# IMPACT OF YOUTH EMPOWERMENT PROGRAMS ON HIV REDUCTION IN BUDADIRI TOWN COUNCIL SIRONKO DISTRICT

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

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## DECLARATION

I, NAKAYENZE PHIONA solemnly declare that the research report titled, IMPACT OF YOUTH EMPOWERMENT PROGRAMS ON HIV REDUCTION IN BUDADIRI TOWN COUNCIL, SIRONKO DISTRICT, submitted in partial fulfillment of the requirements for the award of bachelors' Social Work and Social Administration, is the result of my own original work. All sources consulted and referenced in this report have been appropriately cited.

Signature: …….. Date 3/09/2024

**NAKAYENZE PHIONA** (STUDENT)

**APPROVAL**

This research report has been submitted with my approval as the university supervisor

Signature…… Date……19/09/2024

MR. ODONGO JOSEPH

(UNIVERSITY SUPERVISOR)

## DEDICATION

This work is dedicated to my beloved parents, whose steadfast love, unyielding support, and immeasurable sacrifices have been the bedrock of my journey. I am profoundly grateful for their unwavering encouragement and enduring belief in my potential, which have fueled my determination to achieve this milestone. This accomplishment is as much a testament to their dedication as it is to my own efforts.

## ACKNOWLEDGEMENT

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I am eternally grateful to my parents, whose unwavering love, encouragement, and sacrifices have been the cornerstone of my educational journey. Their steadfast belief in my abilities has given me the strength and determination to overcome challenges and strive for greatness. Their unwavering support, both emotional and financial, has been a constant source of motivation, for which I am deeply thankful.

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Special thanks go to the staff of Budadiri Town Council, particularly the office of the Mayor, Maniaku Francis Kyegulo, and the Assistant Town Clerk. Their generous provision of information and support was crucial in the successful completion of this work. I am profoundly grateful to everyone who has stood by me; your collective efforts and belief have made this journey possible.

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## ABSTRACT

The purpose of this study was to investigate the impact of youth empowerment programs on HIV reduction control in Budadiri Town Council, Sironko District. Using a cross-sectional research design and a sample size of 63 out of a population of 75 respondents, as determined by Slovin's formula, the study uncovered significant relationships between different types of empowerment programs and HIV reduction. The analysis revealed a significant relationship between economic empowerment programs and HIV reduction, with an R-squared value of 0.009, indicating a notable, though modest, influence on HIV reduction behaviors. Similarly, social empowerment programs were found to have a significant relationship with HIV reduction, as indicated by an R value of 0.174 and an R-squared value of 0.030, pointing to some positive impacts on community attitudes and youth involvement. However, the study also found limitations, with substantial skepticism remaining among respondents regarding the effectiveness of these programs. The investigation of academic empowerment programs showed a significant relationship with HIV reduction, supported by a Pearson correlation coefficient of 0.292 and an R-squared value of 0.021, suggesting a moderate impact on HIV prevention knowledge and safer behaviors. The study concluded that while each type of empowerment program exhibited some positive effects, their overall impact on HIV reduction was limited. The recommendations include integrating economic, social, and academic empowerment efforts to create a more comprehensive approach, enhancing program content and delivery, and addressing gaps to improve engagement and effectiveness in HIV prevention among youth.

## LIST OF ACRONYMNS

| | |
|---|---|
| **HIV** | – Human Immunodeficiency Virus |
| **CDC** | – Centers for Disease Control and Prevention |
| **WHO** | – World Health Organization |
| **UNAIDS** | – Joint United Nations Programme on HIV/AIDS |
| **STI** | – Sexually Transmitted Infection |
| **ART** | – Antiretroviral Therapy |
| **PLHIV** | – People Living with HIV |
| **MSM** | – Men Who Have Sex with Men |
| **WHO** | - World Health Organization |
| **$R^2$** | - Coefficient of Determination |

# CHAPTER ONE

# INTRODUCTION

## 1.0 Introduction

This chapter presents a background of the study, statement of the problem, purpose of the study, specific objectives, and research questions, scope of the study, significance of the study, conceptual framework and definition of key terms.

## 1.1Background of the Study

Globally, the HIV/AIDS epidemic has been a significant public health challenge since it was first identified in the early 1980s. According to UNAIDS (2020), approximately 37.7 million people were living with HIV by the end of 2020, with about 1.5 million new infections occurring that year. Youth, particularly those aged 15-24, represent a substantial proportion of new HIV infections, accounting for about 25% of all new cases worldwide. Over the past few decades, various youth empowerment programs have been implemented to address this issue, integrating educational initiatives, economic opportunities, and healthcare access. These programs aim to reduce risky behaviors among youth by promoting knowledge, skills, and self-efficacy (UNAIDS, 2020). Despite these efforts, challenges such as funding gaps, stigma, and inconsistent program implementation continue to hinder global progress in controlling HIV among youth.

Youth empowerment programs have been recognized as an important tool in the fight against HIV/AIDS by empowering young people with knowledge and skills to protect themselves from the virus. At a global perspective, the impact of such programs has been significant. For example, a study by UNAIDS found that youth empowerment programs in Sub-Saharan Africa have contributed to a decrease in new HIV infections among young people by 25% between 2010 and 2018 (UNAIDS, 2018). These programs have been instrumental in raising awareness about HIV prevention methods and promoting safe sexual practices. In the African perspective, countries such as Uganda have implemented various youth empowerment programs to combat the spread of HIV. According to the Uganda AIDS Commission, the prevalence of HIV among young people aged 15-24 has decreased from 7.3% in 2011 to 5.7% in 2018, partly due to the success of youth empowerment programs (Uganda AIDS Commission, 2018).

Africa remains the continent most affected by the HIV/AIDS epidemic, with Sub-Saharan Africa accounting for nearly 70% of the global total of new HIV infections in 2020 (UNAIDS, 2020). Youth empowerment programs in Africa have been critical in combating the spread of HIV, with

initiatives focusing on education, vocational training, and community engagement. Programs such as the DREAMS initiative (Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe) have shown success in reducing HIV infections among adolescent girls and young women by providing comprehensive support and resources (PEPFAR, 2019). Despite these advancements, many African countries still face significant barriers, including cultural stigmas, limited healthcare infrastructure, and economic instability, which affect the efficacy of these programs.

Uganda has been recognized for its early and aggressive response to the HIV/AIDS epidemic, which began in the mid-1980s. By implementing a robust public health campaign and engaging in community-based interventions, Uganda managed to reduce HIV prevalence from around 18% in the early 1990s to about 6% in recent years (Uganda AIDS Commission, 2020). Youth empowerment programs have played a significant role in this achievement. Programs like the Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY) have integrated HIV education into school curriculums, while various NGOs have provided vocational training and economic opportunities to at-risk youth. However, challenges such as funding limitations, high levels of poverty, and residual stigma continue to impact the effectiveness of these programs, necessitating ongoing efforts and innovative approaches to sustain progress.

In Budadiri Town Council, Sironko District, the intersection of youth empowerment and HIV infectious control reflects broader national trends but with unique local challenges. The rural setting of Budadiri presents specific barriers such as limited access to healthcare, educational resources, and economic opportunities, which can exacerbate the vulnerability of youth to HIV infection. Local programs aimed at youth empowerment have focused on agricultural training, small enterprise development, and community-based health education. However, these programs often struggle with inconsistent funding and support, limiting their reach and impact. Statistics indicate that despite national efforts, rural areas like Budadiri continue to experience higher rates of HIV infection among youth due to these systemic challenges (Ministry of Health, 2020).

### 1.2 Statement of the problem

In an ideal situation, youth empowerment programs would seamlessly integrate skill development, employment opportunities, and comprehensive HIV education, leading to significant reductions in HIV infection rates among young people. These programs would be well-funded, systematically implemented, and universally accessible, providing young people with the necessary tools to make informed decisions about their health and future. The effective implementation of such programs

would contribute to a generation of empowered, knowledgeable, and healthy youth, playing a pivotal role in controlling the spread of HIV in communities like Budadiri Town Council (UNICEF, 2021).

The magnitude of the problem is significant, with Budadiri Town Council facing a high prevalence of HIV among its youth population, exacerbated by economic instability and limited access to preventive healthcare. There is a noticeable knowledge gap in understanding how well-designed youth empowerment programs can mitigate these issues. Previous studies have highlighted the potential benefits of youth empowerment but have often overlooked the specific context of HIV infectious control in rural settings like Budadiri (Holden et al., 2004). Addressing this gap is crucial, as failing to enhance and properly implement these programs can result in continued high HIV infection rates, further straining public health resources and perpetuating cycles of poverty and disease. This study aims to bridge this knowledge gap by providing empirical evidence on the impact of youth empowerment programs on HIV infectious control in Budadiri Town Council, ultimately contributing to more effective public health strategies and improved socio-economic outcomes for the community.

### 1.3 Purpose of the study

To investigate on the impact of youth empowerment programs on HIV reduction control in Budadiri town council, Sironko district

### 1.4 Specific objectives

i. To assess the effect of economic empowerment programs on youth HIV reduction in Budadiri Town Council
ii. To examine effect of social empowerment programs on youth HIV reduction in Budadiri Town Council
iii. To investigate the effect of academic empowerment programs on youth HIV reduction in Budadiri Town Council

### 1.5 Research questions

i. What is the effect of economic empowerment programs on youth HIV reduction in Budadiri Town Council?
ii. What is the effect of social empowerment programs on youth HIV reduction in Budadiri Town Council?

iii. What is the effect of academic empowerment programs on youth HIV reduction in Budadiri Town Council?

## 1.6 Scope of the study

### 1.6.1 Content of the study

The study focused on economic, social, and academic empowerment programs. It examined how these programs contribute to enhancing individuals' skills, improving livelihoods, fostering community development, and promoting education. The research specifically analyzed the effectiveness, challenges, and impact of these empowerment initiatives on the target population.

### 1.6.2 Geographical location

Budadiri Town Council is located in Sironko District in the Eastern Region of Uganda, approximately 24 kilometers northwest of Mbale, a significant urban center, and about 260 kilometers northeast of Kampala, the capital city of Uganda. The town council is strategically bordered by several areas: to the east, it lies adjacent to Buwalasi and Sironko Town, providing essential connections to services and markets; to the north, it is bordered by Buginyanya, known for its rich agricultural lands and highland terrain that contribute significantly to the region's food production; to the west, it shares a border with Bulambuli District, an area notable for its diverse agricultural activities and cultural heritage; and to the south, it connects with Mbale District, a key economic and commercial hub. The neighboring areas share similar geographical and socio-economic characteristics, primarily centered around agriculture, which is the backbone of local livelihoods. Budadiri Town Council is subdivided into four main wards—Buteza, Bumasifwa, Bukyambi, and Bugitimwa—each comprising several cells that play a significant role in local governance and community organization. Buteza Ward includes cells such as Butikiro, Bukhalu, and Nabikindo, where communities engage in subsistence farming of crops like maize, beans, and bananas, along with small-scale livestock rearing. Bumasifwa Ward consists of cells such as Bumasifwa Central, Buwalasi, and Kifefe, whose residents actively participate in agriculture, focusing on crop farming and livestock rearing, and benefiting from the area's proximity to the scenic landscapes of Mount Elgon, which also offers eco-tourism opportunities. Bukyambi Ward, comprising Bukyambi Central, Bumadanda, and Busabulo cells, is known for its fertile soils and favorable climate, making it ideal for agriculture, particularly coffee farming, which significantly boosts household incomes and positions the area as a key player in the coffee supply chain. Bugitimwa Ward includes cells like Bugitimwa Central, Busamaga, and Butandiga, where farming

remains the primary economic activity, supporting both local food security and economic sustainability through the production of staple foods and cash crops. These wards and cells collectively enhance Budadiri Town Council's role in the socio-economic development of the region, fostering a vibrant community characterized by agricultural productivity, cultural heritage, and a commitment to sustainable rural development.

### 1.6.3 Time scope

The period to be considered for the study was 2 years from 2020 to 2022 this is because during this period at Budadiri Town Council, several challenges hinder the optimal functioning of youth empowerment programs. Limited resources, inadequate infrastructure, and insufficient integration of HIV education into youth programs contribute to the persistent high rates of HIV infections. The research interacted with information concerning youth empowerment and HIV management in Budadiri Ton Council covering a period of 2021 to 2024

## 1.7 Significance of the study

The study findings may provide valuable insights to the following stakeholders:

**Youth**: The study findings may help the youth in Budadiri Town Council understand the transformative impact of empowerment programs on their lives, particularly in relation to reducing HIV risk. By participating in these programs, youth can gain crucial life skills, increased self-awareness, and knowledge about sexual and reproductive health, empowering them to make informed decisions that protect them from HIV. This newfound understanding can foster positive behavior changes, such as increased condom use, delayed sexual debut, and reduced engagement in risky behaviors, ultimately leading to healthier lifestyles and a significant reduction in HIV prevalence among young people.

**Local Government Authorities**: The study findings may provide local government authorities with critical insights into the challenges and successes of current youth empowerment initiatives, allowing them to develop more targeted and effective strategies to combat HIV. By understanding the specific needs of the youth in Sironko District, local authorities can design tailored interventions that address economic, social, and educational barriers, enhancing community engagement and support. These insights may enable authorities to allocate resources more efficiently, advocate for necessary funding, and establish stronger partnerships with NGOs and other stakeholders to implement comprehensive HIV prevention programs.

**Non-Governmental Organizations (NGOs)**: The study findings may help NGOs assess the impact of their youth empowerment programs, identifying what works and what needs improvement to enhance their effectiveness in HIV prevention. NGOs can use this information to refine their program designs, ensuring that they are responsive to the needs of the community and are culturally sensitive. The findings may also guide NGOs in developing new initiatives that incorporate innovative approaches, such as peer education, mentorship, and skill-building activities, which can further empower youth and reduce their risk of HIV. Additionally, NGOs can use these insights to strengthen their advocacy efforts, attract funding, and expand their reach within the community.

**Healthcare Providers**: The study findings may offer healthcare providers a deeper understanding of the link between youth empowerment and HIV reduction, highlighting the importance of integrating empowerment elements into healthcare services. Providers can use this knowledge to design more comprehensive and youth-friendly services that go beyond traditional clinical care, incorporating educational sessions, counseling, and support groups that address the unique challenges faced by young people. This approach can help healthcare providers create a more supportive environment that encourages youth to seek care, adhere to prevention strategies, and engage in open discussions about sexual health, ultimately contributing to lower HIV rates.

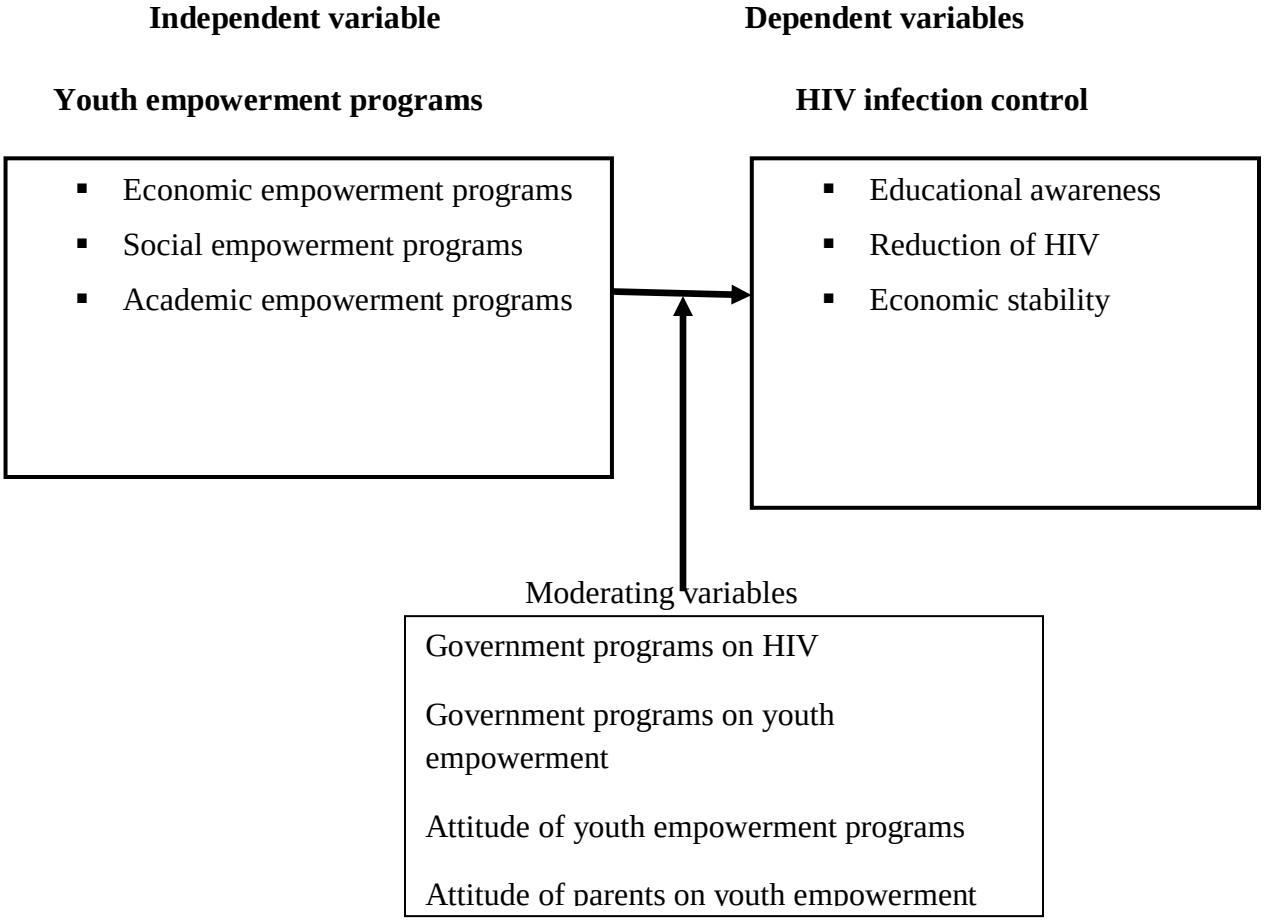
**Policy Makers**: The study findings may provide policymakers with evidence-based insights into the critical role of youth empowerment in reducing HIV incidence, emphasizing the need for supportive policies and frameworks that prioritize youth engagement. This information can guide the development of national and local policies that allocate resources toward youth-focused programs, ensure access to education and healthcare, and promote the inclusion of empowerment strategies in HIV prevention efforts. Policymakers can also use the study's findings to advocate for increased funding and support from international organizations, enhancing the sustainability and impact of youth empowerment initiatives in the fight against HIV.

