role of regular testing in managing and preventing HIV, although continued education is necessary for those who remain uncertain or disagree.

Overall, the findings indicate that a substantial proportion of youths in Mukono are knowledgeable and aware of key aspects related to HIV transmission and prevention. However, there is still a need for ongoing education and engagement to ensure that all youths have accurate

information and are participating in preventive measures. Addressing these gaps can help reduce the high prevalence of HIV among this demographic.

4.3.1 Knowledge & awareness among youths and high prevalence of HIV

From the interviews conducted with medical doctors from Mukono General Hospital, youth leaders, social workers and local leaders in Mukono, they were asked for their views onthe level of HIV/AIDS awareness and knowledge among the youths in Mukono and how this has influenced the high prevalence of HIV and their responses were as follows;

The level of HIV/AIDS awareness and knowledge among the youths in Mukono is generally perceived to be moderate by key informants, including medical doctors, youth leaders, social workers, and local leaders. They note that while there have been numerous efforts to disseminate information through awareness campaigns, school programs, and community outreach, there remain significant gaps. Many youths are aware of basic HIV transmission modes and prevention methods, but there is a lack of depth in understanding more nuanced aspects of the disease, such as the importance of regular testing, the full range of preventive measures, and the long-term consequences of HIV/AIDS. This partial knowledge can lead to complacency, where youths believe they are sufficiently informed and therefore might not take all necessary precautions, contributing to the persistent high prevalence of HIV in the district.

Furthermore, key informants highlight that socio-cultural factors and stigma continue to hinder effective dissemination and application of HIV knowledge. Some youths may have access to information but are reluctant to seek testing or discuss HIV-related topics openly due to fear of judgment or ostracism. This reluctance can prevent early diagnosis and treatment, exacerbating the spread of the virus. Additionally, economic challenges limit the ability of some youths to access preventive measures, such as condoms or regular health check-ups, despite being aware of their importance. These barriers suggest that while knowledge and awareness are crucial, they must be accompanied by supportive socio-economic and cultural interventions to effectively reduce the high prevalence of HIV in Mukono. Some of the key informants had this to say,

> "*.....What I can say is that despite the awareness programs, many youths still hold misconceptions about HIV, which affects their preventive behaviors.....*" **Medical Doctor**

"*.....The stigma associated with HIV/AIDS remains a significant barrier to effective prevention and treatment among the youth.....*" **Youth Leader**

4.4 The influence of behavioral factors among the youths on high prevalence of HIV in Mukono

Table 5 summarizes respondents' responses on the influence of behavioral factors among the youths on high prevalence of HIV in Mukono by using a Likert scale where SA (Strongly Agree), A (Agree), NS (Not Sure), D (Disagree) and SD (Strongly Disagree).

Table 5: Influence of behavioral factors among the youths on high prevalence of HIV

Statements	Extent of agreement and disagreement				
	SA	A	NS	D	SDA
	F (%)	F (%)	F (%)	F (%)	F (%)
I have multiple sexual partners.	54 45.0%	22 18.3%	00	44 36.7%	00
I consistently use condoms during sexual intercourse.	60 50.0%	36 30%	00	24 20.0%	00
I engage in risky behaviors such as unprotected sex.	33 27.5%	44 36.7%	22 18.3%	21 17.5%	00
I have discussed HIV prevention with my sexual partners.	22 18.3%	54 45.0%	33 27.5%	11 9.2%	00
I have used drugs or alcohol before engaging in sexual activities.	44 36.7%	54 45.0%	00	22 18.3%	00
I believe that my peers influence my sexual behavior.	32 26.7%	55 45.8%	22 18.3%	11 9.2%	00

Source: *Primary data*

Table 5 represents the descriptive statistics on the influence of behavioral factors among the youths on high prevalence of HIV in Mukono. According to study, a significant majority of respondents represented by 63.3%, strongly agreed and agreed that they have multiple sexual

partners, whereas 36.7% of the respondents disagreed with the statement put across. This implies that having multiple sexual partners is a common behavior among the youths in Mukono, significantly contributing to the high prevalence of HIV as it increases the risk of spreading the virus.

The findings also revealed that 80.0% of the respondents strongly agreed and agreed that they consistently use condoms during sexual intercourse, whereas 20.0% disagreed with the statement put forward. This suggests that while a significant number of youths practice safe sex, there is still a portion that engages in unprotected sex, which contributes to the spread of HIV.

Furthermore, the study findings established that 64.2% of respondents strongly agreed and agreed that they engage in risky behaviors such as unprotected sex, 18.3% of the respondents were not sure, whereas 17.5% disagreed with the statement put across. This indicates that risky sexual behaviors are prevalent among the youths, which is a critical factor in the high prevalence of HIV in the area.

More so, the study findings illustrated that 63.3% of respondents strongly agreed and agreed that they have discussed HIV prevention with their sexual partners, 27.5% of the respondents were not sure, whereas 9.2% disagreed with the statement put forward. This implies that while majority of the youths engage in conversations about HIV prevention, there remains a notable portion that does not, which can lead to uninformed and unsafe practices.

