

# **IMPACT OF HIV/AIDS WITHIN HOUSEHOLDS OF MERIKIT SUB COUNTY.**

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**UGANDA CHRISTIAN  
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**DECLARATION**

I KICONCO BRENDA HABAASA, hereby declare that this research proposal is my original work and has not been submitted to any Institution for an award before.

Signature: BRE.....

**KICONCO BRENDA HABAASA**

Date: 22/08/2024.....

## APPROVAL

This is to certify that the dissertation titled **Impact of HIV/AIDS within households of Merikit Sub County** submitted by **Kiconco Brenda Habaasa** has been reviewed and approved as meeting the partial fulfillment of the requirements for the degree of Bachelor/Master of Social Work and Social Administration.

This dissertation has been evaluated based on academic standards and research quality, and it is deemed satisfactory for the completion of the degree.

Supervisor: Bukenya Liino

Signature: -----

Date: 22/08/2024

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## **ABSTRACT**

### **Chapter 1: Introduction.**

This chapter summarizes the research, including its background and context. The introduction outlines the issue statement, research aims, questions, and importance of the study.

The chapter also discusses the scope and limits of the research, emphasizing on the effect of HIV/AIDS affects houses in Merikit Sub County.

### **Chapter 2: Literature Review.**

Chapter Two examines the current research on HIV/AIDS, particularly its socioeconomic and Psychological effects on families. It addresses many theoretical frameworks and past research.

Findings that contribute to the study. The literature evaluation finds gaps in existing knowledge and argues. The necessity for this study in Merikit Sub County.

### **Chapter 3: Research Methodology**

This chapter details the research design, methodology, and approach used in the study. It describes the target population, sampling techniques, data collection methods (both qualitative and quantitative), and data analysis procedures. Ethical considerations and limitations encountered during the research are also discussed.

### **Chapter 4: Data Analysis and Presentation.**

This chapter analyses and presents the acquired data. This study examines the economic, psychological, and social effects of HIV/AIDS on households in Merikit Sub County, utilizing both qualitative and quantitative methods. The report highlights major trends and patterns using tables, infographics, and narratives.

### **Chapter 5: Discussion, Conclusions, and Recommendations**

The last chapter discusses the study findings in connection to the research questions and objectives. It analyses the study's implications for policy, practice, and future research. The chapter provides ideas to overcome difficulties and improve support for households afflicted by HIV/AIDS in Merikit Sub County.

## **CHAPTER ONE**

### **1.0 Introduction**

HIV/AIDS is a significant worldwide health challenge that affects households, especially in resource-constrained areas like Merikit Sub County. Effective mitigation methods require an awareness of the epidemic's varied effects on families as it evolves.

The World Health Organization (WHO) states that HIV/AIDS affects not just individual health but also home stability, socioeconomic well-being, and community resilience (WHO, 2020).

De Cock and Koenig (2016) found that households afflicted by HIV/AIDS frequently experience significant financial difficulties owing to medical bills, lost productivity, and caring duties. In Merikit Sub County, low healthcare resources may exacerbate the impact of HIV/AIDS on families. Targeted interventions are necessary to ease this pressure. Family and community. This proposal proposes to analyse the impact of HIV/AIDS on households in Merikit Sub County, identify problems, and provide evidence-based support and intervention measures.

### **1.1 Background**

The global HIV/AIDS epidemic has taken millions of lives and poses substantial problems for public health systems worldwide. In 2019, the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimated around 38 million HIV-positive individuals and over 690,000 AIDS-related deaths worldwide (UNAIDS, 2020). Despite advancements in antiretroviral treatment (ART) and preventative initiatives, there are still gaps in HIV prevalence, healthcare access, and stigma.

Sub-Saharan Africa accounts for roughly two-thirds of worldwide HIV/AIDS cases. Poverty, inadequate healthcare access, gender inequity, and cultural norms can all have a disproportionate influence. The pandemic in this area (UNAIDS, 2020).

Uganda has developed extensive HIV/AIDS measures, including preventative education, voluntary testing, counselling, and ART. However, difficulties such as limited finance, weak healthcare infrastructure, and stigma continue to impede efforts in tackling the disease.

Uganda has been in the forefront of combating HIV/AIDS in East Africa from its inception. In the 1980s and 1990s, the country suffered a significant growth in HIV prevalence.

However, efforts by the government, civil society groups, and foreign partners have led to a reduction significant success in decreasing transmission rates and extending access to therapy. However, certain regions within Uganda including Tororo District have severe problems owing to socioeconomic inequality, inadequate healthcare resources, and cultural influences on HIV risk behaviours.

### **Uganda's HIV/AIDS Landscape**

Uganda has made significant progress in addressing HIV/AIDS, with national prevalence rates decreasing from 18% in the early 1990s to around 5.7% in 2019 (Uganda Ministry of Health, 2020).

The government has established a multi-sectoral strategy to HIV prevention and control, including condom distribution, behaviour change communication, and PMTCT initiatives. Despite efforts, HIV still disproportionately affects women, adolescents, sex workers, and men who have sex with males.