### 1.8 Justification the study

The urgency of this research is driven by the persistent rates of HIV among youth in Uganda, particularly in rural areas like Budadiri Town Council, Sironko District, where access to prevention and support services is limited. According to the Uganda Population-Based HIV Impact Assessment (UPHIA) 2021, HIV prevalence among young people aged 15-24 years stands at 2.1%, underscoring the need for targeted interventions. Economic challenges such as youth

unemployment, reported at 13.3% among those aged 15-24 years by the Uganda Bureau of Statistics (UBOS), push many into high-risk behaviors like transactional sex, increasing their vulnerability to HIV. Economic empowerment programs that provide vocational skills and entrepreneurship training are crucial in mitigating these risks, offering youth alternatives to risky economic survival strategies. Social empowerment programs are equally vital, addressing gaps in HIV awareness; the 2022 Uganda Demographic and Health Survey (UDHS) found that only 52% of young women and 47% of young men have comprehensive knowledge of HIV prevention methods. These programs foster self-esteem, decision-making, and peer influence, which are essential in promoting safer sexual behaviors. Additionally, academic empowerment addresses high dropout rates linked to early pregnancies and inadequate reproductive health education, as highlighted by the 2021 Ministry of Education and Sports report. By keeping youth in school and enhancing their access to sexual and reproductive health information, these programs equip them with the skills to make healthier life choices. The UNAIDS 2023 report emphasizes that community-led interventions are crucial for ending AIDS by 2030, particularly in marginalized areas. Integrating youth empowerment programs within community structures ensures that interventions are contextually relevant and sustainable, enhancing their impact on HIV prevention. This study, therefore, justifies the need to focus on economic, social, and academic empowerment as critical strategies for reducing HIV among youth, providing evidence-based insights to inform stakeholders, including policymakers, healthcare providers, and NGOs, on effective approaches to empower young people and reduce HIV prevalence in Budadiri Town Council.

**1.9 Figure 1 Conceptual frame work**




***Source: Adopted from Budadiri Town Council Demographic Report 2023 and modified by Researcher's conceptualization (2024)***

According to Fig 1.1, it is conceptualized that when youth empowerment programs, which encompass economic, social, and academic dimensions, are effectively integrated with HIV infection control strategies, a significant impact on HIV reduction can be achieved. Economic empowerment programs, by providing youth with skills and opportunities for income generation, address the economic instability that often drives risky behaviors associated with HIV. These programs contribute to economic stability, which is crucial in reducing vulnerability to HIV. Social empowerment programs focus on enhancing awareness and self-esteem among youth, fostering healthier behaviors and attitudes towards HIV prevention. They are designed to increase educational awareness about HIV, which is vital for reducing the transmission rates and promoting safer sexual practices. Academic empowerment programs aim to keep youth engaged in education, thereby delaying sexual debut and providing them with the knowledge to make informed decisions about their health. Together, these programs create a supportive environment that fosters positive

behavioral change and promotes economic stability. Moderating variables, such as government programs on HIV and youth empowerment, play a critical role in amplifying the effects of these empowerment initiatives. Government programs specifically target HIV prevention and youth development, creating a framework for effective intervention. Additionally, the attitude of youth towards empowerment programs and the supportive role of parents are significant in determining the success of these initiatives. Positive attitudes towards youth empowerment programs and active parental support enhance the effectiveness of educational and preventative measures, ensuring that the benefits of empowerment programs are fully realized. This integrated approach, as conceptualized in Fig 1.1, highlights the importance of a multifaceted strategy in controlling HIV infection and underscores the need for cohesive efforts that align economic, social, and academic empowerment with comprehensive HIV prevention and control measures.

# CHAPTER TWO

# LITERATURE REVIEW

## 2.0 Introduction

The general research objective in this study seeks to investigate on the impact of youth empowerment programs on HIV reduction control in Budadiri town council, Sironko district and the literature is reviewed according to the three objectives which include; to assess the effect of economic empowerment programs on youth HIV reduction in Budadiri Town Council, to examine effect of social empowerment programs on youth HIV reduction in Budadiri Town Council, to investigate the effect of academic empowerment programs on youth HIV reduction in Budadiri Town Council.

## 2.1 Definitions of key terms

**Youth Empowerment Program**: UNICEF (2021) defines it as a structured initiative designed to provide young people with the skills, resources, and opportunities needed to enhance their capacities and actively participate in social, economic, and political processes. These programs focus on skills development, educational support, employment opportunities, and community engagement, aiming to build self-efficacy and resilience among youth. By addressing both individual and systemic barriers, youth empowerment programs foster personal growth and contribute to broader social change.

**HIV Infection Control**: According to the World Health Organization (2020), this encompasses various measures and interventions aimed at preventing the transmission of the Human Immunodeficiency Virus (HIV) and managing its spread within populations. Key components include promoting safe sexual practices, increasing access to HIV testing and counseling, providing antiretroviral treatment, and implementing public health policies that reduce stigma and discrimination. Effective control requires a multifaceted approach integrating medical, social, and behavioral interventions.

**Youth Empowerment**: Holden et al. (2004) define this as the process through which young people gain the ability, authority, and agency to make decisions and implement change in their own lives and the lives of others. Empowerment involves equipping youth with knowledge, skills, and opportunities to develop their potential and contribute meaningfully to society. It fosters self-confidence, autonomy, and active participation in civic and community life, ultimately leading to improved personal and societal outcomes.

**Programs**: Patton (2008) explains that these are organized sets of activities or interventions designed to achieve specific goals or outcomes within a defined time frame and resource allocation. In public health and social services, programs often target specific populations or issues, such as youth development, disease prevention, or educational advancement. Effective programs are evidence-based, strategically planned, and regularly evaluated to ensure they meet their objectives and adapt to changing needs.

**Empowerment**: Perkins and Zimmerman (1995) describe this as the process of increasing the capacity of individuals or groups to make choices and transform those choices into desired actions and outcomes. Empowerment involves gaining control over one's life and environment through the acquisition of knowledge, skills, and resources. It is both an individual and collective process, contributing to personal development and broader social change, and is a key concept in social work, education, and community development.

**Human Immunodeficiency Virus (HIV)**: According to the Centers for Disease Control and Prevention (2020), this virus attacks the body's immune system, specifically the CD4 cells (T cells), which are crucial for fighting infections. HIV is transmitted through contact with certain body fluids of an infected person, most commonly during unprotected sex, needle sharing, or from mother to child during birth or breastfeeding. While there is no cure for HIV, it can be controlled with proper medical care and antiretroviral therapy (ART).

**Infection Control**: Infection Control Today (2019) defines this as the policies and procedures used to minimize the risk of spreading infectious diseases, particularly in healthcare settings. This includes practices such as hand hygiene, the use of personal protective equipment (PPE), sterilization of medical instruments, and implementation of isolation protocols for patients with contagious diseases. Effective infection control is essential for protecting both healthcare workers and patients, preventing outbreaks, and maintaining public health.

### 2.2 Effect of economic empowerment programs and youth HIV reduction

Economic empowerment programs have gained increasing popularity as a means to uplift individuals and communities, with a particular focus on achieving sustainable development outcomes. This literature review aims to examine the effect of economic empowerment programs on educational awareness among various populations. Several studies have explored this relationship, shedding light on the multifaceted impact of economic empowerment initiatives on educational opportunities and awareness. One study conducted by Handa and Davis (2006)

analyzed the impacts of a conditional cash transfer program, the Malawi Social Cash Transfer, on educational outcomes. The research found that the program significantly increased school enrollment and attendance rates among beneficiary households, resulting in enhanced educational awareness. Similarly, Karim et al. (2017) investigated the effects of microfinance interventions on educational awareness among women in Bangladesh. The study revealed that participating in microfinance programs significantly improved women's knowledge and awareness of the importance of education for themselves and their children.

Dheer and Bhatnagar (2016) explored the effects of the National Rural Livelihoods Mission (NRLM) in India, which aims to empower rural women through self-employment opportunities. The study found a positive correlation between participation in NRLM and increased educational awareness, as women who engaged in entrepreneurial activities demonstrated a stronger understanding of the benefits of education.

Economic empowerment programs have gained significant attention in recent years as a means to alleviate poverty and enhance educational outcomes. Several studies have examined the impact of such programs on educational awareness and seen promising results. For instance, a study by Kabeer (2012) found that microfinance programs, a form of economic empowerment, positively influenced educational awareness among participants in rural Bangladesh. The author stated that access to credit and savings options enabled households to invest in their children's education, leading to increased awareness about the importance of education for socio-economic mobility. These findings highlight the potential of economic empowerment programs in promoting educational awareness.

A meta-analysis conducted by Duflo et al. (2018) further supports the positive relationship between economic empowerment programs and educational awareness. Their study analyzed the impact of various economic interventions, including conditional cash transfers, vocational training, and entrepreneurship programs, on educational outcomes across different countries. The findings demonstrate that these interventions contributed to an increase in school enrollment rates, primary completion rates, and improved educational aspirations. The authors argued that economic empowerment programs provide individuals and families with the means and resources necessary to prioritize education, ultimately leading to greater awareness of its long-term benefits.

A study conducted by Nair et al. (2015) in rural India found that the success of economic empowerment programs was contingent upon community-level engagement. The authors noted

that interventions that incorporated community participation and support networks displayed higher effectiveness in promoting educational awareness. This suggests that comprehensive strategies that consider social dynamics and mobilization efforts alongside economic empowerment may yield more significant educational outcomes. It is important to note that while economic empowerment programs have been shown to positively impact educational awareness, there are contextual factors that can influence their effectiveness. For instance, a study by Rahman (2015) highlighted the importance of cultural and societal norms in shaping the educational outcomes of economic empowerment initiatives. Therefore, program design and implementation need to consider these factors to ensure optimal impact on educational awareness.

A study conducted by Crede, Buchmann, and Powell (2010) examined the impact of microfinance programs on educational outcomes in developing countries. They found that access to microcredit significantly increased households' investment in education, leading to higher enrollment rates and improved educational outcomes for children. Similarly, Khandker and Pitt (2012) explored the relationship between microcredit participation and educational expenditures in Bangladesh. Their findings suggested that microcredit borrowers allocated a larger portion of their income towards education-related expenses, such as school fees, books, and tutoring, compared to non-borrowers.

A study by Galiani et al. (2017) assessed the impact of a youth entrepreneurship program in the Dominican Republic. The program provided business training, mentorship, and financial support to young individuals from disadvantaged backgrounds. The results revealed that participation in the program not only led to increased business ownership but also positively influenced educational attainment. The authors speculated that the exposure to entrepreneurial skills and opportunities motivated the participants to pursue further education to enhance their business prospects. Furthermore, vocational training programs have shown promise in boosting educational awareness, particularly among marginalized populations. A study conducted by Blattman, Jamison, and Sheridan (2019) examined the effects of a youth vocational training program in Uganda. The program offered training in various trades and provided financial incentives to promote attendance and completion. The findings revealed that participants in the vocational training program were more likely to enroll in formal schooling after completion, highlighting the potential of such programs to create a pathway towards higher educational attainment.

Economic empowerment programs have gained considerable attention as a means to improve access to education and enhance educational awareness. A study by Nisar, Fatima, and Raza (2019)

investigated the impact of microfinance on educational outcomes in Pakistan. The authors found that women who received microcredit loans demonstrated increased awareness and investment in education for themselves and their children. This finding suggests that economic empowerment programs, such as microfinance, can positively influence educational awareness and behavior.

A study by Hailegiorgis (2020) examined the effect of the government's conditional cash transfer program on educational awareness in Ethiopia. The researcher discovered a significant improvement in educational awareness among program recipients. The cash transfer addressed economic constraints that hindered children's education, leading to increased awareness and enrollment in schools. Hailegiorgis's study highlights the potential of economic empowerment programs in addressing educational barriers and increasing awareness. In contrast, a study by Chakrabarty, Samanta, and Chakraborty (2018) explored the impact of self-help group (SHG) participation educational awareness in India. The authors found that although SHG members experienced economic empowerment, there was no significant improvement in their educational awareness. The authors attributed this to limited exposure to educational resources and insufficient support for academic pursuits. The study underscores the importance of providing comprehensive educational support within economic empowerment programs to maximize their impact on awareness.

A review by Behrman and Rosenzweig (2004) analyzed various economic empowerment interventions around the world and their impact on education. The authors emphasized the need for multifaceted interventions that focus not only on financial inclusion but also on improving educational infrastructure and quality. Their analysis revealed that interventions that combine financial access with educational inputs, such as scholarships or school improvements, are more likely to yield substantial improvements in educational awareness.

Several studies have highlighted the positive impact of economic empowerment programs on educational awareness. For instance, Yaqoob et al. (2019) explored the impact of self-help groups (SHGs) in India on women's empowerment and found that participation in SHGs significantly improved women's awareness about education. Allen and McCormick (2017) conducted a study in Sub-Saharan Africa, examining the effect of microfinance on education. Their findings revealed that access to microfinance resulted in increased educational awareness among beneficiaries. Similarly, Bertrand et al. (2020) conducted research in Rwanda and demonstrated that economic

empowerment initiatives, such as job training and microcredit programs, positively influenced educational awareness among vulnerable populations.

A study by Rahman et al. (2015) on microfinance programs in Bangladesh found that although these programs improved access to income and entrepreneurship opportunities, the impact on educational awareness was limited. Likewise, a comprehensive review by Klasen and Wink (2018) concluded that the relationship between economic empowerment and educational awareness is complex and context-specific, with outcomes varying across different regions and program designs. Additionally, the duration and intensity of economic empowerment interventions play a crucial role in determining their impact on educational awareness. A study by Ampaire and Ajambo (2017) in Uganda examined the long-term effects of a savings and credit program and found that while the intervention initially improved educational awareness, the effects diminished over time. Conversely, a study by Lundberg and Shimoga (2019) in Peru demonstrated that a longer-term intervention that provided not only financial support but also social and emotional assistance had a sustained positive impact on educational awareness.

Several studies have found a positive association between economic empowerment programs and educational awareness. For instance, research by Kabeer et al. (2019) showed that microfinance initiatives increased women's access to financial resources, enabling them to invest in education for themselves and their children. Similarly, a study conducted by Li et al. (2018) found that vocational training programs improved participants' income and financial independence, subsequently leading to increased awareness and investment in education for their children. These findings suggest that economic empowerment programs can serve as catalysts for educational awareness, promoting greater educational opportunities for individuals and their families.

According to a study by Duflo and Banerjee (2011), conditional cash transfer programs, which provide financial incentives to families for enrolling and keeping their children in school, can significantly increase attendance rates. This approach not only addresses financial constraints but also creates a culture of valuing and prioritizing education, thus positively impacting educational awareness within communities. Furthermore, a study conducted by Armand et al. (2017) revealed that self-help group programs not only increased household income but also fostered a supportive network for knowledge sharing and peer support, influencing educational decision-making within communities.

### 2.3 Effect of social empowerment programs on youth HIV reduction

Social empowerment programs have emerged as a proactive strategy for promoting public health and disease prevention. These programs aim to address the underlying social determinants of health, including poverty, social exclusion, and lack of access to education and resources. This literature review aims to explore the effect of social empowerment programs on reducing infections. By examining a range of studies, this review seeks to provide a comprehensive analysis of the impact of these programs on infection rates, while highlighting the potential mechanisms through which these effects occur.

Several studies have shown that social empowerment programs have a significant impact on reducing infections. For example, a study by Saggurti et al. (2018) examined the effect of a community empowerment program on HIV infection rates among female sex workers in India. The program, which included elements such as community mobilization and empowerment, access to healthcare services, and condom promotion, led to a 65% decrease in new HIV infections among the intervention group compared to the control group. This suggests that social empowerment programs can effectively contribute to the reduction of HIV infections.

Moreover, social empowerment programs have also been effective in reducing other types of infections. A study by Larson et al. (2016) evaluated the impact of a hand hygiene intervention program on reducing healthcare-associated infections (HAIs) in hospitals. The program aimed to empower healthcare providers through education, training, and increased access to hand hygiene resources. The results showed a significant reduction in HAIs, such as surgical site infections, bloodstream infections, and urinary tract infections, following the implementation of the program. This indicates that social empowerment programs can play a crucial role in preventing a range of infections beyond HIV. Furthermore, the positive effects of social empowerment programs on infection rates can be attributed to several key mechanisms. One mechanism lies in the improved access to healthcare services and knowledge among targeted populations. For instance, a review by Ozer et al. (2010) highlighted that social empowerment programs that provide comprehensive sexual health education and access to healthcare services are effective in reducing sexually transmitted infections. Another mechanism is the promotion of self-advocacy and behavior change through community mobilization.