In addition, the findings revealed that 81.7% strongly agreed and agreed that they have used drugs or alcohol before engaging in sexual activities, whereas 18.3% of the respondents disagreed with the statement put across. This suggests that substance use is a common precursor to sexual activity among the youths, which can impair judgment and increase the likelihood of engaging in unsafe sex, thereby elevating the risk of HIV transmission.

Lastly, the study findings established that 72.5% of respondents strongly agreed and agreed that they believe their peers influence their sexual behavior, 18.3% of the respondents were not sure, whereas 9.2% of the respondents disagreed with the statement put forward. This indicates that peer influence plays a significant role in shaping the sexual behaviors of youths, which can either positively or negatively affect their risk of contracting HIV.

Overall, the findings indicate that various behavioral factors, including having multiple sexual partners, inconsistent condom use, engaging in risky behaviors, substance use, and peer influence, significantly contribute to the high prevalence of HIV among the youths in Mukono. Addressing these behavioral factors through targeted interventions and education is crucial for reducing the spread of HIV in this demographic.

4.4.1 Behavioral factors among youths and high prevalence of HIV

From the interviews conducted with medical doctors from Mukono General Hospital, youth leaders, social workers and local leaders in Mukono, they were asked for their views onthe influence of behavioral factors among the youths on high prevalence of HIV in Mukono and their responses were as follows;

The key informants, including medical doctors, youth leaders, social workers, and local leaders, generally agreed that behavioral factors significantly contribute to the high prevalence of HIV among the youths in Mukono. They emphasized that multiple sexual partnerships are a prevalent behavior among the youths, which increases their risk of contracting and spreading HIV. Additionally, inconsistent condom use was highlighted as a critical issue, with many youths engaging in unprotected sex despite being aware of the risks involved. This inconsistent use of condoms is often attributed to misconceptions about their effectiveness and a lack of proper sexual education.

Another behavioral factor noted by the key informants is the influence of substance use, particularly drugs and alcohol, on sexual behavior. They observed that many youths engage in risky sexual activities while under the influence, which impairs their judgment and leads to unsafe practices such as unprotected sex. Peer pressure was also identified as a significant influence, with many youths engaging in risky behaviors to fit in with their social groups. The informants stressed the need for comprehensive sexual education and targeted interventions to address these behavioral factors and reduce the prevalence of HIV among the youths in Mukono. Some of the key informants had this to say,

"*.....The prevalence of multiple sexual partners among the youths is alarming and is one of the main drivers of the high HIV rates in Mukono. There is a critical need for more effective sexual education programs to address this issue.....*" **Local Leader**

"*.....Substance use, particularly alcohol and drugs, greatly impairs the judgment of the youths, leading them to engage in risky sexual behaviors. This is a significant factor contributing to the high prevalence of HIV in the area.....*" **Social Worker**

4.5 The influence of socio-economic status of the youths on high prevalence of HIV in Mukono

Table 6 summarizes respondents' responses on the influence of socio-economic status of the youths on high prevalence of HIV in Mukono by using a Likert scale where SA (Strongly Agree), A (Agree), NS (Not Sure), D (Disagree) and SD (Strongly Disagree).

Table 6: Influence of socio-economic status of the youths on high prevalence of HIV in Mukono

Statements	Extent of agreement and disagreement				
	SA	A	NS	D	SDA
	F (%)	F (%)	F (%)	F (%)	F (%)
My financial situation affects my ability to access healthcare services.	44 36.7%	55 45.8%	00	21 17.5%	00
I can afford to buy condoms and other preventive measures.	44 36.7%	44 36.7%	00	32 26.7%	00
My educational background has provided me with adequate information about HIV/AIDS.	32 26.7%	55 45.8%	22 18.3%	11 9.2%	00
I have a stable job that allows me to support my health needs.	44 36.7%	33 27.5%	22 18.3%	21 17.5%	00
I feel that my socio-economic status affects my decisions regarding sexual health.	33 27.5%	33 27.5%	21 17.5%	22 18.3%	11 9.2%

I have access to HIV prevention resources through community programs or organizations.	33 27.5%	54 45.0%	22 18.3%	11 9.2%	00

Source: *Primary data*

Table 6 represents the descriptive statistics on the influence of socio-economic status of the youths on high prevalence of HIV in Mukono. According to study, majority of the respondents represented by 82.5% strongly agreed and agreed that their financial situation affects their ability to access healthcare services, whereas 17.5% of the respondents disagreed with the statement put across. This implies that the majority of youths in Mukono face financial barriers that hinder their access to essential healthcare services, which could contribute to the high prevalence of HIV as they might not be able to afford regular testing, treatment, or preventive measures.

The findings also revealed that 73.4% of the respondents strongly agreed and agreed that they can afford to buy condoms and other preventive measures, whereas 26.7% of the respondents disagreed with the statement put forward. This suggests that although a significant portion of the youth can afford preventive measures, a considerable percentage remains uncertain about their ability to do so, potentially leading to inconsistent use of such measures and increased risk of HIV transmission.