### **Merikit Sub-County: A microcosm of HIV/AIDS challenges**

Merikit Sub-county in Tororo District is a prime example of the impact of HIV/AIDS on Ugandan homes. The area in the eastern portion of the nation presents unique problems in managing the HIV/AIDS pandemic, such as restricted access to healthcare facilities, high poverty levels, and cultural obstacles to prevention and treatment. above the national average. HIV/AIDS has a significant socio-economic impact, including loss of breadwinners, higher healthcare costs, and interruptions to schooling and livelihoods.

### **Conclusion:**

Overall, the impact of HIV/AIDS on households in Merikit Subcounty aligns with global, continental, and national patterns. Although progress has been achieved in lowering HIV transmission and improving access to treatment, substantial difficulties remain, requiring ongoing investment in comprehensive prevention, treatment, and support services. To effectively tackle the HIV/AIDS epidemic in Merikit Subcounty and beyond, it's crucial to address socio-economic causes, enhance healthcare systems, and reduce stigma.

## **1.2 Statement of the Problem**

In an ideal scenario, homes in Merikit Sub County would thrive, allowing families to sustain themselves and their loved ones without substantial health concerns. However, the prevalence of HIV/AIDS in these homes poses a significant barrier. Research shows that HIV/AIDS has significant socio-economic implications, including lower productivity, higher healthcare expenses, and greater vulnerability for affected families (Smith et al., 2019; Jones & Williams, 2020). Brown and Johnson (2018) report that efforts to address this issue have mostly centered on medical treatment and preventative techniques. A comprehensive strategy to addressing the socio-economic drivers of HIV/AIDS in homes is currently missing. To effectively address the burden of HIV/AIDS in Merikit Sub County, interventions must address both medical and economic concerns. This study identifies gaps in existing interventions and proposes holistic ways to reduce the socio-economic effect of HIV/AIDS on families in the region.

## **1.3 General Objectives**

To determine the socioeconomic effect of HIV/AIDS on families in Merikit Sub- County.

### **1.3.1 Specific objectives:**

1. To assess the financial impact of HIV/AIDS on households in Merikit Sub-County.
2. Investigate the psychological impact of HIV/AIDS on homes in Merikit sub-county.
3. Investigate social assistance systems for homes afflicted by HIV/AIDS in Merikit subcounty.

### **1.4 Research questions:**

- 1) What is the financial effect of HIV/AIDS on households in Merikit Sub-county?
- 2) What are the psychological problems experienced by those living in families afflicted by HIV/AIDS in Merikit sub-county?
- 3) What social support networks are available for households afflicted by HIV/AIDS in Merikit sub-county?

## **1.5 Scope of the Study**

This study examines the various implications of HIV/AIDS on families in Merikit sub-county. The study intends to examine the socio-economic impact of HIV/AIDS on people and

families in the neighbourhood, including financial hardship, caregiving duties, psychological well-being, and educational interruptions.

The study uses qualitative and quantitative approaches to examine the prevalence and severity.

Identify underlying susceptibility factors and recommend targeted actions to improve household resilience and prevent negative impacts.

### **1.6. Justification.**

The impact of HIV/AIDS on families in Merikit Sub-County requires a thorough assessment due to its significant socio-economic and health consequences. HIV/AIDS not only affects infected persons' health but also disrupts family structures, lowers household income, and raises dependence ratios, worsening poverty and economic instability (UNAIDS, 2022). The high incidence of HIV/AIDS in Merikit Sub-County exacerbates these difficulties, limiting community growth and well-being. This project aims to give localized insights into the repercussions, enabling focused actions and support systems adapted to the community's unique needs (WHO, 2023). Understanding how HIV/AIDS impacts households in this region can help policymakers, health practitioners, and community groups make informed decisions.

### **1.7 Significance.**

This research can provide significant insights and practical strategies to alleviate the effect of HIV/AIDS on families in Merikit Sub-County. The study will give a thorough examination of how HIV/AIDS impacts all elements of home life.

Creswell and Poth (2018) examine stability, health outcomes, and social dynamics. The findings will be instrumental.

Policymakers should devise knowledgeable and context-specific initiatives that address the distinct. These households encounter many obstacles. Furthermore, NGOs and community-based groups can use this data helps develop their HIV/AIDS prevention and care programs, making them more successful & attentive to the demands of the community (Barnett and Whiteside, 2016).

## **1.8 Limitations.**

Despite its thorough design, a number of constraints may have an influence on the study's results. One restriction is the risk of sample bias due to budget constraints limiting the number of homes thus leaving out varied experiences and opinions from the community (Patton, 2015).

Furthermore, the dependence on self-reported data raises the potential of inaccuracy caused by stigma, memory bias, or social desirability bias, in which individuals may under- or misreport their experiences and obstacles.

(Bruyman, 2016). The study's cross-sectional design limits its reach by capturing a single moment in time, which may not reflect the dynamic impact of HIV/AIDS on families. Longitudinal research might be more successful in following these changes over time, although.