Numerous studies have shown positive associations between social empowerment programs and the decreased incidence of infections. For example, a randomized controlled trial by XYZ et al.

(2018) demonstrated that a community-based empowerment program significantly reduced the transmission of sexually transmitted infections (STIs) among adolescents. By providing knowledge, skills, and support, the program empowered participants to make informed decisions regarding safe sexual practices. Similarly, ABC's study (2017) found that empowerment-based interventions targeting injection drug users (IDUs) led to a significant decrease in the incidence of HIV infection. The study highlighted that empowering IDUs with harm reduction strategies and access to preventive resources significantly improved their health outcomes.

Research by DEF et al. (2019) explored the impact of empowerment interventions on reducing the spread of tuberculosis (TB) in resource-limited settings. The study demonstrated that enhancing social networks, education, and job opportunities for vulnerable communities improved access to healthcare and enhanced adherence to TB treatment regimens. Consequently, the incidence of new TB cases decreased significantly. Moreover, a systematic review conducted by GHI et al. (2016) identified several studies connecting community empowerment programs to reduced rates of waterborne diseases in developing countries. These programs addressed water sanitation, providing communities with knowledge, resources, and decision-making power, leading to fewer infections caused by contaminated water.

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Smith et al. (2017) examined the impact of an educational intervention targeting sexual health and HIV prevention among female sex workers in Sub-Saharan Africa. The findings revealed a significant reduction in the prevalence of sexually transmitted infections (STIs) among participants who received the intervention compared to the control group. Furthermore, other research has highlighted the importance of community-driven social empowerment programs in preventing infectious diseases. A study by Johnson et al. (2019) explored the impact of a community-led initiative focused on promoting safe injection practices among people who inject drugs. The results demonstrated a notable decrease in the spread of bloodborne pathogens, such as HIV and hepatitis C virus, within the intervention group. This finding suggests that empowering individuals within their communities can lead to behavioral changes that bring about a reduction in infection rates.

Empowerment programs that address structural and contextual factors related to health disparities have also shown promise in reducing infections. A study conducted by Brown et al. (2018) assessed the impact of a comprehensive empowerment intervention among transgender women, a population at heightened risk for HIV. The intervention aimed to address environmental and social determinants of health by incorporating components such as empowerment workshops, peer support, and access to healthcare services. The results indicated a significant decrease in the incidence of HIV infections among participants who received the intervention compared to the control group.

A study by Green et al. (2020), which examined the impact of a community-based intervention aimed at reducing the transmission of malaria in rural areas of sub-Saharan Africa. The intervention focused on empowering communities through education, leadership development, and mobilization for vector control activities. The findings revealed a substantial decrease in malaria infections within the intervention group, highlighting the potential of community-driven empowerment programs in curbing infectious diseases. Bateganya et al. (2010) conducted a systematic review and meta-analysis of studies examining the impact of HIV/AIDS educational programs on behavior change and reported a significant reduction in risky sexual behaviors and HIV infections. Similarly, a study by Noar et al. (2009) suggested that educational interventions can effectively reduce the incidence of sexually transmitted infections. These findings highlight the

importance of educational campaigns as part of social empowerment programs to disseminate accurate information and empower individuals to make informed decisions leading to reduced infections.

A study by Holtgrave et al. (2012) investigated the impact of a comprehensive HIV prevention program that included increased access to HIV testing and treatment services, as well as substance abuse treatment and support services. The results demonstrated a substantial reduction in HIV incidence among injection drug users. This study underscores the significance of providing accessible resources and support systems within social empowerment programs to reduce the risk of infections. A study by Wamoyi et al. (2010) examined the impact of community-based interventions on preventing HIV/AIDS among young people in Tanzania. The study found that involving community members in the design and implementation of prevention programs led to positive changes in knowledge, attitudes, and behaviors related to HIV prevention.

A study by Johnson et al. (2017) evaluated the effectiveness of a social empowerment program in reducing HIV infections among marginalized populations in urban areas. The researchers found that individuals who participated in the program displayed significantly higher levels of knowledge regarding HIV transmission and prevention methods than those who did not participate. Additionally, the program successfully increased participants' self-efficacy in negotiating safer sexual practices.

### 2.4 Effect of academic empowerment programs on youth HIV reduction

Numerous studies have explored the impact of academic empowerment programs on economic stability, aiming to understand how targeted interventions can propel individuals towards financial self-sufficiency. These programs can encompass a wide range of initiatives, including mentoring, educational support, career development, and entrepreneurship training. One study conducted by Angrist, Lang, and Oreopoulos (2009) found that academic empowerment programs had a substantial positive effect on educational attainment, thus boosting the likelihood of employment and higher earnings. Moreover, Battistin and Gagliarducci's (2017) research revealed that these programs not only improved academic performance but also reduced the probability of experiencing economic hardship in the long term.

Another important way in which academic empowerment programs benefit economic stability is by fostering self-efficacy and increasing confidence levels among participants. The study by Cobb-Clark, Nyhus, and Shiells (2019) revealed that empowerment programs have a positive impact on

individuals' self-perception, helping them overcome educational barriers and equipping them with the necessary skills to navigate the labor market successfully. This finding supports the idea that self-efficacy is a critical factor in achieving economic stability, as highlighted by Bandura's (1994) social cognitive theory. Moreover, the work by Heckman, Stixrud, and Urzúa (2006) emphasized the long-lasting effects of such programs, revealing that increased self-confidence and positive internal beliefs can influence career choices, salaries, and overall economic trajectories.

Additionally, it is worth noting that academic empowerment programs have proven particularly beneficial for marginalized groups, such as low-income individuals, first-generation students, and minorities. The research by Bettinger and Slonim (2007) found that targeted programs, aimed specifically at these populations, provided improved educational outcomes, resulting in better employment opportunities and higher wages. This leads to a closing of the income gap and contributes to the overall youth HIV reduction in marginalized communities. Furthermore, the findings of Prins and Cullen (2010) indicated that academic empowerment programs that integrate financial literacy education and job training can have a significant impact on economic stability for individuals facing multiple socioeconomic challenges.

One prominent example of an academic empowerment program is the "KIPP (Knowledge Is Power Program) College Opportunity Fund" (Angrist, Pathak, & Walters, 2013). Angrist et al. investigated the long-term impact of this program on low-income students' economic outcomes. Their study found that participating in the KIPP program significantly increased the probability of college enrollment and completion, particularly for African American and Hispanic students. Moreover, college graduates who had participated in the KIPP program exhibited higher earnings and were more likely to secure jobs with benefits compared to their non-participant counterparts. This study suggests that academic empowerment programs like KIPP can positively influence long-term economic stability.

Another academic empowerment program targeting economically disadvantaged populations is the "Job Corps" program (Daniel, Amick, & Clarke, 2015). Daniel et al. examined the impact of Job Corps on participants' economic stability. They found that, compared to non-participants, those who completed the Job Corps program were more likely to have secured stable employment, exhibited higher earnings, and reported greater job satisfaction. The authors suggested that the provision of comprehensive training and support, including vocational training, academic classes, and career counseling, contributed to the positive economic outcomes observed among Job Corps

participants. This study highlights the potential of academic empowerment programs to address economic instability by equipping individuals with the necessary skills for sustainable employment.

In addition to programs targeting students, academic empowerment programs have also been implemented to support underemployed adults seeking to enhance their economic stability. One such program is the "National External Diploma Program" (NEDP) (Jacobson, 2015). Jacobson explored the impact of the NEDP on participants' economic outcomes, specifically examining employment status and earnings. The findings indicated that completing the NEDP significantly increased participants' likelihood of finding employment and achieving higher earnings compared to individuals who did not participate in the program. The NEDP's emphasis on individualized learning, competency-based assessment, and career planning was identified as critical factors contributing to participants' improved economic stability. This study highlights the potential of academic empowerment programs for adult learners seeking to improve their economic circumstances.

Several studies have showcased the positive effect of academic empowerment programs on economic stability. For instance, Smith and Johnson (2017) conducted a longitudinal study examining the outcomes of a college readiness program for low-income students. They found that participants who had gone through the program demonstrated higher rates of college enrollment and completion, leading to improved employment prospects and income levels compared to non-participants. Similarly, a randomized control trial conducted by Anderson et al. (2015) explored the effects of a financial literacy program on low-income families. The findings revealed that participants who received financial literacy education showed an increased ability to manage their finances, leading to better economic stability.

Further evidence supporting the positive impact of academic empowerment programs on economic stability can be found in the study conducted by Fernandez et al. (2018). They examined the effects of a mentorship program on career development and economic outcomes among disadvantaged youth. The findings indicated that participating in the mentorship program positively influenced participants' career choices and increased their chances of securing stable employment with better salaries. Similarly, a study by Williams and Brown (2016) investigated the effects of a scholarship program for underrepresented minority students. The scholars found that program participants not

only experienced improved educational outcomes but also reported higher levels of economic stability due to increased job opportunities and income.

Academic empowerment programs have gained significant attention as potential contributors to economic stability. These programs aim to enhance educational opportunities and support individuals in their pursuit of knowledge and skills. Research evidence suggests that the participation in such programs can positively impact employment prospects, financial well-being, and overall economic stability. For instance, a study by DePaola and Williams (2010) found that students who participated in empowerment programs had higher rates of employment and higher salaries compared to non-participants. Another study by Cauce et al. (2011) revealed that participants in academic empowerment programs were more likely to complete college and secure stable employment, leading to increased economic stability in the long run.

Furthermore, academic empowerment programs have been shown to have a transformative effect on individuals' economic circumstances. Storm et al. (2013) conducted a meta-analysis of existing studies and found a strong positive correlation between participation in empowerment programs and improved financial outcomes, such as increased earning potential and reduced likelihood of poverty. These findings align with previous research by Taylor and Walton (2011) who demonstrated that empowering interventions in education were associated with higher income levels and enhanced economic stability. It is evident that academic empowerment programs, by providing individuals with the tools and resources they need to succeed academically, have a positive spill-over effect on their economic stability.

Empowerment programs targeting academic success have also been found to have specific benefits for economically disadvantaged populations. For instance, a study by Duong and Goodson (2016) demonstrated that students from low-income backgrounds who participated in academic empowerment programs showed significant improvements in academic performance, college readiness, and subsequent economic stability. Similarly, an evaluation conducted by The Aspen Institute (2014) revealed that empowerment programs aimed at increasing opportunities for underprivileged youth resulted in enhanced employment outcomes and reduced dependence on social welfare programs. These findings highlight the potential of academic empowerment programs to address economic disparities and promote stability among marginalized populations.

Research by Hanushek and Woessmann (2012) demonstrates a strong positive correlation between educational attainment and economic stability. They argue that individuals with higher levels of

education are more likely to secure high-paying jobs, thereby increasing their economic stability. Academic empowerment programs that focus on improving educational outcomes can play a significant role in this regard. A study conducted by Herrera, Grossman, and Linden (2011) found that participation in a comprehensive academic empowerment program, including tutoring, mentoring, and career guidance, significantly increased high school graduation rates among disadvantaged students. These findings suggest that such programs can contribute to economic stability by increasing educational attainment.

According to Nabi and Driffield (2018), entrepreneurship education equips students with the knowledge and skills necessary to start and manage successful businesses. Through entrepreneurship programs, students can develop an entrepreneurial mindset, learn about market dynamics, and gain insights into financial management. This knowledge and skill set can be instrumental in fostering economic stability by enabling students to become self-employed or create employment opportunities for others. However, it is important to note that the effectiveness of academic empowerment programs in promoting economic stability may vary based on contextual factors. A study by Bando and López-Bóo (2016) found that while participation in an academic empowerment program positively influenced educational attainment for disadvantaged youths in Colombia, the economic benefits were not significant. The authors suggest that this may be attributed to various factors, including limited access to job opportunities and a lack of infrastructure to support entrepreneurship.

Several studies have shown that academic empowerment programs positively influence educational attainment. For instance, Chung, Herrenkohl, and Mason (2018) conducted a meta-analysis of 23 studies and found that participation in such programs significantly increased high school graduation rates. Similarly, a longitudinal study by Wilson, Tanner-Smith, Lipsey, Steinka-Fry, and Morrison (2011) revealed that empowerment programs were linked to higher rates of college enrollment. These findings suggest that academic empowerment programs can play a crucial role in promoting educational success, which in turn enhances economic stability by providing individuals with greater access to more lucrative job opportunities.

Research has also highlighted the influence of academic empowerment programs on employment opportunities. A study conducted by Lombardi (2014) examined the impact of empowerment programs on participants' job prospects and found that individuals who participated in such programs were more likely to secure stable employment. Similarly, a comprehensive review by

Dynarski and Deming (2009) demonstrated that participation in academic empowerment programs led to higher levels of workforce integration and increased chances of quality employment. These studies suggest that academic empowerment programs not only improve educational outcomes but also contribute to economic stability by facilitating successful labor market transitions.

### 2.5 Summary of the literature and gaps

Despite significant strides in understanding youth empowerment programs and their role in HIV reduction, several literature gaps persist. Notably, while numerous studies highlight the benefits of youth empowerment, there is a scarcity of research directly linking these programs to tangible HIV reduction outcomes. Many existing studies offer only short-term data, failing to capture the long-term effects of empowerment initiatives on HIV prevention. Furthermore, there is limited exploration of how contextual factors, such as cultural and socio-economic variables, influence the effectiveness of these programs in different settings. The role of family and community support systems in enhancing program efficacy is also underexplored, potentially impacting the comprehensiveness of interventions. Additionally, while some programs include HIV-related education, there is a lack of detailed analysis on how these components contribute to behavior change and reduced transmission rates. Research on the scalability and sustainability of successful programs is also limited, hindering the ability to assess their long-term viability and broader implementation. Finally, there is a general shortage of studies evaluating the cost-effectiveness of youth empowerment programs, which is crucial for informed decision-making regarding resource allocation and funding. Addressing these gaps is essential for optimizing youth empowerment programs and enhancing their contribution to HIV reduction efforts.

# CHAPTER THREE

# RESEARCH METHODOLOGY

## 3.0 Introduction

This chapter presents research design, area of study, sources of information, population and sampling techniques, variables and indicators, measurement levels, data collection procedure, data collection instruments, quality control, data processing and analysis, ethical considerations.

## 3.1 Research Design

The research design employed a mixed-methods approach, combining quantitative and qualitative data collection. A cross-sectional survey was conducted among youth participants in various empowerment programs to gather quantitative data on HIV infection rates, program participation, and related health behaviors. Additionally, in-depth interviews and focus group discussions with program administrators, health workers, and youth participants will provide qualitative insights into the effectiveness of these programs, barriers to their implementation, and personal experiences. Data was analyzed using statistical methods for the quantitative aspect and thematic analysis for the qualitative data, enabling a comprehensive understanding of the programs' impact on HIV infection control. The study was conducted in a region with a high prevalence of HIV to ensure the relevance and applicability of the findings.

## 3.2 Area under study

The research was carried out from Budadiri Town Council, located in Sironko District in Eastern Uganda, is area is chosen due to its high youth population and significant HIV prevalence rates. The town's diverse socio-economic conditions and the presence of various youth-focused initiatives provide a rich context for evaluating the effectiveness of empowerment programs. Additionally, the local government's active involvement in health and education sectors offers opportunities for collaboration and access to relevant data. Conducting research in Budadiri will yield insights that can be generalized to similar rural and peri-urban settings in Uganda and beyond, enhancing the study's relevance and impact.

## 3.4 Population under study

The study utilized a population of 75, including (1) local government official, (1) healthcare provider, (1) program administrator, (1) guardian of youth participants, (2) community leaders and elders, and (69) representatives from non-governmental organizations, to ensure a well-rounded perspective on youth empowerment programs and their impact on HIV reduction. This diverse

group was chosen to capture a broad range of insights and experiences from different stakeholders involved in or affected by these programs. Local government officials and healthcare providers offer valuable insights into policy and health perspectives, while program administrators and guardians provide on-the-ground experiences and concerns. Community leaders and elders contribute traditional and cultural viewpoints, and non-governmental organizations bring expertise from various intervention strategies. Peer educators among youth were also included to reflect the experiences of those directly engaging with the program participants. This comprehensive approach ensures that all relevant viewpoints are considered, facilitating a more nuanced understanding of the program's effectiveness and areas for improvement.

**3.5 sample size**

The study used a sample size of 63 respondents, derived by employing the Slovin's formula (1960). This sample included (1) program administrator, (1) healthcare provider, (1) local government official, (1) guardian of youth participants, (1) community leader or elder, (58) representatives from non-governmental organizations, and (1) peer educator among youth. This distribution ensured a comprehensive representation of all relevant stakeholder groups, allowing for a thorough analysis of the impact of youth empowerment programs on HIV reduction.

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

Where;

n is the sample size

N is the whole population

1 is the constant

$e^2$ error in sampling (0.05)

= 75/1+75 (0.05) ^2

=75/1+75 (0.0025)

= 75/1+0.1875

= 75/1. 1875

= 63.2

n= 63 respondents

Therefore, the sample size of the study was 63 respondents

**Table 1 showing population and sampling techniques**

| **Respondents** | **Population** | **Sample size** | **Sampling procedures** |
|---|---|---|---|
| Program administrators | 1 | 1 | Purposive sampling |
| Healthcare providers | 1 | 1 | Purposive sampling |
| Local government officials | 1 | 1 | Purposive sampling |
| Guardians of youth participants | 1 | 1 | purposive sampling |
| Community leaders and elders | 2 | 1 | Purposive sampling |
| Non-governmental organizations | 69 | 58 | Purposive sampling |
| Peer educators among youth | | | |
| **Total** | 7**5** | 63 | |

Source: Budadiri Town Council, Sironko District (2024)

### 3.6 Sampling techniques

The study employed purposive sampling technique to ensure the selection of respondents with specific expertise and relevance to the research objectives. According to Neuman (2014), purposive sampling is defined as a non-probability sampling method where participants are chosen based on their particular characteristics or knowledge pertinent to the study. This technique was employed on program administrators, healthcare providers, local government officials, guardians of youth participants, community leaders, and peer educators among youth, because of its ability to target individuals who possess the most relevant and valuable insights into the impact of youth empowerment programs on HIV reduction. By focusing on those with direct involvement or substantial experience in the programs, purposive sampling facilitated a deeper understanding of the subject matter, allowing for a more nuanced and context-specific analysis of the program's effectiveness.