Furthermore, the findings established that 72.5% of respondents strongly agreed and agreed that their educational background has provided them with adequate information about HIV/AIDS, 18.3% of the respondents were not sure, whereas 9.2% of the respondents disagreed with the statement put across. This indicates that while the majority of youths feel adequately informed about HIV/AIDS through their education, there is still a notable minority who may lack sufficient knowledge, highlighting the need for improved and targeted educational programs.

More so, the study findings found out that 64.2% of the respondents strongly agreed and agreed that having a stable job allows them to support their health needs, 18.3% of the respondents were not sure, whereas 17.5% of the respondents disagreed with the statement put forward. This implies that stable employment positively influences youths' ability to manage their health, including accessing HIV-related services, though unemployment remains a barrier for some.

In addition, the findings illustrated that 55% of respondents strongly agreed and agreed that their socio-economic status affects their decisions regarding sexual health, 17.5% of the respondents not sure, whereas 27.5% of the respondents disagreed with the statement put across. This suggests that socio-economic factors play a significant role in shaping sexual health decisions among youths, influencing behaviors that may increase their vulnerability to HIV.

Lastly, the findings revealed that 72.5% of respondents strongly agreed and agreed that they have access to HIV prevention resources through community programs or organizations, 18.3% of the respondents were not sure, whereas 9.2% of the respondents disagreed with the statement put forward. This indicates that community programs are fairly accessible to most youths, yet there remains a need to expand these resources to ensure all youths can benefit from them.

The overall implication of these findings is that socio-economic status significantly impacts the youths' ability to access healthcare services, afford preventive measures, make informed sexual health decisions, and utilize community resources. Addressing these socio-economic barriers is crucial in the fight against HIV/AIDS in Mukono.

4.5.1 Behavioral factors among youths and high prevalence of HIV

From the interviews conducted with medical doctors from Mukono General Hospital, youth leaders, social workers and local leaders in Mukono, they were asked for their views onthe influence of socio-economic status of the youths on high prevalence of HIV in Mukono and their responses were as follows;

The socio-economic status of youths in Mukono significantly influences the high prevalence of HIV in the region. Many key informants highlighted that financial constraints limit the ability of young people to access healthcare services, including HIV testing and treatment. This lack of financial resources often leads to delays in seeking medical help, increasing the risk of HIV transmission and progression. Additionally, the inability to afford preventive measures, such as condoms, contributes to the higher rates of unprotected sex among the youths. Educational disparities also play a role, as those with limited access to quality education are less likely to be informed about HIV prevention and management, further exacerbating the problem.

Moreover, the socio-economic challenges faced by the youths often lead to risky behaviors that increase their vulnerability to HIV. Unemployment and job instability push many young people into precarious situations where they might engage in transactional sex or other high-risk activities to meet their financial needs. Social workers and local leaders emphasized that the lack of stable employment opportunities also affects the youths' mental health and decision-making abilities, making them more susceptible to peer pressure and risky behaviors. The limited availability of community resources and support systems further compounds these issues, leaving many youths without the necessary tools and knowledge to protect themselves from HIV. Some of the key informants had this to say,

> "*.....Financial instability among the youths makes it difficult for them to prioritize their health needs, including HIV prevention and treatment.....*" **Youth Leader**

> "*.....The lack of stable employment and educational opportunities leads many young people to engage in risky behaviors that significantly increase their risk of contracting HIV.....*" **Social Worker**

CHAPTER FIVE

FINDINGS OF DISCUSSION, SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter discusses the findings in relation to the literature. It also outlines all findings as reported in chapter four,in line with the questions of the study, draws conclusions, suggests recommendations and also proposes some areas for further study.

5.1 Discussion of findings

5.1.1 Influence of knowledge and awareness among the youths on high prevalence of HIV in Mukono

The study findings revealed that while many youths in Mukono have a basic understanding of HIV transmission and prevention, significant gaps persist. The majority of youths are aware of HIV transmission modes and testing services, but few have attended recent awareness programs or fully understand the effectiveness of condoms. This observation is consistent with the literature, as Arisi et al. (2023) noted that despite substantial knowledge about HIV among youths, gaps in awareness and education persist, often leading to inadequate preventive behaviors. The importance of comprehensive educational programs to bridge these gaps has been highlighted by scholars such as Ayoo (2017), who emphasized the need for continuous and targeted HIV education to improve understanding and prevention practices.

The findings also indicated a high level of confidence in HIV prevention knowledge, though awareness of the importance of regular testing is lower. This is supported by the work of Businderi (2024), who found that while general knowledge about HIV is widespread, specific practices such as regular testing are less emphasized. The lower emphasis on regular testing among youths could contribute to delayed diagnoses and continued transmission, which underscores the need for focused interventions that promote routine testing and early diagnosis.

Socio-cultural factors, stigma, and economic barriers were identified as hindrances to effective HIV prevention despite good knowledge. This aligns with the observations of Govender et al.

(2021), who reported that socio-cultural barriers and stigma significantly impede the effectiveness of HIV prevention efforts. Stigma and socio-economic constraints often prevent individuals from accessing healthcare services and adopting preventive measures, reinforcing the need for socio-culturally sensitive interventions and support systems to mitigate these barriers.