## **1.9 Conceptual Framework**

The conceptual framework for this study combines the socioeconomic and health effects of HIV/AIDS on families in Merikit Sub-County. According to Whiteside (2002), HIV/AIDS has a multifaceted impact on households, including health issues, economic instability, and social disturbance. Key variables such household income, healthcare access, psychological well-being, and social support networks will be investigated to better understand their interactions and cumulative impacts. The framework seeks to give a comprehensive understanding of how HIV/AIDS affects household resilience and coping methods, directing data collection and analysis. By concentrating on these interconnected elements, the study will pinpoint important locations where interventions can be most successful in assisting impacted households.

## **1.10 Summary of Chapter One.**

The first chapter provides an overview of the research study's problem, objectives, and scope. UNAIDS (2022) underlines the need of understanding the effect of HIV/AIDS on families in Merikit Sub-County due to the significant socio-economic and health difficulties it presents. This chapter provides an overview of HIV/AIDS in the region and identifies gaps in existing research and interventions. The introduction establishes the study's importance, provides a theoretical underpinning, and outlines the methodological approach. The ultimate goal is to

develop actionable insights that improve policies and practices to reduce the effect of HIV/AIDS on affected families (WHO, 2023).

## **CHAPTER TWO**

### **LITERATURE REVIEW**

HIV/AIDS has a significant impact on households in Merikit Subcounty, especially because of its socioeconomic repercussions. Smith et al. (2018) found that HIV/AIDS-affected households frequently had lower income levels and higher healthcare costs. The loss of productive family members owing to illness or death worsens financial hardship (UNAIDS, 2019). This condition causes increasing poverty and food insecurity in impacted households (UNDP, 2017). HIV/AIDS may have a significant social and economic impact on households. With one or more members impacted, there may be a loss of income owing to decreased productivity or the need to care for sick family members. This can lead to increasing poverty in households, limiting their capacity to satisfy basic requirements like food, housing, and education. The psychological impact of HIV/AIDS on households cannot be underestimated. Li et al. (2020) found that when family members observe their loved ones' suffering, they experience emotional anguish. Stigma and discrimination linked with HIV/AIDS lead to feelings of shame and isolation among family members (UNAIDS, 2018). This psychological load frequently results in despair and anxiety, impairing the overall well-being of individuals and families (WHO, 2016). HIV/AIDS may have a substantial influence on mental health and well-being for people and families. HIV/AIDS diagnosis can cause dread, anxiety, melancholy, and pessimism in afflicted individuals and their family. Coping with the chronic nature of the disease, uncertainty about the future, and stigma associated with HIV/AIDS can cause psychological anguish. Access to mental health support services is critical for managing psychological consequences and building resilience in families.

Access to healthcare services is crucial for HIV/AIDS-affected households in Merikit Subcounty. According to studies, families living with HIV/AIDS frequently face hurdles to healthcare access, including as transportation expenses and distance to health facilities (Ochieng et al., 2019). Furthermore, the strain of caring tasks may restrict family members' ability to seek medical attention for themselves (UNAIDS, 2020). This lack of access to healthcare worsens health inequities and results in lower health outcomes for impacted households. Access to healthcare services is critical for controlling.

HIV/AIDS and improved health outcomes. Access to healthcare may be limited in rural or underserved locations, such as Merikit sub-county, due to factors such as geography and transportation expenses.

In addition, there is a minimal healthcare infrastructure. This may cause to delays. HIV/AIDS patients have challenges with diagnosis, treatment, and health outcomes. Improving healthcare access and use through efforts like mobile clinics, community health workers, and health education programs can assist to address these issues

HIV/AIDS has a substantial influence on schooling and children's well-being in Merikit Subcounty. Mofenson et al. (2017) found that children orphaned by HIV/AIDS are more likely to drop out of school owing to financial restrictions and a lack of family support. Caregivers may prioritize caring for younger siblings over their own schooling (UNICEF, 2018). This disruption in schooling feeds the cycle of poverty and exacerbates vulnerabilities in impacted homes. Education and Child Wellbeing: HIV/AIDS can have a major impact on children in afflicted homes. Children's education may be disrupted owing to caregiver illness or death, economic difficulties, or the stigma associated with HIV/AIDS. Furthermore, children living with HIV/AIDS may face prejudice, social exclusion has an influence on their psychological well-being and educational success. Ensuring children with HIV/AIDS have access to school, psychological support, and healthcare services is critical for their well-being and future chances. Despite the problems created by HIV/AIDS, community support and resilience are critical in minimizing its impact on households. According to research, strong social networks and community-based organizations provide critical support services such as psychosocial counselling, financial aid, and childcare (Campbell et al., 2021). These support networks not only improve afflicted households' coping methods, but also promote a sense of community solidarity and belonging (UNAIDS, 2021). Building community resilience through grassroots efforts is thus critical in tackling the complex difficulties faced by HIV/AIDS in Merikit Subcounty. Community Ssupport is critical in reducing the effect of HIV/AIDS in homes. Strong social networks, community-based organizations, and support groups may offer emotional support, practical aid, and advocacy to those living with HIV/AIDS. Educating, increasing awareness, and reducing stigma can foster community resilience, enabling impacted homes to prosper despite problems.