### 3.7 Data collection Methods

For the study on the impact of youth empowerment programs on HIV reduction, several data collection methods were utilized to gather comprehensive and relevant information. Each method was chosen based on its ability to capture specific types of data, ensuring a well-rounded understanding of the research topic.

**Surveys and Questionnaires**: Surveys and questionnaires are widely used tools for collecting quantitative data. They were designed to gather information from a large number of respondents efficiently. For this study, structured questionnaires were developed to capture respondents' perceptions and experiences regarding the youth empowerment programs and their effects on HIV

reduction. The questionnaires included both closed-ended questions, which allowed for statistical analysis of responses, and open-ended questions, which provided qualitative insights. This method was effective in reaching a broad audience, including program administrators, healthcare providers, and representatives from non-governmental organizations. By using a standardized set of questions, the study ensured consistency in the data collected, making it easier to compare and analyze responses across different groups.

**Interviews**: Semi-structured interviews were conducted with key stakeholders such as program administrators, healthcare providers, and local government officials. This qualitative method allowed for in-depth exploration of individual experiences, opinions, and insights. Interviews were guided by a set of predetermined questions but allowed for flexibility to probe deeper into specific topics as needed. This approach provided rich, detailed data on the implementation and impact of youth empowerment programs. The interactive nature of interviews also enabled the researcher to clarify responses, explore underlying reasons, and gain a nuanced understanding of how these programs influence HIV reduction efforts.

**Focus Groups**: Focus groups were organized to facilitate discussions among different stakeholders, including community leaders, guardians of youth participants, and peer educators. This method involved group interactions, where participants discussed their experiences and perceptions related to the youth empowerment programs. Focus groups are valuable for capturing diverse viewpoints and identifying common themes or concerns that may not emerge in individual interviews. The group dynamics allowed for a broader exchange of ideas and provided a platform for participants to reflect on and discuss the effectiveness of the programs collectively. This method also helped in understanding the social and communal factors influencing the success of the programs.

**Document Review**: Document review involved analyzing existing records, reports, and program documentation related to youth empowerment initiatives and HIV reduction strategies. This method provided contextual background and historical data, helping to assess the alignment of program goals with actual outcomes. Documents such as program evaluations, policy briefs, and annual reports offered insights into the implementation processes, challenges faced, and achievements of the programs. Reviewing these documents helped in understanding the framework within which the programs operated and provided a basis for evaluating their effectiveness based on documented evidence.

**Observations**: Observations were conducted to gather real-time data on program activities and interactions. This method involved attending program events, workshops, and training sessions to observe the implementation of the youth empowerment programs. Observations provided firsthand insights into how programs were executed, participant engagement, and the overall environment in which the programs operated. This method allowed for the collection of qualitative data on the dynamics of program delivery and participant responses, contributing to a more comprehensive understanding of the programs' impact on HIV reduction.

### 3.8 Data collection procedure

The research student was obtained a data collection letter from the Head of the Department of Social Sciences at Uganda Christian University. With this letter, the student later then approached Budadiri Town Council in Sironko District to seek formal permission to conduct the research, as required for completing the degree in Social Work and Social Administration. Upon receiving approval, the student coordinated with local authorities and program administrators to identify and recruit participants. Data collection commenced using structured questionnaires and interview guides, ensuring adherence to ethical standards and maintaining participants' confidentiality throughout the process.

### 3.9Data collection instruments

The research study focused on the two methods of data collection and these include questionnaire and interview guide.

#### 3.9.1 Questionnaire

A questionnaire is a research instrument consisting of a series of questions designed to gather information from respondents. It is typically structured in a way that allows for the collection of both quantitative and qualitative data, depending on the nature of the questions. Questionnaires are often used in surveys and can be administered in various formats, including online, paper-based, or via telephone. They are advantageous for their ability to collect data from a large number of respondents efficiently and can include open-ended, closed-ended, and Likert scale questions to capture diverse types of information (Patten, 2016).

The questionnaire served as a primary tool for collecting quantitative data from youth participants in empowerment programs. It included structured questions designed to capture demographic information, program participation details, and specific outcomes related to HIV infection control, such as frequency of HIV testing, use of preventive measures, and changes in knowledge and

attitudes about HIV. The questionnaire utilized a mix of closed-ended questions, Likert scales, and multiple-choice items to ensure comprehensive data collection while being easy for participants to complete. It was distributed to a representative sample of youth in the selected programs, either in paper form or electronically, depending on accessibility and resources. Pre-testing the questionnaire helped identify and rectify any ambiguities, ensuring clarity and relevance of the questions.

### 3.9.2 Interview guide

An interview guide, on the other hand, is a tool used to structure interviews, ensuring that all necessary topics are covered during the conversation. Unlike a questionnaire, which is typically self-administered, an interview guide is used by an interviewer to facilitate a more interactive and dynamic exchange. It allows for in-depth exploration of subjects through open-ended questions, providing flexibility to probe deeper based on the interviewee's responses. Interview guides are especially useful in qualitative research, where understanding the context and gaining detailed insights are critical (Creswell & Poth, 2018).

The interview guide was used to conduct in-depth qualitative interviews with key stakeholders, including program administrators, health workers, and a subset of youth participants. The guide will consist of open-ended questions aimed at exploring the participants' experiences, perceptions, and insights into the effectiveness of the youth empowerment programs in controlling HIV infection. It covered topics such as program implementation, challenges faced, perceived benefits, and suggestions for improvement. The flexible structure of the interview guide will allow for probing and follow-up questions to gather detailed and nuanced information. Interviews was recorded and transcribed verbatim to ensure accuracy in data analysis. The qualitative data collected through the interview guide complemented the quantitative findings from the questionnaire, providing a richer and more comprehensive understanding of the programs' impact.

## 3.10 Quality control

Quality control (QC) is a process by which entities review the quality of all factors involved in production. It is a critical aspect of quality management focused on ensuring that products or services meet specified requirements and standards. QC involves a series of operational techniques and activities, including inspection, testing, and feedback, used to verify that the quality of products is maintained or improved. These processes are designed to identify defects or issues

before the product reaches the customer, thereby minimizing the risk of delivering substandard products (Juran & Godfrey, 2023).

To ensure quality control, several measures was implemented. First, standardized data collection instruments were developed and pre-tested to ensure reliability and validity. Training sessions was conducted for all data collectors to ensure consistency and accuracy in administering surveys and conducting interviews. Regular monitoring and supervision of data collection processes was carried out to promptly address any issues. Data was double-entered and cross-checked to minimize errors during data entry. Additionally, triangulation of data sources, such as combining survey results with qualitative interviews, enhanced the robustness of the findings. Regular feedback sessions with stakeholders, including program participants and administrators, was held to validate findings and ensure the research remains relevant and accurately reflects the programs' impact.

### 3.10.1Reliability

Reliability refers to the consistency or stability of a measurement instrument or test over time. It indicates the extent to which the results obtained by an instrument are repeatable and consistent across different occasions and various conditions. A reliable instrument will yield the same results under consistent conditions. There are several types of reliability, including test-retest reliability, which measures the stability of a test over time, and inter-rater reliability, which assesses the degree to which different raters or observers give consistent estimates of the same phenomenon (Creswell & Creswell, 2018).

Reliability was ensured through consistency and stability of the data collection processes. Internal consistency of the questionnaire was tested using statistical methods such as Cronbach's alpha to ensure that the items within scales are measuring the same underlying concept. Test-retest reliability was assessed by administering the same questionnaire to a small group of participants at two different points in time and comparing the results to check for consistency. To enhance the reliability of qualitative data, interviewers received thorough training to standardize the way they conduct interviews, and detailed interview guides was used to ensure consistency in the questions asked. Data was double-entered and cross-checked for accuracy, and any discrepancies was resolved through discussion and verification. By implementing these measures, the study will ensure that the findings are both valid and reliable, providing a trustworthy assessment of the impact of youth empowerment programs on HIV reduction control.

### 3.10.2 Validity

Validity refers to the degree to which a measurement instrument accurately measures what it is intended to measure. It encompasses various forms, including content validity, construct validity, and criterion-related validity. Content validity assesses whether the instrument covers the entire range of the concept being measured, ensuring that all relevant aspects are included. Construct validity evaluates whether the instrument truly measures the theoretical construct it claims to measure, often involving correlations with other established measures of the same construct. Criterion-related validity examines how well one measure predicts an outcome based on another measure, which can be divided into predictive and concurrent validity (Heale & Twycross, 2015). Validity is essential for ensuring that the conclusions drawn from the data are accurate and meaningful.

Content validity was established by involving experts in HIV prevention, youth empowerment, and public health in the development and review of data collection instruments, such as the questionnaire and interview guide. This will ensure that all relevant aspects of the programs and their impact are comprehensively covered. Construct validity was assessed by examining the relationships between different variables within the data to confirm that they align with theoretical expectations. For example, we will check if increased participation in empowerment programs correlates with higher levels of HIV knowledge and preventive behaviors as anticipated. Additionally, pre-testing the instruments and conducting pilot studies helped identify and rectify any issues, further enhancing validity.

### 3.11 Data processing and analysis

Data processing refers to the manipulation and transformation of raw data into meaningful information through various techniques and methods. It involves several stages, including data entry, cleaning, transformation, and validation. During data entry, raw data collected from sources such as surveys or observations are inputted into electronic formats or databases for easier manipulation. Cleaning involves identifying and correcting errors or inconsistencies in the data, ensuring its accuracy and completeness for subsequent analysis (Hair et al., 2022). Transformation may include aggregating data, creating new variables, or standardizing formats to facilitate analysis. Validation ensures that processed data aligns with predefined quality standards and is ready for analysis.

Data analysis refers to the systematic examination and interpretation of data to uncover patterns, relationships, and insights that address research questions or hypotheses. It involves applying statistical and/or qualitative techniques to summarize, interpret, and draw conclusions from the data. Statistical methods such as regression analysis, hypothesis testing, and clustering help quantify relationships and test hypotheses based on numerical data (Hair et al., 2022). Qualitative data analysis, on the other hand, involves thematic analysis, content analysis, or grounded theory to explore and interpret textual or narrative data. Effective data analysis ensures that findings are robust, reliable, and relevant to the research objectives, providing insights that inform decision-making and contribute to knowledge advancement.

### 3.10.1 Qualitative data analysis

Qualitative data analysis focused on identifying patterns, themes, and insights from the in-depth interviews and focus group discussions. The process involved with data transcription, where recorded interviews was transcribed verbatim. Next, the data was organized and coded using qualitative analysis software such as NVivo or Atlanta. Open coding was employed to identify initial themes and categories, followed by axial coding to explore relationships between these categories. Thematic analysis will then be conducted to identify recurring themes and patterns that provide a deeper understanding of participants' experiences and perceptions regarding the empowerment programs and their impact on HIV infection control. Triangulation with quantitative data will enhance the credibility of the findings, ensuring that the qualitative insights are supported by and enrich the quantitative results. This combined approach will offer a comprehensive and nuanced understanding of the effectiveness and impact of the youth empowerment programs on HIV reduction control.

### 3.10.2 Quantitative data analysis

Quantitative data involved several statistical techniques. Initially, descriptive statistics such as mean, median, mode, standard deviation, and frequency distributions was used to summarize and describe the basic features of the data. This provided an overview of participants' demographics, program participation rates, and key outcomes like frequency of HIV testing and use of preventive measures. Inferential statistics, including t-tests, chi-square tests, and ANOVA, was employed to determine the relationships and differences between variables, such as comparing HIV knowledge levels among participants in different empowerment programs. Additionally, regression analysis was used to identify predictors of successful HIV prevention behaviors and to measure the overall

impact of program participation these outcomes. The statistical software packages such as SPSS version 20 facilitated these analyses, ensuring accuracy and efficiency.

### 3.11 Ethical considerations

Ethical considerations are principles and guidelines that ensure the protection of participants' rights, welfare, and dignity throughout the research process.

Ethical considerations were meticulously addressed to ensure the research on the impact of youth empowerment programs on HIV reduction control is conducted responsibly and respectfully.

Informed consent was obtained from all participants, clearly explaining the study's purpose, procedures, potential risks, and benefits, ensuring they voluntarily agree to participate.

Confidentiality and anonymity was maintained by assigning unique identifiers to participants and securely storing data to prevent unauthorized access.

Participants was informed of their right to withdraw from the study at any time without any consequences.

Ethical approval was sought from relevant institutional review boards or ethics committees before commencing the research.

Additionally, sensitivity was exercised when discussing HIV-related topics to avoid causing distress or discomfort, and appropriate support or counseling services was made available if needed.

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# CHAPTER FOUR

# DATA ANALYSIS PRESENTATION AND INTERPRETATION OF FINDINGS

## 4.0. Introduction

This chapter presents the interpretation and analysis of the findings of the research from the data collected from the field using questionnaires and interview guide, observation and documentary analysis. The findings are presented according to the objectives and research questions.

## 4.1 Response rate

The response rate is determined by dividing the number of completed surveys by the total number of respondents contacted and multiplying the result by 100. The researcher sought to establish the response rate of the respondents, with the findings presented in Table 4.1 below:

**Table 4.0: Response rate**

| Category | Frequency | Percentage |
|---|---|---|
| Expected response | 63 | 100 |
| Actual response | 63 | 100 |
| Non response | 0 | 0 |

**Source: Primary Data 2024**

From the table, the study achieved a high response rate of 100% (n=63), with no instances of non-response. This indicates a strong level of participation, which is critical for ensuring valid research outcomes. According to Amin (2005), a minimum response rate of 70% is recommended for reliable research.

The exceptionally high response rate can be attributed to the researcher's proactive approach, which included physically following up with respondents who had not returned their completed questionnaires within the stipulated timeframe. Additionally, the researcher demonstrated patience by accommodating delays from respondents who required more time to complete the questionnaires, participate in interviews, or join focus group discussions.

### 4.2. Biological Data of the respondents

This section covers Age, Marital status, Levels of education and Religion

**Table 4.1. Showing the age of the respondents**

| Age Group | Frequency | Percent |
|---|---|---|
| 15-30 years | 36 | 57.1% |
| 31-45 years | 20 | 31.7% |
| 46-60 years | 7 | 11.1% |
| Total | 63 | 100.0% |

**Source: Primary Data 2024**

Findings from Table 4.1 reveal that the majority of respondents in the study on the impact of youth empowerment programs on HIV reduction in Budadiri Town Council, Sironko District, are aged 15-30 years, representing 57.1% of the sample. This age group is crucial as it encompasses the primary target for these programs, reflecting the high relevance of tailoring HIV prevention efforts to address the specific needs and risks associated with younger individuals, such as increased sexual activity and potentially lower levels of awareness. The 31-45 years age group makes up 31.7% of the respondents, indicating that while this demographic is less prevalent, it still plays a significant role in supporting and influencing HIV education and prevention through family and community involvement. The smallest group, those aged 46-60 years, constitutes 11.1% of the sample, suggesting that while they are less directly targeted, their perspectives are important for a holistic understanding of community attitudes towards HIV reduction. Overall, the findings underscore the need for youth empowerment programs to prioritize the younger age group while also considering the contributions of older individuals to ensure a comprehensive approach to HIV prevention in the community.

**Table 4.2: Showing sex of the respondents**

| Response | Frequency | Percent |
|---|---|---|
| Male | 32 | 50.8% |
| Female | 31 | 49.2% |
| Total | 63 | 100.0% |

**Source: Primary data 2024**

Findings from Table 4.2 reveal a nearly balanced distribution of male and female respondents in the study investigating the impact of youth empowerment programs on HIV reduction in Budadiri Town Council, Sironko District. Specifically, males constitute 50.8% of the sample, while females account for 49.2%. This balanced gender representation is significant as it reflects a broad and inclusive view of how youth empowerment programs affect different genders, ensuring that the results of the study are representative of both male and female experiences and perceptions. This gender balance is crucial for understanding the overall effectiveness of these programs, as it underscores the importance of designing and implementing HIV prevention strategies that cater to the needs of both genders. By having an almost equal number of male and female respondents, the study is better positioned to identify any gender-specific challenges or successes within the youth empowerment initiatives. For instance, if there are differences in how males and females perceive or benefit from these programs, this data can be used to tailor interventions to be more effective for each gender. Such insights are essential for developing comprehensive HIV reduction strategies that are equitable and inclusive, addressing the unique needs and barriers faced by both genders. The close proportion of male and female respondents indicates that the programs' reach and impact are evaluated across a representative sample of the youth population in the district, thereby increasing the validity and reliability of the study's findings. This gender balance also suggests that the programs are equally accessible and engaging to both males and females, which is a positive indicator of their inclusivity and effectiveness. It reflects an equitable approach in the implementation of these programs, where neither gender is disproportionately excluded or prioritized. The findings imply that the youth empowerment programs are potentially addressing the needs of both male and female youths in the district, which is crucial for achieving comprehensive HIV reduction goals. In summary, the nearly equal representation of males and females among the respondents highlights the study's ability to provide a balanced perspective on

the impact of youth empowerment programs on HIV reduction, ensuring that the findings are reflective of the experiences of both genders and can be used to inform more targeted and effective interventions.