Overall, the study suggests a need for comprehensive educational and supportive interventions to address socio-cultural and economic barriers to HIV prevention. This recommendation is supported by Ddungu (2023), who highlighted the need for holistic approaches that integrate education, stigma reduction, and economic support to enhance HIV prevention efforts. Ensuring that youths not only have the knowledge but also the resources and support needed to implement preventive measures effectively is crucial for reducing HIV prevalence in Mukono.

5.1.2 Influence of behavioral factors among the youths on high prevalence of HIV in Mukono

The study findings revealed that behavioral factors such as having multiple sexual partners, inconsistent condom use, engaging in risky sexual activities, and substance use before sex significantly contribute to the high prevalence of HIV among youths in Mukono. These behaviors elevate the risk of HIV transmission and are influenced by peer pressure and social circles. The findings relate to the literature by Obeagu et al. (2023), who highlighted that risky sexual behaviors and multiple partners are key contributors to the high HIV prevalence among youths in Africa. This alignment underscores the persistent challenge of managing behavioral risks despite increasing awareness and interventions.

The study also revealed that peer influence plays a critical role in shaping sexual behaviors among youths, often leading to unsafe practices. This finding is supported by Arisi et al. (2023), who found that peer pressure significantly impacts risky sexual behaviors among youths in Kenya. The influence of peers on sexual practices highlights the need for targeted educational interventions that address peer dynamics and provide youths with strategies to resist negative peer pressures, as emphasized in similar research.

Despite some awareness and discussions about HIV prevention, significant gaps remain, particularly in consistent condom use and understanding the full implications of risky behaviors.

This finding correlates with the work of Maulide Cane et al. (2021), who noted that gaps in knowledge about consistent condom use and the broader implications of risky sexual behaviors are common among adolescents in sub-Saharan Africa. The literature suggests that while awareness campaigns can improve general knowledge, they often fail to translate into consistent behavioral change without comprehensive, behaviorally-focused education and support.

Lastly, the study findings suggest a need for comprehensive sexual education and targeted interventions to address these risky behaviors. This need is consistent with the recommendations of Strathdee et al. (2021), who emphasize the importance of multifaceted educational programs that address both knowledge and behavior. Strathdee et al.'s research supports the necessity of integrating behavioral change strategies with educational efforts to effectively reduce HIV transmission rates among youths. This comprehensive approach is critical in tackling the behavioral and social factors contributing to the high prevalence of HIV.

5.1.3 Influence of socio-economic status of the youths on high prevalence of HIV in Mukono

The study findings revealed that socio-economic status significantly impacts HIV prevalence among youths in Mukono, with financial constraints limiting access to healthcare and preventive measures such as condoms. This observation aligns with Arisi et al. (2023), who found that economic hardship among youths in Kenya severely impairs their ability to access HIV prevention resources and healthcare services. Arisi and colleagues highlighted that poverty not only restricts access to preventive tools but also leads to risky behaviors driven by financial desperation, which correlates with the increased HIV risk observed in Mukono.

The findings also relate with the work of Okello (2021), who discussed how socio-economic disparities contribute to inadequate knowledge about HIV and the spread of the virus in Uganda. Okello's research emphasized that educational deficits often accompany economic hardship, exacerbating vulnerability to HIV as individuals with lower educational attainment are less likely to engage in informed health practices. This correlation is evident in Mukono, where educational disparities are compounded by financial difficulties, leading to a higher prevalence of HIV among youths.

Further, the findings are consistent with Zakeyo and Nyashanu (2021), who explored the impact of socio-economic factors on HIV prevalence among young women in South Africa. They found that unemployment and job instability pushed individuals towards transactional sex, a behavior linked to increased HIV risk. This mirrors the situation in Mukono, where economic challenges drive youths into risky behaviors as a means to meet their financial needs, thereby increasing their susceptibility to HIV.

Finally, the study findings resonate with the observations of Van Wyngaard (2022), who discussed how socio-economic inequalities exacerbate health crises such as HIV/AIDS. Van Wyngaard pointed out that marginalized communities face significant barriers to accessing healthcare and preventive services, which aligns with the situation in Mukono where limited resources and economic constraints are major barriers to effective HIV prevention and management. Addressing these socio-economic barriers is crucial for reducing HIV prevalence and improving health outcomes in the region.

5.2 Summary of findings

The study's findings reveal that while a majority of youths in Mukono have a good understanding of HIV transmission and prevention, significant gaps remain. Many youths are informed about HIV transmission modes and know where to access testing services. However, only few have attended recent awareness programs and fully understand the effectiveness of condoms in preventing HIV. Confidence in HIV prevention knowledge is generally high, yet awareness of the importance of regular testing is slightly lower. Despite this knowledge, socio-cultural factors, stigma, and economic barriers continue to hinder effective HIV prevention, suggesting a need for comprehensive educational and supportive interventions to address these issues.

Furthermore, the study findings indicate that behavioral factors among youths in Mukono significantly contribute to the high prevalence of HIV. Key behaviors include having multiple sexual partners, inconsistent condom use, engaging in risky sexual activities, and substance use before sex, all of which elevate the risk of HIV transmission. Peer influence also plays a critical role, with many youths engaging in unsafe practices to align with their social circles. Despite some awareness and discussions about HIV prevention, gaps remain, particularly in consistent condom use and understanding the full implications of risky behaviors. Comprehensive sexual

education and targeted interventions are essential to address these behaviors and reduce the spread of HIV among youths in Mukono.