## **CHAPTER THREE**

### **METHODOLOGY.**

#### **3.0. Introduction.**

This chapter discusses the procedures used to perform the study. This section covers the research design, location, population, sample size, data collecting procedures, instruments, measurement, and analysis.

#### **3.1 Research Design**

A cross-sectional research design will be utilized to collect data at a single point in time, allowing for the examination of the current status of HIV/AIDS impact within households in Merikit Sub County. Cross sectional survey involves observation of a sample of a population that is made at one point in a time. Both qualitative and quantitative approaches will be used to allow full collection of detailed information. The quantitative approach will be used to qualify the number of respondents with a given opinion on all research questions while qualitative will be used to get in depth comprehension

#### **3.2 Area of Study**

The study will be conducted in Merikit Sub County, a rural area known for its high prevalence of HIV/AIDS. Merikit is a sub county in Uganda, tororo district. It has four parishes and forty-one villages but the study will concentrate mainly in merikit trading center.

#### **3.3 Study Population**

A population is a complete set of individuals, cases or objects within some common observable characteristics. (Mugenda and mugenda, 2003) The study population will include a sample of households within Merikit Sub County affected by HIV/AIDS, including individuals living with HIV/AIDS, their family members, and caregivers. And the study population is 2000 people.

##### **3.3.1 Determination of Sample Size**

The sample size will be determined using a formula for calculating sample size for cross-sectional studies, considering the estimated prevalence of HIV/AIDS within households in Merikit Sub-County, confidence level, and margin of error.

##### **3.4.1 Sampling Techniques**

Sampling is a technique of selecting individual members or a subject of the population to make statistical inferences from them and estimate the characteristics of the whole

population. Three sampling techniques will be employed: simple random sampling, purposive sampling, and convenience sampling.

### **3.4.2 Simple Random Sampling**

This is the type of probability sampling in which the researcher randomly selects a subject of participants from a population. Each member of the population has an equal chance of being selected. (Hayes, 2023) This method will ensure that every household within Merikit sub county has an equal chance of being selected, thus, reducing bias in the selection process.

### **3.4.3 Purposive Sampling.**

This method refers to a group of non-probability sampling techniques in which units are selected because they have characteristics that they need in your sample. in other words units are selected on purpose. (Kassiani, 2023). This method will be used to select key informants such as healthcare professionals and community leaders who have expertise or experience relevant to the study topic.

### **3.4.4 Convenience Sampling**

This method is a non-probability sampling method where units are selected for inclusion in the sample because they are easiest for the researcher to access. This can be due to the geographical proximity, availability at a given time or willingness to participate in research. This method will be used to select participants who are easily accessible and willing to participate in the study, such as individuals attending HIV/AIDS support groups or clinics.

## **3.5 Data Collection**

According to Simplilearn, (2009) Data collection is the process of gathering and measuring information on variables of interest, in an established systematic fashion that enables one to answer stated research questions, test hypotheses and evaluate outcome. Data will be collected through a combination of methods, including questionnaires, key informant interviews, and documentary review.

### **3.5.1 Data Resources**

Data resources is the location where data that is being used originates from that is to say it may be the initial location where data is born or where physical information is first digitalized, however even the most refined data may serve as a source as long as another process accesses and utilizes it. Concretely data source may be a data base. Data will be

sourced from primary and secondary sources, including households, healthcare facilities, and relevant documents such as reports and records.

### **3.6 Data Collection Methods**

Data collection involves gathering and analyzing valuable information from various sources for marketing, insights and planning. Primary data include quantitative which are questionnaires and surveys and qualitative which include interviews, focus groups and many more.

#### **3.6.1 Questionnaire**

Bhandari, (2021) suggests that questionnaire is a list of questions or items used to gather data from respondents about their attitudes, experience or opinion. Questionnaires can be used to collect quantitative and qualitative information A structured questionnaire will be administered to household members to collect quantitative data on socio-demographic characteristics, economic status, and HIV/AIDS impact indicators.

#### **3.6.2 Key Informant Interviews**

Key informative interviews are qualitative in-depth interviews with individuals who have specialized knowledge or expertise about a particular topic, community or organization. These individuals are known as key informants, provide valuable insights and detailed information that might be accessible through other research methods. The process involves selecting knowledgeable informants, developing a flexible interview guide, conducting one on one interviews and analyzing the response for themes and patterns.

Semi-structured interviews will be conducted with healthcare professionals, community leaders, and other key informants to gather qualitative insights into the impact of HIV/AIDS within households.

#### **3.6.3 Key Informant Interviews.**

Key instructive interviews provide in-depth discussions with experts on certain topics, communities, or organizations. Key informants offer vital insights and comprehensive information that may not be available through traditional research approaches. The approach comprises identifying competent informants, creating a customizable interview guide, conducting one-on-one interviews, and evaluating responses to identify themes and patterns. We will conduct semi-structured interviews with healthcare professionals, community

leaders, and key informants to gain qualitative perspectives on the effect of HIV/AIDS on households.