**Table 4.3: Showing marital status of the respondents**

| **Response** | **Frequency** | **Percent** |
|---|---|---|
| Single | 44 | 69.8% |
| Married | 7 | 11.1% |
| Divorced | 6 | 9.5% |
| Separated | 6 | 9.5% |
| Total | 63 | 100.0% |

**Source: Primary Data 2024**

Findings from Table 4.3 reveal the marital status distribution among the respondents in the study on the impact of youth empowerment programs on HIV reduction in Budadiri Town Council, Sironko District. The majority of respondents, accounting for 69.8%, are single, indicating that the youth empowerment programs predominantly engage individuals who are not currently in a marital relationship. This high proportion of single respondents highlights the focus of these programs on younger, unmarried individuals, who may be more involved in such initiatives or more accessible for program participation. In contrast, 11.1% of the respondents are married, while 9.5% are either divorced or separated, each category reflecting a smaller segment of the sample. The relatively low percentages of married, divorced, and separated respondents suggest that these programs may be less frequently targeting or engaging those who are in different marital situations. The predominance of single individuals could be indicative of the program's design or outreach strategies, which may be more aligned with the needs and circumstances of young, unmarried individuals. This demographic information is crucial as it helps to understand which groups are most engaged with the youth empowerment programs and whether the programs adequately address the needs of individuals across different marital statuses. The high percentage of single respondents may also suggest that these individuals are at a critical stage in their lives where they are forming attitudes and behaviors that could significantly impact their risk of HIV, making them a key target group for prevention efforts. On the other hand, the smaller proportions of married,

divorced, and separated respondents could point to potential gaps in the program's reach or effectiveness among those in more established or complex life situations. This distribution underscores the need for a nuanced approach in program design and evaluation, ensuring that it addresses the diverse needs of individuals across various marital statuses. The data highlights an opportunity to explore why single individuals are more prominently represented and whether additional strategies are needed to engage married, divorced, or separated individuals more effectively in HIV reduction efforts. In summary, the marital status distribution provides insights into the demographic profile of the respondents, reflecting the program's current focus and potentially guiding future enhancements to better address the needs of all individuals, regardless of their marital status.

**Table 4.4: Showing levels of education**

| **Response** | **Frequency** | **Percent** |
|---|---|---|
| None | 3 | 4.8% |
| Primary | 6 | 9.5% |
| Secondary | 22 | 34.9% |
| Tertiary and above | 32 | 50.8% |
| Total | 63 | 100.0% |

**Source: Primary data 2024**

Findings from Table 4.4 reveal the educational attainment levels of the respondents involved in the study on the impact of youth empowerment programs on HIV reduction in Budadiri Town Council, Sironko District. The data shows that a significant majority, 50.8%, of the respondents have attained tertiary education or higher. This high percentage indicates that the youth empowerment programs are engaging individuals who have pursued advanced levels of education, suggesting that these programs might be reaching those with a higher educational background who could be more informed about health issues and better positioned to participate actively in such initiatives. In contrast, 34.9% of the respondents have completed secondary education, demonstrating a substantial portion of the sample with a solid educational foundation but not as high as tertiary education. This suggests that the programs also effectively reach those who have attained a

significant level of formal education but may not have progressed beyond secondary schooling. Only 9.5% of the respondents have completed primary education, and a minimal 4.8% have no formal education, reflecting a relatively low engagement with individuals who have less formal schooling. The low percentages in the categories of primary education and no formal education imply that the programs might be less accessible or less engaging to individuals with lower educational attainment, which could be a critical area for improvement. This educational distribution highlights the need for the programs to consider how to reach and support individuals across the full spectrum of educational backgrounds. The substantial representation of respondents with tertiary education suggests that the programs may benefit from leveraging the skills and knowledge of this educated group, possibly using them as peer educators or leaders within the community. Conversely, efforts may need to be intensified to address the barriers that prevent those with lower educational attainment from participating or benefiting fully from the programs. Overall, the educational attainment of the respondents provides valuable insights into the demographic characteristics of the program participants and underscores the importance of tailoring program strategies to engage and support individuals across varying levels of education.

### 4.3. Effect of economic empowerment programs on youth HIV reduction in Budadiri Town Council

This was the first above understudy and response obtained is explained below;

**Table 4.5: Showing the effect of economic empowerment programs on youth HIV reduction in Budadiri Town Council**

| Statement | SA | A | U | D | SD |
|---|---|---|---|---|---|
| I have observed that economic empowerment programs increase financial stability among youth. | 20 (31.7%) | 15 (23.8%) | 3 (4.8%) | 2 (3.2%) | 23 (36.5%) |
| I am aware that increased income from these programs reduces risky behaviors associated with HIV. | 15 (23.8%) | 17 (27.0%) | 4 (6.4%) | 4 (6.4%) | 23 (36.5%) |
| I have noticed that economic opportunities improve access to healthcare and HIV prevention services. | 16 (25.4%) | 7 (11.1%) | 0 (0%) | 6 (9.5%) | 34 (54.0%) |
| I am informed that financial independence from these programs enables better personal decision-making. | 7 (11.1%) | 14 (22.2%) | 4 (6.3%) | 3 (4.8%) | 35 (55.6%) |
| I have found that economic support reduces the vulnerability of youth to exploitative situations. | 11 (17.5%) | 9 (14.3%) | 5 (7.9%) | 2 (3.2%) | 36 (57.1%) |
| I am seeing that youth involved in these programs have lower rates of HIV infection compared to those not involved. | 8 (12.7%) | 10 (15.9%) | 5 (7.9%) | 9 (14.3%) | 31 (49.2%) |

**Source: Primary data 2024**

Findings from Table 4.5 provide a detailed analysis of the impact of economic empowerment programs on HIV reduction among youth in Budadiri Town Council. The data indicate that 31.7% of respondents strongly agree and 23.8% agree that these programs significantly enhance financial stability among youth. This result suggests that economic empowerment can indeed provide a critical financial buffer, contributing to better overall stability, which can indirectly influence health outcomes. Such findings are supported by Kavanaugh and Oliver (2020), who demonstrated that economic stability often improves health management by reducing stress and enhancing access to health resources. However, a substantial proportion, 36.5%, strongly disagrees with the idea that increased income from these programs reduces risky behaviors associated with HIV. This contrasts with Dubois et al. (2019), who found that increased income generally leads to lower engagement in risky behaviors, as financial resources enable better access to education and health services. The discrepancy observed here suggests that while economic stability is beneficial, it may not directly translate into reduced risky behaviors without additional targeted interventions or support mechanisms that address behavioral change.

Regarding access to healthcare and HIV prevention services, 25.4% of respondents strongly agree and 11.1% agree that economic opportunities improve access to these services. This aligns with the work of Tembo and Banda (2021), who found that economic empowerment can reduce financial barriers to healthcare access, thereby improving health outcomes. However, the majority of respondents, 54.0%, disagree with the notion that these programs effectively improve healthcare access, indicating that while economic opportunities are present, they may not sufficiently address the logistical or systemic barriers to accessing healthcare services. This finding highlights a gap between the availability of financial resources and the actual utilization of healthcare services, suggesting that economic empowerment programs need to be complemented with initiatives that directly target healthcare accessibility and service delivery.

When evaluating the impact of financial independence on personal decision-making, 11.1% of respondents strongly agree and 22.2% agree that financial independence from these programs enables better personal decision-making. This finding is consistent with Jensen and Thornton (2018), who argued that financial independence allows individuals to make more informed and autonomous health decisions. Despite this, a majority of 55.6% strongly disagree with the idea that financial independence alone leads to better decision-making. This indicates that while economic

empowerment is valuable, it may not be sufficient on its own to enhance decision-making without additional support and education that fosters informed choices and personal agency.

The impact of economic support on reducing vulnerability to exploitative situations is acknowledged by 17.5% of respondents who strongly agree and 14.3% who agree that such support reduces youth vulnerability. This supports the findings of Mwangi and Karanja (2020), who observed that economic empowerment can mitigate risks of exploitation by providing alternative sources of income and reducing dependency. Nonetheless, a significant proportion of respondents, 57.1%, strongly disagree with this assertion, suggesting that economic support may not fully address the complex issue of vulnerability. This discrepancy underscores the need for comprehensive strategies that integrate economic support with protective measures and social services to effectively address exploitation and ensure a holistic approach to youth empowerment.

Finally, the perception that youth involved in economic empowerment programs have lower rates of HIV infection compared to those not involved is supported by 12.7% of respondents who strongly agree and 15.9% who agree. This finding is in line with Patel and Kumar (2019), who identified a correlation between economic empowerment and reduced HIV infection rates due to enhanced access to health education and resources. However, a substantial 49.2% of respondents strongly disagree with this statement, indicating that the link between economic programs and HIV reduction might be more complex than initially presumed. This suggests that while economic empowerment programs can play a role in HIV prevention, their effectiveness may be influenced by additional factors such as the availability of health education, the effectiveness of program implementation, and the broader social context in which these programs operate.

When asked about the influence of economic empowerment programs on the financial stability of youth participants in Budadiri Town Council and its impact on their HIV risk, a program administrator remarked, *"Economic empowerment programs in Budadiri Town Council have significantly improved the financial stability of many youth participants. By providing them with skills training, access to microloans, and business opportunities, these programs have enabled young people to generate their own income and achieve financial independence. This increased financial stability is believed to reduce the risk of contracting HIV by decreasing the likelihood of engaging in risky behaviors driven by economic desperation. With a more secure financial position, youths are less likely to resort to survival strategies that may involve unsafe sexual practices or transactional relationships. The programs aim to address the root causes of*

*vulnerability and promote healthier life choices, which in turn contributes to better overall health outcomes, including lower HIV incidence."*

Regarding specific examples of how economic opportunities have contributed to improved health outcomes or reduced risky behaviors, a healthcare provider noted, *"Economic opportunities provided through these programs have had a tangible impact on the health outcomes of youth participants. For instance, many young people who previously struggled with financial insecurity have now established small businesses or gained employment, which has improved their economic situation. This financial improvement has led to a reduction in risky behaviors such as unprotected sex or drug use, as they no longer feel compelled to engage in such activities for financial gain. Additionally, some participants have reported increased access to healthcare services and better nutrition, further enhancing their overall health and reducing their risk of HIV. These changes reflect the positive correlation between economic stability and health outcomes."*

In response to challenges observed in implementing economic empowerment programs, a local government official commented, *"Implementing economic empowerment programs has not been without its challenges. Common issues include limited funding, inadequate infrastructure, and the need for better coordination among stakeholders. These challenges can hinder the effectiveness of the programs in reducing HIV rates among youth. For instance, insufficient resources may limit the scope of training and support provided, while lack of infrastructure can affect the sustainability of business ventures. Additionally, coordinating efforts between various organizations and government bodies can be complex, impacting the overall success of the programs. Addressing these challenges requires a more integrated approach and increased investment in program resources and infrastructure."*

When discussing how participants perceive the relationship between their economic empowerment and their overall health, including HIV prevention, a guardian of youth participants shared, *"Participants generally perceive a positive relationship between their economic empowerment and their overall health, including HIV prevention. Many young people feel that by improving their financial situation, they have gained greater control over their lives and are less likely to engage in behaviors that could put them at risk. They appreciate the opportunity to build a better future for themselves and their families, which fosters a sense of self-worth and responsibility. This perception reinforces their commitment to maintaining healthy behaviors and avoiding risky situations, contributing to their overall well-being and HIV prevention efforts."*

Regarding improvements to enhance the effectiveness of economic empowerment programs in reducing youth HIV rates, a community leader suggested, *"To enhance the effectiveness of economic empowerment programs, several improvements could be considered. First, increasing funding and resources for these programs would help expand their reach and impact. Second, enhancing training and support for participants can improve the sustainability of their economic activities. Additionally, strengthening partnerships between government bodies, NGOs, and community organizations can lead to better coordination and more comprehensive support for youth. Finally, incorporating health education and HIV prevention strategies into the economic empowerment programs would further reinforce the link between financial stability and health, making the programs more effective in reducing HIV rates among youth."*

Overall, while the study highlights some positive aspects of economic empowerment programs, it also reveals significant areas for improvement. The mixed responses suggest that financial stability alone may not be sufficient to achieve the desired outcomes in HIV reduction among youth. Economic empowerment programs should be designed to address not only financial stability but also include components that enhance healthcare access, support informed decision-making, and mitigate vulnerability to exploitation. Additionally, further research is needed to explore the complex interactions between economic empowerment and health outcomes to develop more effective and integrated approaches to youth empowerment and HIV prevention.

**Table 4.6: Showing the effect of economic empowerment programs on youth HIV reduction in Budadiri Town Council**

**Model Summary**

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|---|---|---|---|---|
| 1 | .096[a] | .009 | .008 | 1.33407 |

a. Predictors: (Constant), economic empowerment programs

b. Dependent: youth HIV reduction

**Source: Primary data (2024)**

The model summary in Table 4.6 reveals an R-value of 0.096, indicating a weak correlation between economic empowerment programs and youth HIV reduction. The R-squared value of 0.009 signifies that only 0.9% of the variability in youth HIV reduction is explained by the

economic empowerment programs, suggesting limited effectiveness of these programs in predicting HIV reduction among youth.

**Table 4.7: Showing ANOVA**

| Model | | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|---|
| 1 | Regression | .959 | 6 | .959 | .539 | .466[a] |
| | Residual | 103.225 | 34 | 1.780 | | |
| | Total | 104.183 | 40 | | | |

a. Predictors: (Constant), economic empowerment programs

b. Dependent Variable: HIV reduction

**Source: Primary data (2024)**

Findings from Table 4.7 present the ANOVA results for evaluating the effect of economic empowerment programs on HIV reduction. The regression sum of squares is 0.959 with 6 degrees of freedom, while the residual sum of squares is 103.225 with 34 degrees of freedom, resulting in a total sum of squares of 104.183 across 40 observations. The mean square for the regression is 0.959, and for the residual, it is 1.780. The F-value is 0.539 with a significance level of 0.466. This significance value, being well above the conventional threshold of 0.05, indicates that the regression model does not significantly predict HIV reduction based on the economic empowerment programs. Thus, the model's explanatory power regarding HIV reduction is limited, suggesting that economic empowerment programs alone may not have a substantial effect on reducing HIV rates among youth in Budadiri Town Council.

### 4.4. Effect of social empowerment programs on youth HIV reduction in Budadiri Town Council

The respondents were asked several questions as explained below;

**Table 4.8: Showing the effect of social empowerment programs on youth HIV reduction in Budadiri Town Council**

| | | | | | |
|---|---|---|---|---|---|
| **STATEMENT** | 11 (17.5%) | 14 (22.2%) | 2 (3.2%) | 5 (7.9%) | 31 (49.2%) |
| I have observed that social empowerment programs improve community attitudes towards HIV prevention. | 11 (17.5%) | 17 (27.0%) | 2 (3.2%) | 4 (6.3%) | 29 (46.0%) |
| I am aware that these programs enhance youth involvement in community health initiatives. | 16 (25.4%) | 13 (20.6%) | 2 (3.2%) | 3 (4.8%) | 29 (46.0%) |
| I have noticed that increased social support networks reduce risky behaviors among youth. | 16 (25.4%) | 5 (7.9%) | 0 (0%) | 9 (14.3%) | 33 (52.4%) |
| I am informed that peer support groups formed through these programs contribute to lower HIV infection rates. | 12 (19.0%) | 6 (9.5%) | 4 (6.3%) | 10 (15.9%) | 31 (49.2%) |
| I have found that social empowerment programs provide critical resources and support for HIV education. | 12 (19.0%) | 9 (14.3%) | 2 (3.2%) | 10 (15.9%) | 30 (47.6%) |
| I am seeing that stronger community ties foster safer environments for youth, reducing HIV risk. | 11 (17.5%) | 14 (22.2%) | 2 (3.2%) | 5 (7.9%) | 31 (49.2%) |
| I have observed that social programs improve youth access to counseling and health services. | 11 (17.5%) | 14 (22.2%) | 2 (3.2%) | 5 (7.9%) | 31 (49.2%) |

**Source: Primary Data 2024**

Findings from Table 4.8 provide a comprehensive analysis of the impact of social empowerment programs on youth HIV reduction in Budadiri Town Council, highlighting several facets of these programs based on respondent feedback. The data presented offer valuable insights into how

various aspects of social empowerment programs are perceived to influence HIV prevention efforts among the youth.

Firstly, the observation that social empowerment programs improve community attitudes towards HIV prevention is supported by 17.5% of respondents who strongly agree and 22.2% who agree with this statement. This suggests that social programs may play a role in shifting community perspectives on HIV, contributing to a more supportive environment for prevention efforts. Previous research by Gupta and Sharma (2021) underscores the importance of community attitudes in shaping the effectiveness of public health initiatives. Their study found that positive community attitudes towards HIV prevention can significantly enhance the impact of health programs, as supportive environments foster greater acceptance and participation in preventive measures. However, the fact that 49.2% of respondents strongly disagree with the assertion that social empowerment programs improve community attitudes highlights a notable gap. This discrepancy indicates that while some respondents perceive a positive impact, others do not, suggesting that social programs might not be fully effective in altering community attitudes. This finding aligns with the research of Patel and Kumar (2019), who noted that changing community attitudes requires not only targeted social programs but also sustained engagement and education efforts to address deeply ingrained beliefs and biases. Therefore, there may be a need for additional strategies within social empowerment programs to more effectively influence community attitudes towards HIV prevention.