Lastly, the findings reveal that socio-economic status significantly impacts the prevalence of HIV among youths in Mukono. Financial constraints limit access to healthcare services and preventive measures, such as condoms, while educational disparities contribute to inadequate knowledge about HIV. Unemployment and job instability exacerbate the situation, pushing youths into risky behaviors, including transactional sex, to meet financial needs. The combination of limited resources, inadequate education, and economic challenges leads to increased vulnerability to HIV among the youth. Addressing these socio-economic barriers is crucial for improving HIV prevention and management in the region.

5.3 Conclusion

In conclusion, the study highlights that while youths in Mukono possess a basic understanding of HIV transmission and prevention, significant gaps persist, particularly in awareness of the full effectiveness of preventive measures and the importance of regular testing. Behavioral factors such as multiple sexual partners, inconsistent condom use, and substance use before sex, compounded by socio-economic barriers including financial constraints and educational disparities, significantly contribute to the high prevalence of HIV. Addressing these issues requires a multifaceted approach that includes enhancing educational programs, reducing stigma, and providing economic support to mitigate the factors driving risky behaviors and limited access to preventive resources. Comprehensive interventions are essential for effectively combating HIV and improving health outcomes in the region.

5.4 Recommendations

Based on the findings of the study, the following recommendations have been found necessary concerning exploring youths and high prevalence of HIV/AIDS in Uganda: a case of Mukono district.

The study recommends the need for enhanced educational programs focused on comprehensive sexual health to address the gaps in understanding the full effectiveness of condoms and the importance of regular HIV testing among youths. These programs should be tailored to include

interactive and engaging content to improve knowledge retention and practical application, ensuring that all youths are well-informed about HIV prevention.

The study also recommends the need for targeted interventions to address risky sexual behaviors and substance use among youths. Initiatives should include peer education, counseling, and community-based support groups that can help modify unsafe practices and provide safer alternatives. Strengthening peer influence through positive role models and support networks can also play a crucial role in changing risky behaviors.

Furthermore, the study recommends the need for addressing socio-economic barriers by providing financial support and resources to vulnerable youths. This includes improving access to healthcare services, including affordable HIV testing and prevention measures, and creating economic opportunities to reduce the financial pressures that drive risky behaviors. Educational programs should also focus on economic empowerment to enhance youths' ability to make informed and safer choices.

In addition, the study recommends the need for community-wide efforts to reduce stigma associated with HIV/AIDS. This involves engaging local leaders, religious groups, and media to promote open discussions about HIV, challenge discriminatory attitudes, and foster a supportive environment for those affected. Reducing stigma will encourage more youths to seek testing and preventive services without fear of social repercussions.

Lastly, the study recommends the need for strengthening collaborations between government agencies, NGOs, and local communities to develop and implement integrated HIV prevention strategies. This should involve coordinated efforts to enhance resource allocation, streamline service delivery, and ensure that interventions are culturally sensitive and accessible. Collaborative partnerships can amplify the impact of prevention programs and support systems, ensuring a more comprehensive approach to tackling HIV prevalence among youths in Mukono.

5.5 Areas for further research

Since this study aimed at exploring youths and high prevalence of HIV/AIDS in Uganda: a case of Mukono district, the study recommends that; similar study should be done on other areas concerning this topic and these areas of further research needed include the following:

Further research is needed to explore the effectiveness of targeted intervention programs in reducing HIV prevalence among youths in Mukono, particularly focusing on how culturally tailored educational campaigns and peer-led initiatives impact behavior change.

Additionally, investigating the long-term effects of socio-economic factors, such as employment opportunities and financial support programs, on HIV risk reduction would provide valuable insights.

Finally, research should also examine the role of community-based organizations in addressing stigma and improving access to preventive services, as well as evaluating the integration of HIV prevention with other health and social services to enhance overall efficacy.

REFERENCES

Arisi, D. N., Chepngetich, E., Kippkorir, W., Chepkirui, M., &Cherono, F. (2023). *Factors Contributing to Rising HIV/AIDS Cases Among Youths Aged 15-25 Years in Kapkatet Ward, Bureti S* (Doctoral dissertation, UOK).

Ayoo, D. (2017). Factors associated with prevalence of HIV among youths of age 18-35 years attending HIV guidance and counseling in Abim Hospital Haart Clinic, Abim District.

Busindeli, I. M. (2024). Community Engagement in Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome Analysis at the Grassroots in Rural Tanzania: A Case of Visual Problem Appraisal for AIDS and Rural Development. *Asian Journal of Agricultural Extension, Economics & Sociology*, *42*(4), 43-57.

Castle, P. E., Einstein, M. H., &Sahasrabuddhe, V. V. (2021). Cervical cancer prevention and control in women living with human immunodeficiency virus. *CA: a cancer journal for clinicians*, *71*(6), 505-526.