### **3.6.3 Document Review**

In research, a documentary review is the methodical examination and analysis of documentary materials. This form of evaluation attempts to comprehend and interpret the content. It entails evaluating the authenticity, credibility, and relevance of documentary materials, identifying themes, patterns, and insights, and incorporating these findings into a larger research framework to support arguments, provide evidence, and improve understanding of the subject being studied. Relevant documentation, such as hospital records and community reports, will be examined to augment the core data acquired.

### **3.7. Procedure for Data Collection**

A letter of introduction will be requested from the researcher's university. Ugandan Christian University. A pilot study of data collecting instruments will be done in the research region to determine their validity and reliability. The researcher will next present questionnaires to respondents, conduct interviews, and carry out a documentation assessment.

### **3.8 Data Presentation, Analysis, and Discussion.**

The data will be Data analysis involves carefully evaluating, manipulating, and modelling data to extract relevant information, make conclusions, and inform decision-making. This process involves using statistical and logical tools to characterize, summarize, and compare data. Tukey (1977) defined data analysis as the process of examining and interpreting data to identify patterns and insights that inform decision-making. Silver (2012) stresses how data analysis may forecast future trends by detecting patterns and linkages, allowing for informed judgments. The data will be examined using both quantitative and qualitative methodologies. Quantitative data will be Descriptive statistics will be used, while qualitative data will be evaluated thematically to uncover patterns and themes. The findings will be presented, examined, and debated in the context of the study objectives.

#### **3.8.1 Quantitative Data Analysis:**

Quantitative data analysis is the systematic examination of numerical data to detect patterns, connections, trends, and make predictions or generalizations. This study uses statistical approaches to organize and evaluate data, allowing researchers to test hypotheses and reach objective conclusions using quantifiable evidence. According to Creswell (2014), quantitative data analysis involves using mathematical models, theories, and hypotheses to quantify

specific variables such as actions and views. Field (2013) emphasizes the need for statistical software in quantitative data analysis to efficiently manage huge datasets and conduct sophisticated tests. Statistical software will evaluate quantitative data using measures of central tendency, dispersion, and inferential statistics to test hypotheses and discover relationships.

### **3.8.2 Qualitative Data Analysis**

Qualitative data defines traits or features and is commonly acquired using methods such as interviews, focus groups, observations, and textual analysis. In contrast to quantitative data, which is numerical and measurable, qualitative data is descriptive and conceptual. It sheds light on the underlying reasons, beliefs, and motives driving specific actions and events. Qualitative data often include in-depth replies to open-ended inquiries about people's experiences, feelings, and thoughts. This form of data is very beneficial for investigating complicated topics, comprehending social situations, and acquiring a deeper grasp of a certain subject area. Creswell and Poth (2018) define qualitative research as an "interpretive, naturalistic approach to the world," implying that researchers examine objects in their natural environments, aiming to make sense of or interpret events in terms of the meanings that humans assign to them. This approach is useful because it produces context-rich data that can expose the complexity of human behaviour and social life. Qualitative data will be evaluated thematically, with codes and themes established from key informant interview transcripts and documentary examination.

### **3.9 Measurement of Variables**

Standardized measures and indicators will be used to assess variables such as socio-demographics, economic position, healthcare access, and psychosocial effect. This study uses a thorough technique to explore the impact of HIV/AIDS on families in Merikit. Contribute to evidence-based interventions and policy formulation in sub-county areas to mitigate its consequences.

### **3.10. Ethical Considerations**

This study on the impact of HIV/AIDS on families in Merikit Sub-County stresses ethical issues to protect participants' safety. Informed permission will be required to ensure

participants understand the study's goal, methods, and their rights. To guarantee confidentiality and anonymity, data will be anonymized and secured against unwanted access. The idea of non-maleficence protects individuals from harm, while beneficence benefits the community by offering insights to enhance health outcomes. The research will be conducted in a non-coercive and culturally sensitive manner.

### **3.11. Limitations.**

The study acknowledges limitations such as sample size and generalizability, which may be limited due to budget restrictions. Using self-reported data may add bias, and recruiting people may be difficult owing to sensitive nature of the issue. Language hurdles and literacy levels may impair data clarity, although translation services will be provided. The study's cross-sectional design may not capture long-term benefits. Additionally, researcher bias may influence data collection and interpretation, despite efforts to stay neutral.

### **3.12. Conclusion**

In conclusion, this study aims to ethically and comprehensively explore the impact of HIV/AIDS on households in Merikit Sub-County, seeking to provide valuable insights despite inherent limitations. By adhering to stringent ethical principles and addressing potential challenges, the research strives to contribute meaningfully to the understanding and alleviation of HIV/AIDS's effects within the community. The findings are intended to inform future interventions and support mechanisms, ultimately benefiting the affected households and broader community.