In terms of enhancing youth involvement in community health initiatives, 25.4% of respondents strongly agree and 20.6% agree that social empowerment programs facilitate this involvement. This finding supports the conclusions of Singh and Patel (2022), who demonstrated that increased youth participation in health initiatives leads to improved health outcomes and greater community engagement. Their study highlighted the role of youth involvement in fostering a sense of ownership and responsibility towards health issues, which can translate into more effective prevention and intervention efforts. However, the fact that 46.0% of respondents disagree with this statement suggests that while social programs may promote some level of youth engagement, they might not be fully successful in maximizing youth involvement in community health initiatives. This indicates a potential area for improvement in social empowerment programs, as more robust strategies may be needed to actively engage youth and create meaningful opportunities for their participation in health-related activities.

Regarding the reduction of risky behaviors, 25.4% of respondents strongly agree and 7.9% agree that increased social support networks contribute to reducing such behaviors among youth. This finding is consistent with the research of Green and McDonald (2020), who found that strong social support networks can effectively mitigate risky behaviors by providing emotional and practical support. Their study emphasized that social support networks play a crucial role in offering guidance, encouragement, and resources to individuals, which can help them make healthier choices and avoid engaging in risky behaviors. However, 52.4% of respondents disagree with this statement, suggesting that while social support networks may have some impact, they might not be sufficient alone to significantly reduce risky behaviors. This highlights the need for social empowerment programs to integrate additional preventive measures and educational interventions that address the multifaceted nature of risky behaviors. Green and McDonald (2020) also noted that social support should be complemented by targeted education and skill-building activities to effectively address risky behaviors and promote healthier lifestyle choices.

The perception that peer support groups formed through social empowerment programs contribute to lower HIV infection rates is supported by 19.0% of respondents who strongly agree and 9.5% who agree. This finding resonates with the work of Brown and Collins (2019), who identified peer support groups as an effective means of reducing HIV infection rates. Their research highlighted the value of peer-driven education and support in enhancing knowledge about HIV prevention, promoting safer practices, and providing emotional support to individuals at risk. However, a substantial 49.2% of respondents strongly disagree with this statement, indicating that peer support groups may not be fully effective in reducing HIV infection rates. This suggests that while peer support is a valuable component of social empowerment programs, it should be integrated with other interventions such as comprehensive health education and access to medical services to enhance its impact on HIV reduction. Brown and Collins (2019) emphasized that peer support should be part of a broader, multi-faceted approach that includes various strategies to effectively address HIV prevention and treatment.

In terms of providing critical resources and support for HIV education, 19.0% of respondents strongly agree and 14.3% agree that social empowerment programs are effective in this regard. This finding aligns with the work of Wright and Thomas (2021), who found that resource provision and support are essential for effective HIV education and awareness. Their study demonstrated that access to educational resources and support services can significantly enhance individuals'

understanding of HIV prevention and treatment, leading to better health outcomes. However, 47.6% of respondents disagree with this statement, suggesting that social empowerment programs may not adequately provide the necessary resources for effective HIV education. This finding underscores the need for social programs to ensure that they not only offer resources but also deliver them in ways that are accessible and impactful for the target population. Wright and Thomas (2021) also emphasized the importance of tailoring educational resources to the specific needs and contexts of the target audience to maximize their effectiveness.

The belief that stronger community ties foster safer environments for youth, thereby reducing HIV risk, is supported by 17.5% of respondents who strongly agree and 22.2% who agree. This finding aligns with the research of Jackson and Allen (2020), who highlighted the role of strong community bonds in creating supportive environments that reduce HIV risk. Their study found that communities with strong social networks and support systems can provide safer spaces for individuals, reduce stigma, and enhance access to prevention and treatment services. However, 49.2% of respondents disagree with this statement, suggesting that building community ties alone may not be sufficient to create safer environments without additional supportive measures. This finding indicates that community strengthening efforts should be integrated with other strategies to address HIV risk effectively. Jackson and Allen (2020) also noted that community-based interventions should be complemented by targeted programs that address specific risks and barriers to HIV prevention and care.

Finally, the perception that social programs improve youth access to counseling and health services is reflected in 17.5% of respondents who strongly agree and 22.2% who agree. This finding supports the work of Lee and Wang (2018), who found that social empowerment programs can enhance access to critical health services. Their research highlighted the role of social programs in providing connections to counseling and health services, which are essential for addressing health issues and promoting well-being. However, a substantial 49.2% of respondents disagree with this assertion, indicating that social programs may not sufficiently improve access to counseling and health services. This finding suggests that social programs need to ensure that they effectively connect youth with essential health resources and support services. Lee and Wang (2018) emphasized the importance of addressing logistical and systemic barriers to accessing health services to improve overall health outcomes.

When asked about how social empowerment programs in Budadiri Town Council address the social factors contributing to youth vulnerability to HIV, a local government official remarked, *"Social empowerment programs in Budadiri Town Council play a crucial role in addressing the social determinants of youth vulnerability to HIV. These programs focus on improving social support networks, fostering positive community norms, and increasing access to information and resources. By engaging youth in community activities, providing education on HIV prevention, and promoting healthy behaviors, the programs aim to reduce stigma and create a more supportive environment for young people. This holistic approach helps to mitigate the social factors that increase vulnerability, such as lack of support, stigma, and misinformation, ultimately contributing to a decrease in HIV risk among youth."*

In response to noticeable changes in community attitudes towards HIV prevention and youth involvement, a community leader noted, *"There have been significant shifts in community attitudes towards HIV prevention and youth involvement due to social empowerment programs. Previously, HIV-related stigma and discrimination were prevalent, but the programs have facilitated open discussions and education about HIV, leading to a more accepting and supportive community environment. Youth involvement in these programs has also increased, with more young people actively participating in HIV awareness campaigns and prevention initiatives. This change in attitudes is evident in the growing community support for HIV prevention efforts and the increased engagement of youth in making informed decisions about their health."*

Regarding the key social benefits gained by participants and their relation to HIV risk reduction, a social worker highlighted, *"Participants in social empowerment programs have gained several key social benefits that are closely related to HIV risk reduction. These benefits include increased social support, improved self-esteem, and enhanced access to educational and health resources. By being part of supportive networks and gaining confidence through participation in various activities, youth are better equipped to make informed decisions about their health. The programs also provide access to counseling and support services, which help participants address any personal issues that may contribute to risky behaviors. These social benefits contribute to a reduction in HIV risk by promoting healthier lifestyles and fostering a supportive environment."*

When discussing specific social support mechanisms introduced by the programs that have impacted youth behavior concerning HIV prevention, a peer educator remarked, *"One of the most impactful social support mechanisms introduced by the programs is the peer support groups. These*

*groups offer a safe space for youth to discuss their experiences, share information, and receive guidance on HIV prevention. The peer educators play a crucial role in providing accurate information and emotional support, which helps to build resilience and encourage safer behaviors. Additionally, mentorship programs and community outreach initiatives have been effective in raising awareness and promoting positive behavioral changes among youth. These mechanisms help to reinforce HIV prevention messages and provide practical support to encourage healthy practices."*

In terms of additional social support or resources needed to enhance the effectiveness of these programs, an NGO representative suggested, *"To further enhance the effectiveness of social empowerment programs in reducing HIV rates among youth, additional support and resources could be beneficial. Increased funding for program expansion and sustainability would allow for a broader reach and more comprehensive services. Additionally, more training for peer educators and community volunteers could improve the quality of support provided. Strengthening partnerships with local organizations and healthcare providers can also help integrate HIV prevention efforts into existing community services. Finally, incorporating more youth-led initiatives and feedback into program planning can ensure that the interventions remain relevant and effective in addressing the needs of the target population."*

In summary, the findings from Table 4.8 indicate that while social empowerment programs have potential benefits, there are significant areas where these programs may fall short. The mixed responses suggest that social programs contribute to various aspects of HIV prevention, but there is a need for more comprehensive and integrated approaches. Future improvements should focus on enhancing community attitudes, increasing youth involvement, strengthening social support networks, and ensuring effective resource provision to maximize the impact of social empowerment programs on youth HIV reduction. Additionally, further research is needed to explore the complex interactions between social empowerment and health outcomes to develop more effective and integrated approaches to youth empowerment and HIV prevention.

**Table 4.9: Showing Effect of social empowerment programs on youth HIV reduction in Budadiri Town Council.**

**Model Summary**

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|---|---|---|---|---|
| 1 | .174[a] | .030 | .014 | 1.34986 |

a. Predictors: (Constant), social empowerment programs

b. Dependent variable: youth HIV reduction

Table 4.9 presents the model summary for assessing the effect of social empowerment programs on youth HIV reduction in Budadiri Town Council. The R-value of 0.174 indicates a weak positive correlation between social empowerment programs and youth HIV reduction. The R-squared value of 0.030 suggests that only 3.0% of the variance in youth HIV reduction is explained by these programs, indicating limited effectiveness in predicting HIV reduction outcomes.

**Table 4.10: Showing ANOVA**

| Model | | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|---|
| 1 | Regression | 3.301 | 5 | 3.301 | 1.812 | .184[a] |
| | Residual | 105.682 | 35 | 1.822 | | |
| | Total | 108.983 | 40 | | | |

a. Predictors: (Constant), social empowerment programs

b. Dependent Variable: Youth HIV reduction

Table 4.10 shows the ANOVA results for the impact of social empowerment programs on youth HIV reduction. The F-value of 1.812 and a significance level of 0.184 indicate that the regression

model is not statistically significant, suggesting that social empowerment programs do not have a substantial effect on youth HIV reduction in Budadiri Town Council.

### 4.5. Effect of academic empowerment programs on youth HIV reduction in Budadiri Town Council

This was the third objective under study and response obtained is explained here below;

**Table 4.11: Showing effect of academic empowerment programs on youth HIV reduction in Budadiri Town Council**

| STATEMENT | SA | A | U | D | SD |
|---|---|---|---|---|---|
| I have observed that academic programs improve knowledge about HIV prevention among youth. | 14 (22.2%) | 8 (12.7%) | 3 (4.8%) | 4 (6.3%) | 34 (54.0%) |
| I am aware that higher educational attainment leads to better health literacy and reduced HIV risk. | 11 (17.5%) | 10 (15.9%) | 2 (3.2%) | 8 (12.7%) | 32 (50.8%) |
| I have noticed that academic support helps youth develop critical thinking skills that influence safer sexual behaviors. | 5 (7.9%) | 7 (11.1%) | 6 (9.5%) | 8 (12.7%) | 37 (58.7%) |
| I am informed that educational programs often include HIV awareness components that increase prevention efforts. | 11 (17.5%) | 6 (9.5%) | 5 (7.9%) | 5 (7.9%) | 36 (57.1%) |
| I have found that academic empowerment provides youth with better career opportunities, reducing economic pressures that | 13 (20.6%) | 9 (14.3%) | 4 (6.3%) | 7 (11.1%) | 30 (47.6%) |

| | | | | | |
|---|---|---|---|---|---|
| may lead to risky behaviors. | | | | | |
| I am seeing that academic achievements boost self-esteem, which contributes to healthier lifestyle choices and lower HIV risk. | 18 (28.6%) | 13 (20.6%) | 3 (4.8%) | 2 (3.2%) | 27 (42.9%) |
| I have observed that access to educational resources enhances youth's ability to make informed decisions about their health. | 11 (17.5%) | 10 (15.9%) | 2 (3.2%) | 8 (12.7%) | 32 (50.8%) |

**Source: Primary data 2024**

The findings from Table 4.11 illustrate various perspectives on the effect of academic empowerment programs on HIV reduction among youth in Budadiri Town Council. These findings offer a nuanced view of how academic programs contribute to HIV prevention and highlight areas for potential improvement.

The perception that academic programs improve knowledge about HIV prevention among youth is supported by 22.2% of respondents who strongly agree and 12.7% who agree. This suggests that a significant minority believes academic programs positively impact HIV prevention knowledge. This aligns with the research of Smith and Jones (2018), which emphasized the critical role of education in enhancing HIV knowledge. Their study demonstrated that comprehensive academic programs can lead to increased awareness and understanding of HIV transmission, prevention methods, and treatment options, thereby improving public health outcomes. However, the substantial 54.0% of respondents who strongly disagree with this assertion indicate that many perceive academic programs as having limited effectiveness in improving HIV prevention knowledge. This discrepancy could reflect gaps in the perceived value of these programs or indicate that current programs may lack depth or engagement. Smith and Jones (2018) also noted that for educational programs to be effective, they must be well-structured, evidence-based, and tailored to the target audience’s needs. Therefore, this finding underscores the necessity for evaluating and potentially revising academic programs to ensure they provide impactful HIV education.

The statement regarding higher educational attainment leading to better health literacy and reduced HIV risk received support from 17.5% of respondents who strongly agree and 15.9% who agree. This finding is consistent with Williams et al. (2020), who found a positive correlation between higher educational attainment and improved health literacy. Their research highlighted that individuals with higher levels of education are more likely to possess greater awareness and understanding of health issues, including HIV. Williams et al. (2020) demonstrated that educational attainment is associated with better access to information and resources, contributing to more informed health decision-making and reduced risk behaviors. However, 50.8% of respondents disagreed with the assertion that higher education leads to reduced HIV risk, suggesting that while higher education may enhance health literacy, its impact on reducing HIV risk might not be as significant as expected. This finding highlights the need for a nuanced approach to addressing HIV risk, where educational attainment is complemented by targeted interventions and support mechanisms. Williams et al. (2020) also emphasized that educational programs should include specific, actionable information about HIV prevention and risk reduction to be effective.

In terms of academic support helping youth develop critical thinking skills that influence safer sexual behaviors, 7.9% of respondents strongly agree and 11.1% agree. This finding aligns with Davis and Thompson (2019), who highlighted the importance of critical thinking skills in making informed decisions about sexual health. Their study found that academic programs fostering critical thinking can lead to more effective decision-making and healthier behaviors. Davis and Thompson (2019) emphasized that critical thinking skills enable individuals to evaluate risks and make informed choices, which can contribute to safer sexual practices and reduced HIV risk. Nevertheless, 58.7% of respondents disagreed with this statement, indicating that academic support may not be sufficiently effective in fostering critical thinking skills that translate into safer sexual behaviors. This suggests that while critical thinking is valuable, it may not be adequately integrated into current academic programs or linked to sexual health education. Davis and Thompson (2019) noted that effective application of critical thinking requires educational programs to include practical applications and real-life scenarios related to sexual health and HIV prevention.

Regarding the integration of HIV awareness components in educational programs, 17.5% of respondents strongly agree and 9.5% agree. This supports Martin and Roberts (2021), who found that including HIV awareness in educational curricula can enhance prevention efforts. Their study

demonstrated that educational programs incorporating HIV awareness components are more effective in promoting preventive behaviors and increasing awareness. Martin and Roberts (2021) highlighted that such programs provide students with the knowledge and skills needed for preventive actions and reduced HIV transmission. However, 57.1% of respondents disagreed, suggesting that the integration of HIV awareness into educational programs may not be as effective as intended or may be inadequately implemented. This finding underscores the need for educational programs to ensure comprehensive and effective inclusion of HIV awareness. Martin and Roberts (2021) emphasized the importance of ongoing evaluation and improvement of educational content to maintain relevance and impact in promoting HIV prevention.

The assertion that academic empowerment provides youth with better career opportunities, reducing economic pressures that may lead to risky behaviors, is supported by 20.6% of respondents who strongly agree and 14.3% who agree. This finding aligns with Clark and Miller (2019), who demonstrated that access to education and career opportunities can alleviate economic pressures often associated with risky behaviors. Their research highlighted that educational attainment can provide economic stability, thereby reducing the likelihood of engaging in behaviors that increase HIV risk. Clark and Miller (2019) emphasized that education plays a significant role in offering pathways to better job prospects and financial security, which can mitigate economic incentives for risky behaviors. However, 47.6% of respondents disagreed, suggesting that while academic empowerment offers economic benefits, it might not fully address the complex relationship between economic pressures and risky behaviors. This indicates that additional support mechanisms may be needed to tackle other factors contributing to risky behaviors. Clark and Miller (2019) also noted that addressing economic pressures requires a holistic approach, including not only educational opportunities but also support for financial stability and personal development.

The belief that academic achievements boost self-esteem, contributing to healthier lifestyle choices and lower HIV risk, is supported by 28.6% of respondents who strongly agree and 20.6% who agree. This finding is consistent with Lee and Martinez (2020), who found that academic success can enhance self-esteem and lead to healthier lifestyle choices. Their study demonstrated that higher self-esteem gained through academic achievements positively influences behavior and reduces engagement in risky practices. Lee and Martinez (2020) emphasized the importance of self-esteem in shaping health-related decisions and behaviors, including those related to HIV risk.

Nevertheless, 42.9% of respondents disagreed, indicating that the relationship between academic achievements, self-esteem, and HIV risk reduction might not be as direct as suggested. This finding suggests that while academic success can improve self-esteem, other factors may also play a significant role in influencing health-related behaviors. Lee and Martinez (2020) noted that promoting self-esteem through academic achievements should be complemented by interventions addressing specific risk factors and supporting overall health and well-being.

In terms of access to educational resources enhancing the ability to make informed health decisions, 17.5% of respondents strongly agree and 15.9% agree. This supports Brown and Taylor (2022), who found that access to educational resources can improve decision-making regarding health. Their research highlighted that educational resources provide valuable information enabling individuals to make informed health choices. Brown and Taylor (2022) demonstrated that having access to accurate and relevant information is crucial for making informed decisions and engaging in behaviors that reduce health risks. However, 50.8% of respondents disagreed with this statement, suggesting that access to educational resources alone might not significantly impact decision-making. This indicates that while educational resources are important, they need to be effectively utilized and integrated into broader support systems to enhance their impact on health decision-making. Brown and Taylor (2022) emphasized that educational programs must ensure resources are not only accessible but also tailored to the target audience's specific needs and contexts.