Ddungu, G. (2023). *An Exploration of the Lived Experiences of Individuals Living With HIV/AIDS in Rural Uganda* (Doctoral dissertation, Walden University).

Eshun-Wilson, I., Jamil, M. S., Witzel, T. C., Glidded, D. V., Johnson, C., Le Trouneau, N., ... &Geng, E. H. (2021). A systematic review and network meta-analyses to assess the effectiveness of human immunodeficiency virus (HIV) self-testing distribution strategies. *Clinical Infectious Diseases*, *73*(4), e1018-e1028.

George, M. G. (2020). Risk factors for ischemic stroke in younger adults: a focused update. *Stroke*, *51*(3), 729-735.

Govender, R. D., Hashim, M. J., Khan, M. A., Mustafa, H., & Khan, G. (2021). Global epidemiology of HIV/AIDS: a resurgence in North America and Europe. *Journal of epidemiology and global health*, *11*(3), 296-301.

Günthard, H. F., Calvez, V., Paredes, R., Pillay, D., Shafer, R. W., Wensing, A. M., ...& Richman, D. D. (2019). Human immunodeficiency virus drug resistance: 2018

recommendations of the International Antiviral Society–USA Panel. *Clinical Infectious Diseases*, *68*(2), 177-187.

Haris, M., & Abbas, R. (2024). Four Decades of HIV: Global Trends, Testing Assays, Treatment, and Challenges. *Zoonoses*, *4*(1), 997.

Kanki, P. J., &Koofhethile, C. K. (2023).HIV/AIDS global epidemic.In *Infectious Diseases* (pp. 221-250). New York, NY: Springer US.

Kitonsa, J., Mayanja, Y., Aling, E., Kiwanuka, J., Namutundu, J., Anywaine, Z., ...&Kaleebu, P. (2019). Factors affecting mortality among HIV positive patients two years after completing recommended therapy for Cryptococcal meningitis in Uganda. *PLoS One*, *14*(1), e0210287.

Marzinke, M. A., Grinsztejn, B., Fogel, J. M., Piwowar-Manning, E., Li, M., Weng, L., ...&Eshleman, S. H. (2021). Characterization of human immunodeficiency virus (HIV) infection in cisgender men and transgender women who have sex with men receiving injectable cabotegravir for HIV prevention: HPTN 083. *The Journal of Infectious Diseases*, *224*(9), 1581-1592.

Maulide Cane, R., Melesse, D. Y., Kayeyi, N., Manu, A., Wado, Y. D., Barros, A., &Boerma, T. (2021).HIV trends and disparities by gender and urban–rural residence among adolescents in sub-Saharan Africa. *Reproductive health*, *18*, 1-10.

Obeagu, E. I., Alum, E. U., &Obeagu, G. U. (2023). Factors associated with prevalence of HIV among youths: a review of Africa perspective. *Madonna University journal of Medicine and Health Sciences ISSN: 2814-3035*, *3*(1), 13-18.

Okello, F. O. (2021). HIV prevention in Uganda through 20 years: A Social ecological analysis using mixed methods.

Ray, W. A., Stein, C. M., Murray, K. T., Fuchs, D. C., Patrick, S. W., Daugherty, J., ...& Cooper, W. O. (2019). Association of antipsychotic treatment with risk of unexpected death among children and youths. *JAMA psychiatry*, *76*(2), 162-171.

Strathdee, S. A., Martin, N. K., Pitpitan, E. V., Stockman, J. K., & Smith, D. M. (2021). What the HIV pandemic experience can teach the United States about the COVID-19 response. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, *86*(1), 1-10.

Sweet, J. A., & Bumpass, L. L. (2019).Youths' views of marriage, cohabitation, and family.In *The changing American family* (pp. 143-170).Routledge.

Thompson, M. A., Horberg, M. A., Agwu, A. L., Colasanti, J. A., Jain, M. K., Short, W. R., ... &Aberg, J. A. (2021). Primary care guidance for persons with human immunodeficiency virus: 2020 update by the HIV Medicine Association of the Infectious Diseases Society of America. *Clinical infectious diseases*, *73*(11), e3572-e3605.

Van Wyngaard, A. (2022). A pandemic of inequality: reflections on AIDS and COVID-19 in the southern African context. *African Journal of AIDS Research*, *21*(2), 152-161.

Vaughan, M., Adjaye-Gbewonyo, K., & Mika, M. (2021). *Epidemiological change and chronic disease in sub-Saharan Africa: Social and historical perspectives*. UCL Press.

Weiss, J. (2020). What is youth political participation? Literature review on youth political participation and political attitudes. *Frontiers in Political Science*, *2*, 1.

Woldemeskel, B. A., Karaba, A. H., Garliss, C. C., Beck, E. J., Wang, K. H., Laeyendecker, O., ... &Blankson, J. N. (2022). The BNT162b2 mRNA vaccine elicits robust humoral and cellular immune responses in people living with human immunodeficiency virus (HIV). *Clinical Infectious Diseases*, *74*(7), 1268-1270.

World Health Organization (2021). *Updated recommendations on service delivery for the treatment and care of people living with HIV*.World Health Organization.