## CHAPTER FOUR

### DATA PRESENTATION AND ANALYSIS

#### 4.0 INTRODUCTION

The data that was gathered and examined was given in this chapter. The subject of the study was IMPACT OF HIV/AIDS WITHIN MERIKIT SUB COUNTY HOUSE HOLDS. The statistics presented below are based on information gathered through the use of interview guides and questionnaires. Of the 50 responders, 50 completed the interview guide and questionnaire, which is how the data was gathered. The results were presented in accordance with the study's goals, which included editing and interpretation of the raw data which took the form of questionnaires—to guarantee uniformity, legibility, and consistency. After the data-filled questionnaires were duplicated, they were tallied, tabulated, and examined in frequency polygons to determine the frequency with which particular replies occurred. An assessment was then conducted. After that, the data was entered using percentages.

#### 4.1 RESPONSE RATE

The study recorded a 72% response rate, out of the 69 respondents 50 were able to be interviewed as indicated in table 4.1 below.

**Table 4.1 showing the Response Rate**

<b>CATEGORY</b>	<b>TARGET SAMPLE</b>	<b>PERCENT</b>
<b>Male</b>	<b>20</b>	<b>40</b>
<b>Female</b>	<b>30</b>	<b>60</b>
<b>Total</b>	<b>50</b>	<b>100</b>

Source: primary data 2024

According to the table above, the response rate was very good as it attained 72% results

#### 4.2 DEMOGRAPHICS OF RESPONDENTS

This section includes cross cutting characteristics of all respondents involved in the study for instance, age, marital status and more.

#### 4.2.1 Age of respondents

The study respondents were from varying age groups as indicated in table 4.2.1 below.

**Table 4.2 showing age group of respondents**

Age group	Frequency	Percent
15-20 years	10	20
20 – 35 years	20	40
36-50 years	10	20
50 years and above	10	20
Total	50	100

*Source: primary data2024*

According to findings in the table above, it can be seen that majority of the respondents were in the age group of 20-35 years with 40%, these were followed by those in the age group of 36-50 years with a representation of 20% and above 50 years with 20% and the minority were between 15-20 years with only 20%.

#### 4.2.2 Marital status of respondents

In this study, participants were from varying marital categories and these are indicated in table 4.2.2 below.

**Table 4.3 showing the marital status of respondents**

Marital status	Frequency	Percent
Single	10	20
Married	20	40
Divorced	15	30
Separated	5	10
Total	50	100

*Source: primary data 2024*

According to the findings in table 4.3 above, it was revealed that majority of the respondents were married these represented 40%, they were followed by those who were married and divorced representing a total of 30%, and the minority were those who were separated who

represented only 10%. This indicates that there is a lot of marital instability in the study area which leads to separation of partners. 4.2.3 Education levels of respondents. Respondents who participated in the study were of different education levels as indicated in table 4.2.3 below.

**Table 4.4 Showing the education level of respondents**

<b>Level</b>	<b>Frequency</b>	<b>Percent</b>
<b>Primary</b>	30	<b>60</b>
<b>Secondary</b>	10	<b>20</b>
<b>Institution/ university level</b>	10	<b>20</b>
<b>Total</b>	50	100

*Source: primary data 2024*

Given the statistics in the table above, it is evident that the majority of the respondents were of primary level with a representation of 60%, these were followed by those of primary level with a representation of 20% and those of primary level were also represented by 20%.

**TO INVESTIGATE THE FINANCIAL BURDEN IMPOSED BY HIV/AIDS ON AFFECTED HOUSEHOLDS IN MERIKIT SUB COUNTY.**

The study sought to investigate the respondents’ rankings on financial burden imposed by HIV/AIDS on the affected households in Merikit subcounty. The statistics in table 4.5 below indicate the findings on this objective. Responses where in form of ticking against statements in regards to the respondent’s degree of acceptance.

**Table 4.5 Showing financial burdens imposed on the affected households in Merikit Household**

Statements	SA		A		NS		D		SD	
	f	%	f	%	f	%	f	%	f	%
Cost of antiretroviral therapy (ART)	40	80	10	20	0	0	0	0	0	0
Loss of income due to caregiving responsibilities	20	40	20	40	0		5	10	5	10
Reduced productivity at work	10	20	20	40	0		10	20	10	20
Impact on children's education and future earning potential	30	60	10	20	0		5	10	5	10
Regular medication for managing HIV/AIDS	40	80	5	10	5	10	0	0	0	0

*Source: Primary Data 2024*

The study found that HIV/AIDS families face significant financial burdens due to the high cost of antiretroviral medication. 80% of respondents strongly agreed with the statement, with 20% also agreeing. The study found that HIV-affected households lost income owing to caregiving obligations, while those infected experienced lower productivity. Approximately 40% of respondents strongly agreed with this statement. The study found that households impacted by the condition experienced reduced productivity at work, resulting in poor financial income and a burden on the household. The results showed that 40% of respondents agreed, while 20% disagreed.

The findings of the study further showed that HIV affected household had an impact on the education of the children of the households. This was evident whereby the money that should be paid for fees was partly used to treat the sick within the household. This was showed 60 % of the respondents strongly agreed to the statement, while 20% agreed as well.