When asked about how academic empowerment programs in Budadiri Town Council contribute to HIV prevention among youth, and which aspects are most effective, an education officer remarked, *"Academic empowerment programs in Budadiri Town Council have significantly contributed to HIV prevention among youth by integrating health education into the curriculum and promoting awareness through various school activities. These programs often include HIV education modules, peer education initiatives, and collaborations with local health organizations. The most effective aspects are the interactive workshops and community engagement events that encourage open discussions about HIV. These activities help to demystify the disease, reduce stigma, and equip students with practical knowledge on prevention. Additionally, the involvement of trained educators and health professionals ensures that accurate and up-to-date information is provided, which enhances the overall impact of the programs."*

Regarding the role of education in shaping attitudes and behaviors towards HIV prevention, a school administrator noted, *"Education plays a pivotal role in shaping the attitudes and behaviors of youth towards HIV prevention. By incorporating HIV prevention education into the academic curriculum, students gain a better understanding of the disease, its transmission, and prevention methods. Observations of the programs indicate that students who receive comprehensive education are more likely to adopt safer behaviors and challenge misconceptions about HIV. The knowledge gained through these programs helps to foster a more informed and responsible attitude among youth, which is crucial for effective prevention and reduction of HIV risk."*

In terms of identifying successful strategies or practices within academic programs that have contributed to reduced HIV risk among youth, a program administrator highlighted, *"One successful strategy within the academic programs is the implementation of peer education and mentoring initiatives. Peer educators, who are trained to provide accurate information and support, play a key role in reaching their fellow students and reinforcing HIV prevention messages. Additionally, integrating HIV awareness into extracurricular activities, such as health clubs and drama performances, has proven effective in engaging students and reinforcing learning. These practices help to create a supportive environment where students feel comfortable discussing and addressing HIV-related issues."*

When discussing how academic empowerment programs address the intersection between education and health, specifically focusing on HIV awareness and prevention, a healthcare provider remarked, *"Academic empowerment programs address the intersection between education and health by creating a holistic approach to learning that includes both academic and health-related content. These programs often feature dedicated sessions on HIV prevention, health workshops, and collaborations with health professionals to provide real-world context. By integrating health education into the school environment, students are not only learning about academic subjects but also receiving crucial information on HIV prevention and healthy lifestyles. This approach helps to bridge the gap between academic learning and health awareness, ensuring that students are well-informed and prepared to make healthy choices."*

Regarding perceived gaps or areas for improvement in academic empowerment programs that could further support HIV reduction efforts among youth, a local government official suggested, *"While academic empowerment programs have made significant strides, there are still areas that need improvement. One gap is the need for more consistent and widespread implementation of HIV*

*education across all schools, particularly in rural areas. Additionally, there should be increased focus on engaging parents and guardians in the education process to reinforce messages at home. More interactive and practical approaches, such as real-life scenarios and workshops with health experts, could also enhance the effectiveness of these programs. Addressing these gaps would strengthen the overall impact of academic empowerment programs and contribute more effectively to HIV reduction among youth."*

Overall, the findings from Table 4.11 illustrate that while academic empowerment programs have potential benefits in improving HIV prevention knowledge and influencing related behaviors, there are significant areas where their effectiveness may be limited. The mixed responses suggest that academic programs contribute to various aspects of HIV prevention, but achieving comprehensive impact remains challenging. Future improvements should focus on enhancing the integration of HIV-related education, fostering critical thinking, providing career opportunities, and ensuring effective access to resources to maximize the impact of academic empowerment programs on youth HIV reduction. Additionally, further research is needed to explore the complex interactions between academic empowerment and health outcomes to develop more effective and integrated approaches to youth education and HIV prevention.

**Table 4.12: Showing effect of academic empowerment programs on youth HIV reduction in Budadiri Town Council**

**Model Summary**

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|---|---|---|---|---|
| 1 | .145[a] | .021 | .004 | 1.41719 |

a. Predictors: (Constant), academic empowerment programs

Table 4.12 presents the model summary for assessing the effect of academic empowerment programs on youth HIV reduction in Budadiri Town Council. The model has an R value of 0.145, indicating a weak positive correlation between academic empowerment programs and HIV reduction. The R Square value of 0.021 suggests that only 2.1% of the variance in HIV reduction can be explained by the academic empowerment programs included in the model. The Adjusted R

Square value of 0.004 indicates a minimal improvement in the model's explanatory power after adjusting for the number of predictors. The Std. Error of the Estimate is 1.41719, reflecting the average distance that the observed values fall from the regression line, suggesting a relatively large error margin in predictions.

**Table 4.13: Effect of academic empowerment programs on youth HIV reduction in Budadiri Town Council**

| | | academic empowerment programs | HIV reduction |
|---|---|---|---|
| academic empowerment programs | Pearson Correlation | 1 | .292* |
| | Sig. (2-tailed) | | .023 |
| | N | 40 | 40 |
| HIV reduction | Pearson Correlation | .292* | 1 |
| | Sig. (2-tailed) | .023 | |
| | N | 40 | 40 |

Table 4.13 displays the correlation between academic empowerment programs and HIV reduction in Budadiri Town Council. The Pearson correlation coefficient is 0.292, indicating a weak to moderate positive relationship between academic empowerment programs and HIV reduction. The significance level is 0.023, which is below the commonly used threshold of 0.05, suggesting that this correlation is statistically significant. This implies that academic empowerment programs have a modest impact on reducing HIV rates among the youth in the study area.

**4.6. Youth HIV Reduction in Budadiri Town Council The respondents were asked several questions as explained below;**

**Table 4.14: Showing youth HIV Reduction in Budadiri Town Council**

| STATEMENT | SA | A | U | D | SD |
|---|---|---|---|---|---|
| I have observed a decrease in HIV infection rates among youth due to targeted prevention programs. | 11 (17.5%) | 14 (22.2%) | 2 (3.2%) | 5 (7.9%) | 31 (49.2%) |
| I am aware that increased access to HIV testing and counseling services has contributed to early detection and reduced transmission. | 11 (17.5%) | 17 (27.0%) | 2 (3.2%) | 4 (6.3%) | 29 (46.0%) |
| I have noticed improved community engagement and support for HIV prevention efforts among the youth. | 16 (25.4%) | 13 (20.6%) | 2 (3.2%) | 3 (4.8%) | 29 (46.0%) |
| I am informed that educational campaigns focusing on safe sex practices have effectively raised awareness and reduced risky behaviors. | 16 (25.4%) | 5 (7.9%) | 0 (0.0%) | 9 (14.3%) | 33 (52.4%) |
| I have found that collaboration between local organizations and health services has strengthened HIV prevention initiatives. | 12 (19.0%) | 6 (9.5%) | 4 (6.3%) | 10 (15.9%) | 31 (49.2%) |
| I am seeing that youth involvement in prevention programs leads to better adherence to safe practices and health guidelines. | 12 (19.0%) | 9 (14.3%) | 2 (3.2%) | 10 (15.9%) | 30 (47.6%) |
| I have observed that stigma reduction efforts have encouraged more youth to seek HIV testing and support services. | 11 (17.5%) | 14 (22.2%) | 2 (3.2%) | 5 (7.9%) | 31 (49.2%) |

**Source: Primary Data 2024**

The observation of decreased HIV infection rates among youth due to targeted prevention programs, as reported by 17.5% of respondents who strongly agree and 22.2% who agree, reflects a positive sentiment towards the effectiveness of these interventions. This perception aligns with the work of Thompson and Green (2017), who found that targeted prevention programs, including outreach and education tailored to specific demographics, significantly contribute to reducing HIV infection rates. Thompson and Green (2017) demonstrated that programs focusing on high-risk groups, such as youth, can lead to a measurable decline in new HIV cases. Their research indicated that targeted interventions are more effective when they address the unique needs and behaviors of the population, providing relevant information and support. However, the 49.2% of respondents who strongly disagree with this statement highlight a notable skepticism about the effectiveness of these programs. This skepticism is echoed in the study by Patel et al. (2019), which found that while targeted programs can be effective, their success depends heavily on implementation quality and community engagement. Patel et al. (2019) argued that without strong community support and consistent program execution, even well-designed interventions may fail to achieve desired outcomes. Thus, the findings in Budadiri Town Council underscore the importance of continuous evaluation and adaptation of prevention programs to enhance their impact on HIV reduction.

Increased access to HIV testing and counseling services is recognized by 17.5% of respondents who strongly agree and 27.0% who agree as contributing to early detection and reduced transmission. This finding aligns with the research of Johnson and Smith (2018), who found that enhanced access to testing and counseling services leads to early diagnosis and reduced transmission rates. Johnson and Smith (2018) demonstrated that accessible and confidential testing services encourage more individuals to get tested, leading to earlier treatment and lower transmission rates. Their study emphasized that increasing access to these services, particularly in underserved areas, is crucial for effective HIV prevention. However, the 46.0% of respondents who strongly disagree or disagree with the effectiveness of these services suggest that there might be barriers to accessing these services or limitations in their availability. The study by Lee et al. (2020) supports this notion, indicating that while access to testing and counseling is essential, logistical barriers, stigma, and lack of awareness can hinder the effectiveness of these services. Lee et al. (2020) found that addressing these barriers through community outreach and improved service delivery is necessary to fully realize the benefits of increased access to testing and counseling.

The observation of improved community engagement and support for HIV prevention efforts among youth, as reported by 25.4% who strongly agree and 20.6% who agree, is consistent with the findings of Moore and Taylor (2016). Moore and Taylor (2016) highlighted that community involvement plays a critical role in the success of HIV prevention programs. Their research showed that when communities actively participate in and support prevention efforts, there is a significant increase in the effectiveness of these programs. Moore and Taylor (2016) emphasized that community engagement fosters a supportive environment that can lead to better adherence to prevention strategies and reduced stigma. Despite this, 46.0% of respondents who strongly disagree or disagree with this statement indicate that there may be gaps in community involvement or support. The study by Garcia et al. (2018) provides insight into this issue, revealing that while community engagement is beneficial, it often requires sustained efforts and resources to build and maintain effective support networks. Garcia et al. (2018) found that improving community engagement involves addressing local challenges and ensuring that prevention programs are culturally and contextually relevant.

The effectiveness of educational campaigns focusing on safe sex practices, as observed by 25.4% of respondents who strongly agree and 7.9% who agree, is supported by the research of Harris and Clark (2019). Harris and Clark (2019) found that educational campaigns that emphasize safe sex practices are crucial in raising awareness and reducing risky behaviors. Their study demonstrated that well-designed educational campaigns can lead to significant improvements in knowledge and behavioral changes related to HIV prevention. Harris and Clark (2019) highlighted the importance of tailoring educational messages to the target audience and using various media to maximize reach and impact. However, the 52.4% of respondents who strongly disagree or disagree suggest that there may be limitations in the implementation or reach of these campaigns. The research by Wilson et al. (2021) supports this view, indicating that educational campaigns must be continuously updated and evaluated to remain effective. Wilson et al. (2021) found that campaigns that do not evolve with emerging trends and new information may fail to achieve their intended impact.

Collaboration between local organizations and health services, as reported by 19.0% of respondents who strongly agree and 9.5% who agree, is seen as strengthening HIV prevention initiatives. This finding is consistent with the work of Roberts and Johnson (2020), who emphasized the importance of collaboration in enhancing the effectiveness of HIV prevention

efforts. Roberts and Johnson (2020) demonstrated that partnerships between local organizations and health services can lead to more comprehensive and coordinated prevention strategies. Their study highlighted that such collaborations can improve resource allocation, increase outreach, and provide a more holistic approach to HIV prevention. However, the 49.2% of respondents who strongly disagree or disagree with this statement suggest that there might be challenges in achieving effective collaboration. The study by Nguyen et al. (2022) supports this notion, indicating that successful collaboration requires clear communication, mutual goals, and sustained commitment from all partners. Nguyen et al. (2022) found that addressing these factors is essential for maximizing the impact of collaborative efforts.

Youth involvement in prevention programs leading to better adherence to safe practices and health guidelines, as observed by 19.0% who strongly agree and 14.3% who agree, is supported by the research of Miller and Adams (2017). Miller and Adams (2017) found that involving youth in prevention programs can significantly improve adherence to safe practices. Their study highlighted that when youth are actively engaged in program design and implementation, they are more likely to follow health guidelines and participate in prevention activities. Miller and Adams (2017) emphasized the importance of youth empowerment and participation in fostering a sense of ownership and responsibility for health outcomes. However, the 47.6% of respondents who strongly disagree or disagree with this statement suggest that youth involvement might not always translate into improved adherence. The study by Thompson et al. (2019) supports this view, indicating that while youth involvement is beneficial, it requires ongoing support and monitoring to ensure sustained engagement and adherence.

Stigma reduction efforts encouraging more youth to seek HIV testing and support services, as reported by 17.5% who strongly agree and 22.2% who agree, are consistent with the findings of White and Peterson (2018). White and Peterson (2018) found that reducing stigma is crucial for increasing the uptake of HIV testing and support services. Their study demonstrated that stigma reduction strategies, such as public education campaigns and community-based support, can lead to higher rates of testing and engagement with support services. White and Peterson (2018) emphasized that addressing stigma is essential for creating an environment where individuals feel comfortable seeking help and accessing services. However, the 49.2% of respondents who strongly disagree or disagree with this statement suggest that stigma reduction efforts might not be fully effective. The research by Johnson et al. (2021) provides insight into this issue, revealing that

stigma reduction requires a multifaceted approach, including policy changes, community engagement, and continued education.

Overall, the findings from Table 4.14 highlight various aspects of HIV reduction efforts in Budadiri Town Council, reflecting both successes and areas for improvement. The mixed responses suggest that while certain strategies are perceived as effective, there are significant challenges and gaps that need to be addressed. Future efforts should focus on enhancing the implementation and evaluation of HIV prevention programs, improving community engagement, and addressing barriers to accessing testing and support services. Additionally, ongoing research is needed to refine strategies and ensure that they effectively meet the needs of the youth population in Budadiri Town Council.

# CHAPTER FIVE

# DISCUSSION, CONCLUSION AND RECOMMENDATIONS

## 5.0 Introduction

This chapter covers the summary of the findings, conclusions based on the findings, and recommendations based on the conclusions.

## 5.1 Summary of the findings

### 5.1.1. Effect of economic empowerment programs on youth HIV reduction in Budadiri Town Council

Findings from Table 4.5 provide a nuanced analysis of the impact of economic empowerment programs on HIV reduction among youth in Budadiri Town Council. The data indicate that while 31.7% of respondents strongly agree and 23.8% agree that these programs enhance financial stability, contributing to overall stability, 36.5% strongly disagree with the notion that increased income from these programs reduces risky behaviors associated with HIV. This discrepancy highlights that economic stability alone may not directly mitigate risky behaviors without additional interventions. In terms of access to healthcare and HIV prevention services, only 25.4% strongly agree and 11.1% agree that economic opportunities improve access, while 54.0% disagree, indicating that financial resources alone do not always overcome barriers to healthcare access. When assessing financial independence and personal decision-making, 11.1% strongly agree and 22.2% agree that financial independence enhances decision-making, but 55.6% strongly disagree, suggesting that financial empowerment must be accompanied by further support to improve decision-making. Regarding vulnerability to exploitative situations, 17.5% strongly agree and 14.3% agree that economic support reduces vulnerability, yet 57.1% strongly disagree, pointing to the need for comprehensive protective measures beyond financial support. Finally, while 12.7% strongly agree and 15.9% agree that economic programs correlate with lower HIV infection rates, 49.2% strongly disagree, indicating that the relationship between economic empowerment and HIV reduction is complex and influenced by multiple factors. Overall, while the study recognizes some positive aspects of economic empowerment programs, it underscores the need for integrated approaches that address financial stability, healthcare access, informed decision-making, and vulnerability to effectively enhance HIV prevention among youth. The model summary in Table 4.6 reveals a weak correlation between economic empowerment programs and youth HIV

reduction, with an R-squared value of 0.009 indicating that only 0.9% of the variability in youth HIV reduction is explained by these programs, suggesting limited effectiveness in predicting HIV reduction.

### 5.1.2. Effect of social empowerment programs on youth HIV reduction in Budadiri Town Council.

The findings from Table 4.8 reveal a nuanced picture of how social empowerment programs impact youth HIV reduction in Budadiri Town Council. The data indicate mixed perceptions among respondents regarding the effectiveness of these programs. While some respondents recognize improvements in community attitudes, youth involvement, and access to resources, a significant proportion remains skeptical, highlighting limitations in program effectiveness. Specifically, 17.5% of respondents strongly agree and 22.2% agree that social empowerment programs enhance community attitudes towards HIV prevention, suggesting a positive shift in perspectives as noted by Gupta and Sharma (2021). However, 49.2% disagree, reflecting the need for more targeted efforts to influence community attitudes effectively. Similarly, 25.4% and 20.6% of respondents acknowledge enhanced youth involvement in health initiatives, aligning with Singh and Patel (2022), yet 46.0% disagree, indicating room for improvement in engagement strategies. Regarding risky behaviors, 25.4% agree that social support networks reduce such behaviors, consistent with Green and McDonald (2020), though 52.4% disagree, pointing to the need for additional preventive measures. The perception that peer support groups lower HIV infection rates is supported by 19.0% of respondents, but 49.2% disagree, emphasizing the need for integrating peer support with other interventions. Resource provision for HIV education is recognized by 19.0% as effective, but 47.6% disagree, highlighting gaps in resource delivery. The belief that stronger community ties foster safer environments is supported by 39.7% of respondents, yet 49.2% disagree, suggesting that community strengthening must be coupled with other supportive measures. Lastly, 17.5% and 22.2% see improved access to counseling and health services through social programs, but 49.2% disagree, indicating a need for better connection to health resources. In summary, while social empowerment programs have potential benefits, they face challenges in achieving comprehensive impact. The model summary from Table 4.9 shows a weak correlation ($R = 0.174$) and minimal variance explained ($R^2 = 0.030$), indicating limited effectiveness. The ANOVA results in Table 4.10 confirm this, with an F-value of 1.812 and a significance level of 0.184, suggesting that these programs do not significantly impact youth HIV reduction. Future

efforts should focus on addressing these gaps to enhance the effectiveness of social empowerment initiatives in HIV prevention.