Zakeyo, K., &Nyashanu, M. (2021).Exploring the potential causes of HIV prevalence among young women in South Africa: a critical literature review. *International Journal of Human Rights in Healthcare*, *16*(1), 65-79.

APPENDICES

Appendix 1: Questionnaire

For youths aged 18-35 years living in Kauga village

Dear sir/madam

My name is Nambatya Cate; I am a bachelor's student of social work at Uganda Christian University. I hereby conduct research regarding a topic " Youths and high prevalence of HIV/AIDS in Uganda: A case of Mukono district." You have been individually preferred to participate in this study and the information collected shall be purely for academic purpose and treated highly confident. This study shall greatly depend on your response. Your positive cooperation shall highly be appreciated.

Section A. Bio Data

Please tick the most appropriate answer

1. Gender

a) Male ☐ b) Female ☐

2. Age

a) 18-24 years ☐ b) 25-30 years ☐

c) 31-35 years ☐

3. Marital status

a) Single ☐ b) Married ☐

c) Divorced ☐ d) Others specify:……

4. Highest level of education

a) Primary ☐ b) Secondary ☐

c) Tertiary ☐ d) Any other, specify:……

5. Occupation

a) Student ☐ b) Unemployed ☐

c) Work with government ☐ d) Work with private sector ☐

e) Business person ☐

6. Religion

a) Protestant ☐ b) Catholic ☐

c) Muslim ☐ d) Seventh day Adventist ☐

e) Pentecostal ☐

Guide for Completing the Questionnaire:

Please answer questions by making a tick (√**)** and explain where necessary.

Section B: The influence of knowledge and awareness among the youths on high prevalence of HIV in Mukono

Rate your degree of agreement on the influence of knowledge and awareness among the youths on high prevalence of HIV in Mukono using a scale of 5(Strongly Agree), 4(Agree), 3(Not sure), 2(Disagree) and 1(Strongly Disagree).

s. no	Statements	5	4	3	2	1
1	I am well-informed about the modes of HIV transmission.					
2	I have attended HIV/AIDS awareness programs in the last year.					
3	I know where to access HIV testing services in my community.					
4	I believe that using condoms can effectively prevent HIV transmission.					
5	I feel confident in my knowledge about HIV prevention methods.					
6	I understand the importance of regular HIV testing.					

How else does knowledge and awareness among the youths influence the high prevalence of HIV in Mukono other than the ones mentioned above?

……

……

Section C: The influence of behavioral factors among the youths on high prevalence of HIV in Mukono

Rate your degree of agreement on the influence of behavioral factors among the youths on high prevalence of HIV in Mukono using a scale of 5(Strongly Agree), 4(Agree), 3(Not sure), 2(Disagree) and 1(Strongly Disagree).

s. no	Statements	5	4	3	2	1
1	I have multiple sexual partners.					
2	I consistently use condoms during sexual intercourse.					
3	I engage in risky behaviors such as unprotected sex.					
4	I have discussed HIV prevention with my sexual partners.					
5	I have used drugs or alcohol before engaging in sexual activities.					
6	I believe that my peers influence my sexual behavior.					

How else do behavioral factors among the youths influence the high prevalence of HIV in Mukono other than the ones mentioned above?

……

……

Section D: The influence of socio-economic status of the youths on high prevalence of HIV in Mukono

Rate your degree of agreement on the influence of socio-economic status of the youths on high prevalence of HIV in Mukono using a scale of 5(Strongly Agree), 4(Agree), 3(Not sure), 2(Disagree) and 1(Strongly Disagree).

s. no	Statements	5	4	3	2	1
1	My financial situation affects my ability to access healthcare services.					
2	I can afford to buy condoms and other preventive measures.					
3	My educational background has provided me with adequate information about HIV/AIDS.					
4	I have a stable job that allows me to support my health needs.					
5	I feel that my socio-economic status affects my decisions regarding sexual health.					
6	I have access to HIV prevention resources through community programs or organizations.					

How else does socio-economic status of the youths influence the high prevalence of HIV in Mukono other than the ones mentioned above?

……

……

Thank you for your cooperation

Appendix 2: Interview Guide

With the Key Informants (medical doctors from Mukono General Hospital, youth leaders and local leaders in Mukono)

Dear respondent,

My name is Nambatya Cate; I am a bachelor's student of social work at Uganda Christian University. I hereby conduct research regarding a topic " Youths and high prevalence of HIV/AIDS in Uganda: A case of Mukono district." You have been individually preferred to participate in this study and the information collected shall be purely for academic purpose and treated highly confident. This study shall greatly dependon your response. Your positive cooperation shall highly be appreciated.