Lastly the findings of the study revealed that regular medications for managing the disease cause a strong financial burden to the household this was evident whereby 80% if the respondents strongly agreed to the statement, while 20% agreed as well.

**TO EXAMINE THE PSYCHOLOGICAL EFFECTS EXPERIENCED BY INDIVIDUALS LIVING IN HOUSEHOLDS AFFECTED BY HIV/AIDS IN MERIKIT SUB COUNTY.**

The study sought to investigate the respondents’ rankings on psychological effects experienced by individuals living in households affected by HIV/AIDS in Merikit subcounty. The statistics in table 4.5 below indicate the findings on this objective. Responses were in form of ticking against statements in regards to the respondent’s degree of acceptance.

**Table 4.6 showing psychological effects experienced by individuals living in households affected by HIV/AIDS in Merikit Sub County.**

Statements	SA		A		NS		D		SD	
	f	%	f	%	f	%	f	%	f	%
Cost of antiretroviral therapy (ART)	40	80	10	20	0	0	0	0	0	0
Loss of income due to caregiving responsibilities	20	40	20	40	0		5	10	5	10
Reduced productivity at work	10	20	20	40	0		10	20	10	20
Impact on children's education and future earning potential	30	60	10	20	0		5	10	5	10
Regular medication for managing HIV/AIDS	40	80	5	10	5	10	0	0	0	0

*Source: Primary Data 2024*

The findings of the study revealed that the cost of antiretroviral therapy was a major financial burden that was affecting HIV/AIDS infected households. This was evident whereby 80% of the respondents strongly agreed to the statement, while 20 % of the respondents agreed as well.

The findings of the study further revealed that HIV affected households lost income due to care giving responsibilities, that required financial stability yet those infected had reduced productivity. This statement was evident whereby 40 % of the respondents strongly agreed and agreed as well.

The findings of the study showed that households affected by the disease had reduce productivity at work hence low financial income thus the burden onto the household. This

was portrayed whereby 40% of the respondents agreed and 20% of the respondents strongly agreed.

The findings of the study further showed that HIV affected household had an impact on the education of the children of the households. This was evident whereby the money that should be paid for fees was partly used to treat the sick within the household. This was showed 60 % of the respondents strongly agreed to the statement, while 20% agreed as well.

Lastly the findings of the study revealed that regular medications for managing the disease cause a strong financial burden to the household this was evident whereby 80% if the respondents strongly agreed to the statement, while 20% agreed as well.

**TO EXAMINE THE PSYCHOLOGICAL EFFECTS EXPERIENCED BY INDIVIDUALS LIVING IN HOUSEHOLDS AFFECTED BY HIV/AIDS IN MERIKIT SUB COUNTY.**

The study sought to investigate the respondents’ rankings on psychological effects experienced by individuals living in households affected by HIV/AIDS in Merikit subcounty. The statistics in table 4.5 below indicate the findings on this objective. Responses where in form of ticking against statements in regards to the respondent’s degree of acceptance.

**Table 4.7 showing psychological effects experienced by individuals living in households affected by HIV/AIDS in Merikit Sub County.**

Statements	SA		A		NS		D		SD	
	f	%	f	%	f	%	f	%	f	%
Fear of stigma and discrimination	25	50	10	20	0	0	5	10	15	25
Feelings of hopelessness and helplessness	30	60	20	40	0		0	0	0	0
impact of self-blame and internalized stigma	20	40	20	40	0		5	10	5	10
Effects on self-esteem and social identity	30	60	10	20	0		5	10	5	10
Impact on school performance and social interactions	40	80	5	10	5	10	0	0	0	0

*Source: Primary Data 2024*

The findings on the study revealed that there was stigma and discrimination as a psychological effect on the households living with HIV. This was portrayed whereby 50% of the respondents strongly agreed to the statement, while 20 % of the respondents agreed to the same.

The findings of the study secondly revealed that psychologically those living with HIV felt hopelessness and helplessness internally. This was evident whereby 60% of the respondents strongly agreed to the statement and 40% agreed as well.

The findings of the study further revealed that self-blame and internalized stigma was a psychological effect by those with HIV and their households this was evident whereby 40 of the respondents strongly agreed and 40% of the respondents agreed as well.

The study found that HIV had a significant impact on the self-esteem and social identity of the homes it touched. 60% strongly agreed with this assertion, whereas 20% concurred.

#### **TO EXPLORE THE SOCIAL SUPPORT MECHANISMS AVAILABLE TO HOUSEHOLDS AFFECTED BY HIV/AIDS IN MERIKIT SUB COUNTY**

HIV/AIDS is a serious public health concern across the world, with severe consequences at the local level. Households in Merikit Sub-County face tremendous hardships due to the outbreak. Social support structures are key in addressing these difficulties, offering healthcare and emotional support. The study found that Community-Based Organizations help households impacted by HIV/AIDS in Merikit. They provide educational programs, counselling, and financial aid. A critical informant shared this information.