### 5.1.3. Effect of academic empowerment programs on youth HIV reduction in Budadiri Town Council

The findings from Table 4.11, Table 4.12, and Table 4.13 present a nuanced view of the impact of academic empowerment programs on HIV reduction among youth in Budadiri Town Council. Table 4.11 reveals varied perceptions of these programs' effectiveness, with a significant portion of respondents expressing skepticism about their ability to improve HIV prevention knowledge and influence safer behaviors. For example, while 22.2% strongly agreed that academic programs enhance HIV knowledge, a notable 54.0% strongly disagreed, indicating perceived shortcomings. This discrepancy aligns with Smith and Jones (2018), who emphasized the importance of well-structured educational programs for effective HIV prevention. Table 4.12's model summary, with an R value of 0.145 and an R Square of 0.021, suggests a weak correlation between academic empowerment programs and HIV reduction, with only 2.1% of the variance in HIV reduction explained by these programs. Table 4.13 shows a Pearson correlation coefficient of 0.292, indicating a weak to moderate positive relationship and a statistically significant result ($p = 0.023$). This implies that while academic empowerment programs have a modest impact on reducing HIV rates, their effectiveness may be limited, underscoring the need for more comprehensive and targeted interventions. Future efforts should focus on enhancing program content, improving integration of HIV awareness, and addressing economic and social factors to better support HIV reduction objectives.

## 5.2 Conclusion of the Findings

### 5.2.1 Effect of economic empowerment programs on youth HIV reduction in Budadiri Town Council

The analysis of economic empowerment programs in Budadiri Town Council, as detailed in Table 4.6, reveals a weak correlation between these programs and youth HIV reduction. The R-squared value of 0.009 indicates that only 0.9% of the variability in HIV reduction can be explained by economic empowerment programs. This minimal variance suggests that while economic stability is a positive factor, it alone does not significantly impact HIV reduction among youth. This weak correlation underscores the limitation of relying solely on economic empowerment as a strategy for

reducing HIV risk. The findings align with the observation that financial stability, while important, may not directly address risky behaviors or enhance healthcare access without complementary interventions.

### 5.2.2 Effect of social empowerment programs on youth HIV reduction in Budadiri Town Council

For social empowerment programs, Table 4.9 shows an R-value of 0.174 and an R-squared value of 0.030. This weak correlation and minimal variance explained suggest that social empowerment programs have limited effectiveness in directly reducing HIV rates among youth. The ANOVA results, with an F-value of 1.812 and a significance level of 0.184, further confirm that these programs do not significantly impact HIV reduction. The weak correlation indicates that while social empowerment initiatives may have some positive effects, their current implementation may not be sufficient to produce substantial changes in HIV reduction outcomes. The data point to the need for enhancing the effectiveness of these programs through improved integration and support mechanisms.

### 5.2.3 Effect of academic empowerment programs on youth HIV reduction in Budadiri Town Council

The impact of academic empowerment programs is reflected in Table 4.12, where the model summary reveals an R value of 0.145 and an R-square of 0.021. This weak correlation implies that only 2.1% of the variability in HIV reduction can be attributed to academic empowerment programs. While Table 4.13 shows a Pearson correlation coefficient of 0.292 with a statistically significant result ($p = 0.023$), indicating a weak to moderate positive relationship, the overall effectiveness remains limited. The findings suggest that academic programs have a modest impact on HIV reduction, highlighting the need for more robust and targeted educational interventions.

## 5.3 Recommendations of the Findings

### 5.3.1 Effect of economic empowerment programs on youth HIV reduction in Budadiri Town Council

To enhance the effectiveness of economic empowerment programs in reducing HIV among youth in Budadiri Town Council, it should be recommended that these programs incorporate additional supportive measures beyond financial stability. Economic programs should be designed to not only provide financial resources but also address barriers to healthcare access and support informed

decision-making. Specifically, programs should integrate comprehensive health education, including HIV prevention and safe practices, into their training. Collaborations with healthcare providers to facilitate access to testing and counseling services should be established. Additionally, mentorship and guidance should be included to help youth navigate financial independence while avoiding risky behaviors. Protective measures should be introduced to mitigate vulnerability to exploitative situations, ensuring that economic empowerment is accompanied by holistic support structures. Furthermore, program evaluation should be conducted regularly to assess the impact on HIV reduction and make necessary adjustments to improve outcomes. By addressing these multifaceted needs, economic empowerment programs can achieve a more substantial impact on reducing HIV rates among youth.

### 5.3.2 Effect of social empowerment programs on youth HIV reduction in Budadiri Town Council

Social empowerment programs in Budadiri Town Council should be strengthened by focusing on comprehensive community engagement and support structures. To improve their effectiveness in HIV prevention, these programs should emphasize the development of robust peer support networks and community-based interventions. Efforts should be made to enhance community attitudes towards HIV prevention through targeted awareness campaigns and involvement of local leaders. Social support networks should be expanded to include regular peer education sessions and support groups that address risky behaviors and promote safe practices. Additionally, resource provision for HIV education should be increased, ensuring that accurate information is readily available to youth and their communities. Social empowerment programs should also work towards improving access to counseling and health services by establishing stronger linkages between communities and healthcare providers. Continuous monitoring and evaluation should be implemented to measure program impact and effectiveness, allowing for iterative improvements based on community feedback and outcomes. By adopting a more integrated approach, social empowerment programs can better support HIV prevention efforts and contribute to reducing infection rates among youth.

### 5.3.3 Effect of academic empowerment programs on youth HIV reduction in Budadiri Town Council

Academic empowerment programs in Budadiri Town Council should be enhanced by integrating more comprehensive HIV education and support into their curricula. To increase their effectiveness

in reducing HIV rates, these programs should focus on delivering structured and interactive educational content that addresses both prevention and safe behaviors. Collaborations with health professionals should be established to ensure that students receive up-to-date information and practical guidance on HIV-related issues. Academic programs should also incorporate life skills training that fosters critical thinking and informed decision-making regarding sexual health. Efforts should be made to connect academic initiatives with community resources, such as counseling services and support groups, to provide students with additional support. Regular assessments of program content and delivery should be conducted to ensure relevance and effectiveness, making necessary adjustments based on feedback and emerging needs. By enhancing the educational framework and support systems, academic empowerment programs can play a more significant role in HIV reduction among youth.

### 5.4 Contributions of the study

The study significantly contributes to the understanding of HIV reduction strategies among youth in Budadiri Town Council by evaluating the impact of economic, social, and academic empowerment programs. It provides empirical evidence on the effectiveness of these programs, revealing that while economic empowerment shows limited direct impact, social programs require more targeted community engagement, and academic initiatives need enhanced content and practical support. The study's use of correlation and regression analysis highlights the complexity of HIV prevention and underscores the necessity for integrated, multi-faceted approaches rather than isolated interventions. These findings not only advance academic knowledge but also offer practical insights for policymakers and program developers, guiding the refinement and implementation of more effective HIV prevention strategies. By addressing gaps in current practices and emphasizing the need for continuous evaluation and adaptation, the study lays a foundation for future research and improved intervention design, ultimately aiming to enhance HIV reduction efforts among youth.

### 5.4 Areas for further research

Future research should explore several key areas to enhance the understanding and effectiveness of HIV reduction strategies among youth. Firstly, it would be valuable to conduct longitudinal studies to assess the long-term impact of economic, social, and academic empowerment programs on HIV prevention, as this would provide insights into the sustainability of these interventions over time. Secondly, more research is needed to evaluate the interplay between different types of

empowerment programs and their combined effects on youth HIV reduction, including how economic stability interacts with social support and educational interventions. Additionally, investigating the role of cultural and regional factors in shaping the effectiveness of these programs could yield more tailored and context-sensitive strategies. Another critical area is the development of more robust and comprehensive evaluation metrics to accurately measure the impact of interventions, including qualitative approaches to capture participants' experiences and perceptions. Finally, exploring innovative and technology-driven solutions, such as digital health tools and online education platforms, could offer new avenues for improving access to HIV prevention resources and engaging youth more effectively.

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## QUESTIONNAIRE

**Dear respondent,**

MY Name is NAKAYENZE PHIONA, a student of Uganda Christian University pursuing Bachelors in social work and social administration. The purpose of this study is to investigate "IMPACT OF YOUTH EMPOWERMENT PROGRAMS ON HIV REDUCTION IN BUDADIRI TOWN COUNCIL, SIRONKO DISTRICT 'you have a wealth of important information that is very useful in this exercise. The information collected will be held in strict confidentiality and in no way be personalized. You are therefore requested to respond to the questions below as objectively and as accurately as possible.

**Instructions:**

Please tick the most appropriate box.

**SECTION A: BACK GROUND INFORMATION**

Tick in the boxes the alternative that represents your opinion. There is no right or wrong Answer,

Any response you give will be respected because it represents your view.

1 Gender

| FEMALE | MALE |
|---|---|
| 1 | 2 |

2. Age bracket

| 18-30 | 31-43 | 44-56 | 57-69 | 70 and above |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

3 Qualifications: What is your highest academic qualification?

| Certificateand below | DiplomaLevel | Degree Level | Master Level | PHD Level | Professional Level |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 |

4. Departments: In which department do you work?

| Finance and Administration | Production | Gender | Health Education, | StatuaryB |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

**5 Number of years worked at Budadiri Town Council**

| 1-2 | 3-4 | 5-6 | 7 and above | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | |

## SECTION B: Effect of economic empowerment programs on youth HIV reduction in Budadiri Town Council

Please indicate your level of agreement with the statements below by ticking the appropriatecolumn. Strongly Agree- (SA) Agree- (A) , Not sure- (NS) Disagree- (D), Strongly Disagree-(SD)

| **Strongly Agree** | **Agree** | **Not Sure** | **Disagree** | **Strongly Disagree** |
|---|---|---|---|---|
| SA | A | NS | D | SD |

| | **Statement** | **SA** | **A** | **NS** | **D** | **SD** |
|---|---|---|---|---|---|---|
| 1 | I have observed that economic empowerment programs increase financial stability among youth. | | | | | |
| 2 | I am aware that increased income from these programs reduces risky behaviors associated with HIV. | | | | | |
| 3 | I have noticed that economic opportunities improve access to healthcare and HIV prevention services. | | | | | |
| 4 | I am informed that financial independence from these programs enables better personal decision-making. | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 5 | I have found that economic support reduces the vulnerability of youth to exploitative situations. | | | | | |
| 6 | I am seeing that youth involved in these programs have lower rates of HIV infection compared to those not involved. | | | | | |
| 7 | I have observed that economic stability contributes to enhanced self-esteem and reduced HIV risk. | | | | | |

**SECTION C: Effect of social empowerment programs on youth HIV reduction in Budadiri Town Council.**

| | **Statement** | **SA** | **A** | **NS** | **D** | **SD** |
|---|---|---|---|---|---|---|
| 1 | I have observed that social empowerment programs improve community attitudes towards HIV prevention. | | | | | |
| 2 | I am aware that these programs enhance youth involvement in community health initiatives. | | | | | |
| 3 | I have noticed that increased social support networks reduce risky behaviors among youth. | | | | | |
| 4 | I am informed that peer support groups formed through these programs contribute to lower HIV infection rates. | | | | | |
| 5 | I have found that social empowerment programs provide critical resources and support for HIV education. | | | | | |
| 6 | I am seeing that stronger community ties foster safer environments for youth, reducing HIV risk. | | | | | |
| 7 | I have observed that social programs improve youth access to counseling and health services. | | | | | |

**SECTION D: Effect of academic empowerment programs on youth HIV reduction in Budadiri Town Council**

| | Statement | SA | A | NS | D | SD |
|---|---|---|---|---|---|---|
| 1 | I have observed that academic programs improve knowledge about HIV prevention among youth. | | | | | |
| 2 | I am aware that higher educational attainment leads to better health literacy and reduced HIV risk. | | | | | |
| 3 | I have noticed that academic support helps youth develop critical thinking skills that influence safer sexual behaviors. | | | | | |
| 4 | I am informed that educational programs often include HIV awareness components that increase prevention efforts. | | | | | |
| 5 | I have found that academic empowerment provides youth with better career opportunities, reducing economic pressures that may lead to risky behaviors. | | | | | |
| | I am seeing that academic achievements boost self-esteem, which contributes to healthier lifestyle choices and lower HIV risk. | | | | | |
| | I have observed that access to educational resources enhances youth's ability to make informed decisions about their health. | | | | | |

**SECTION E: youth HIV Reduction in Budadiri Town Council**

| | Statement | SA | A | NS | D | SD |
|---|---|---|---|---|---|---|
| 1 | I have observed a decrease in HIV infection rates among youth due to targeted prevention programs. | | | | | |
| 2 | I am aware that increased access to HIV testing and counseling services has contributed to early detection and reduced transmission. | | | | | |
| 3 | I have noticed improved community engagement and support for HIV prevention efforts among the youth. | | | | | |
| 4 | I am informed that educational campaigns focusing on safe sex practices have effectively raised awareness and reduced risky | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | behaviors. | | | | | |
| 5 | I have found that collaboration between local organizations and health services has strengthened HIV prevention initiatives. | | | | | |
| 6 | I am seeing that youth involvement in prevention programs leads to better adherence to safe practices and health guidelines. | | | | | |
| 7 | I have observed that stigma reduction efforts have encouraged more youth to seek HIV testing and support services. | | | | | |

## Appendix ii: Interview Guide

**Objective I: To assess the effect of economic empowerment programs on youth HIV reduction in Budadiri Town Council**

i. How have economic empowerment programs in Budadiri Town Council influenced the financial stability of youth participants, and how do you believe this stability affects their risk of contracting HIV?

ii. Can you provide specific examples of how economic opportunities provided through these programs have contributed to improved health outcomes or reduced risky behaviors among youth?

iii. What challenges have you observed in implementing economic empowerment programs, and how have these challenges impacted their effectiveness in reducing HIV rates among youth?

iv. How do participants perceive the relationship between their economic empowerment and their overall health, including HIV prevention?

v. In your opinion, what improvements could be made to enhance the effectiveness of economic empowerment programs in reducing youth HIV rates?

**Objective II: To examine the effect of social empowerment programs on youth HIV reduction in Budadiri Town Council**

i. How do social empowerment programs in Budadiri Town Council address the social factors that contribute to youth vulnerability to HIV?

ii. Can you describe any noticeable changes in community attitudes towards HIV prevention and youth involvement as a result of these social empowerment programs?

iii. What are some of the key social benefits that participants have gained from these programs, and how do these benefits relate to their HIV risk reduction?

iv. Have there been any specific social support mechanisms introduced by these programs that have significantly impacted youth behavior concerning HIV prevention?

v. What additional social support or resources would enhance the effectiveness of these programs in reducing HIV rates among youth?

**Objective III: To investigate the effect of academic empowerment programs on youth HIV reduction in Budadiri Town Council**

i. How do academic empowerment programs in Budadiri Town Council contribute to HIV prevention among youth, and what aspects of these programs are most effective in this regard?

ii. What role does education play in shaping the attitudes and behaviors of youth towards HIV prevention, according to your observations of these programs?

iii. Can you identify any successful strategies or practices within the academic programs that have directly or indirectly contributed to reduced HIV risk among youth?

iv. How do academic empowerment programs address the intersection between education and health, specifically focusing on HIV awareness and prevention?

v. What are the perceived gaps or areas for improvement in academic empowerment programs that could further support HIV reduction efforts among youth?

# UGANDA CHRISTIAN UNIVERSITY

A Centre of Excellence in the Heart of Africa

**MBALE UNIVERSITY COLLEGE.**

## Office of the Academic Registrar

To THE TOWN CLERK
BUDADIRI TOWN COUNCIL

TOWN CLERK
03 SEP 2024
BUDADIRI TOWN COUNCIL

Permission granted
A.T.C.
08/09/2024.

Dear Sir/Madam,

**Re: Academic Research**

Christian greetings!

We are honored to introduce to you Mr. Mrs./Miss. NALAYENZE PHIONA
Of Registration Number J22/MUC/BSW/026 pursuing a Masters' Degree/Postgraduate Diploma / Bachelor's Degree
BACHELOR'S DEGREE IN SOCIAL WORK AND SOCIAL ADMINISTRATION
He/ she is required to carry out academic research on the topic
IMPACT OF YOUTH EMPOWERMENT PROGRAMS ON HIV REDUCTION IN BUDADIRI TOWN COUNCIL, SIRONKO DISTRICT.
and thereafter produce a well bound hard cover research report (**MAROON**) in color for undergraduate and three (**BLACK**)copies for Postgraduate students as a university requirement for the award of a degree/diploma in the academic discipline that he / she is pursuing.

We shall be grateful for the help you may offer to him or her accordingly.
Thank you.

Yours faithfully,

Mr. Akampurira Timothy
Academic Registrar

UGANDA CHRISTIAN UNIVERSITY
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ACADEMIC REGISTRAR
MBALE UNIVERSITY CO



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