Section A: Introductions

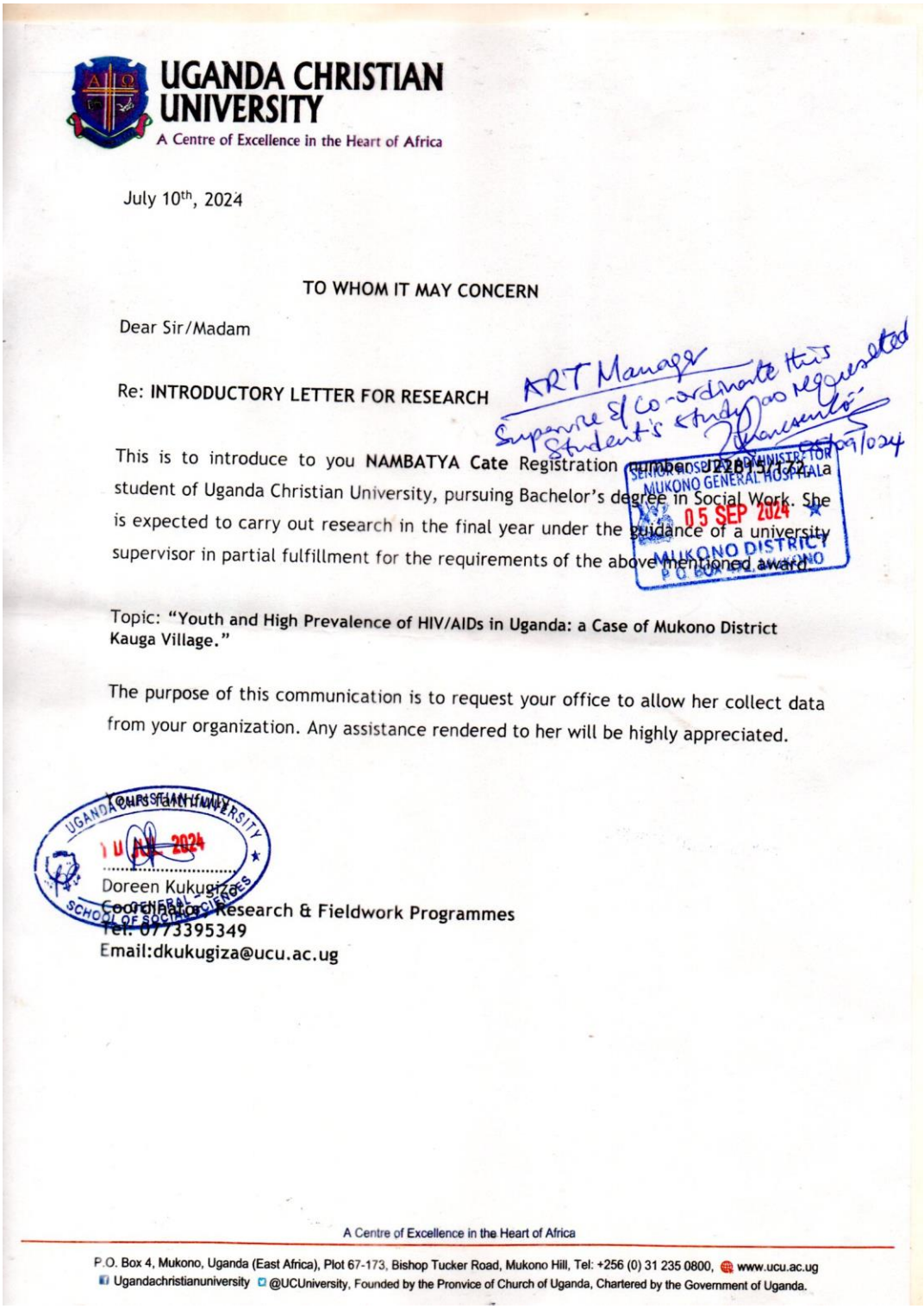
1. Tell me about yourself (*gender, age, level of education*)
2. What position do you hold?
3. How long have you worked in that position?

Section B: Questions on the objectives

4. How would you assess the level of HIV/AIDS awareness and knowledge among the youths in Mukono?
5. What strategies have been effective in increasing HIV/AIDS awareness among the youths in this community?
6. What are the most common risky behaviors among youths that contribute to the high prevalence of HIV in Mukono?
7. How do you think peer influence affects the sexual behaviors of youths in this area?
8. In what ways does the socio-economic status of youths impact their access to HIV prevention and treatment services?
9. How does unemployment or low income among youths contribute to the high prevalence of HIV in Mukono?

Thank you for your cooperation

Letter from the university



UGANDA CHRISTIAN UNIVERSITY
A Centre of Excellence in the Heart of Africa

July 10th, 2024

TO WHOM IT MAY CONCERN

Dear Sir/Madam

Re: INTRODUCTORY LETTER FOR RESEARCH

ART Manager Supervise & Co-ordinate this Student's study as requested

This is to introduce to you **NAMBATYA Cate** Registration number **U22B15/122** a student of Uganda Christian University, pursuing Bachelor's degree in Social Work. 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.

SENIOR HOSPITAL ADMINISTRATOR MUKONO GENERAL HOSPITAL 05 SEP 2024 MUKONO DISTRICT P.O. BOX 12, MUKONO

Topic: **"Youth and High Prevalence of HIV/AIDs in Uganda: a Case of Mukono District Kauga Village."**

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.

Yours faithfully,

UGANDA CHRISTIAN UNIVERSITY SCHOOL OF SOCIAL SCIENCES 10 JUL 2024

Doreen Kukugiza
Coordinator, Research & Fieldwork Programmes
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