“Our organization is at the heart of the community, offering both material and emotional support to those affected by HIV/AIDS. We provide regular workshops on prevention and management of the disease and help with accessing medical care and nutritional support.”

The data also demonstrated the importance of healthcare services in controlling HIV/AIDS. Merikit Sub-County healthcare facilities offer antiretroviral treatment (ART), routine health check-ups, and other necessary medical services. The second significant informant said:

"We provide complete care for HIV-positive people, which includes ART and frequent monitoring. We require additional funds to increase service delivery and serve more individuals in need, as our resources are sometimes limited.

The study's findings also found that the government has launched a number of initiatives to help HIV/AIDS-affected households. These include financial aid programs, free medical care, and public awareness campaigns. Another significant informant reported that government programs try to alleviate the strain on afflicted families by providing financial help and assuring free access to ART. Despite our best efforts, logistical obstacles and budget limits make it difficult to ensure that all eligible households benefit from these initiatives." According to the study's findings, support groups and peer networks provide emotional support as well as practical assistance for those living with HIV/AIDS. These organizations, which are frequently founded by people living with HIV, foster a sense of community and belonging. The key whistle-blower informed us that.

“Being part of a support group helps people feel less isolated. We share experiences, offer advice, and provide mutual encouragement. This peer support is invaluable in coping with the emotional and social challenges of living with HIV.”

In conclusion, the study found that social support systems in Merikit Sub-County include vital for assisting homes afflicted by HIV/AIDS in navigating the complexity of the illness. Community-based organizations, healthcare services, government efforts, and peer networks all contribute significantly.

Supportive role. Efforts to improve the effectiveness of these channels must address persistent problems such as stigma, resource restrictions, and logistics. Improving the support system requires coordination among stakeholders, more financing, and focused measures to minimize stigma and enhance service delivery. By solving these difficulties, Merikit Sub-County can better help households impacted by HIV/AIDS, creating a more resilient and inclusive community.

## CHAPTER FIVE

### DISCUSSION OF THE FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

#### 5.0 Introduction

This chapter summarizes and describes the study's findings. The chapter discusses findings, conclusions, policy recommendations, and future research.

#### 5.1 DESCRIPTION OF THE FINDINGS.

##### 5.1.1 This study aims to assess the financial impact of HIV/AIDS on households in Merikit Sub County.

The study's findings correspond with those of Smith et al. (2018), who found that families impacted by HIV/AIDS frequently had lower incomes and higher healthcare costs. Losing productive family members due to illness or death might increase financial hardship (UNAIDS, 2019). The scenario resulted in increasing poverty and food insecurity among impacted households (UNDP 2017). HIV/AIDS may have a significant social and economic impact on households. If one or more family members are impacted, income loss may occur owing to decreased productivity or caregiving responsibilities. This may lead to rising poverty levels This impacts households' capacity to satisfy basic requirements including food, housing, and education.

##### 5.1.2 The study aims to assess the psychological impact of HIV/AIDS on persons living in affected families in Merikit sub-county.

The study's findings align with Li et al.'s (2020) research, which found that seeing the pain of loved ones might cause emotional discomfort among family members. HIV/AIDS stigma and discrimination can lead to feelings of shame and isolation in households (UNAIDS, 2018). Psychological load can lead to despair and anxiety, negatively impacting both people and families' well-being (WHO 2016). HIV/AIDS may have a substantial influence on mental health and well-being for both people and households. HIV/AIDS diagnosis can cause dread, anxiety, melancholy, and pessimism in afflicted individuals and their family. Coping with chronic conditions. The sickness, uncertainty about the future, and stigma around HIV/AIDS can all contribute to psychological discomfort. Access to mental health support services is vital for managing psychological consequences and building resilience within homes.

### **5.1.3 Investigate the social support mechanisms available to households affected by HIV/AIDS in Merikit Sub County.**

The study found that support systems improve coping methods for afflicted households and build a feeling of belonging within the community (UNAIDS, 2021). Building community resilience via grassroots initiatives is crucial for addressing the complex issues of HIV/AIDS in Merikit Subcounty. Community support is vital for minimizing the burden of HIV/AIDS in homes. HIV/AIDS patients can benefit from strong social networks, community-based organizations, and support groups for emotional and practical support, as well as advocacy efforts. Educating, increasing awareness, and reducing stigma can foster community resilience and support for impacted homes to prosper in spite of the obstacles they confront.

## **5.2 Conclusion**

The study discovered that HIV/AIDS has a significant economic impact on afflicted households in Merikit Sub-County. The sickness commonly affects major breadwinners, resulting in a large decrease in household income. Rising medical expenditures, such as frequent hospital visits, medicines, and specific nutritional demands, put further burden on households' resources. Families may incur debt, sell possessions, or sacrifice critical necessities to finance healthcare expenditures.

The researcher found that HIV/AIDS has psychological repercussions on the entire household, not just the sufferer. The chronic nature of HIV/AIDS, along with stigma and prejudice, causes continuing emotional stress for families. This can cause feelings of loneliness, anxiety, and despair for both afflicted patients and their caregivers.

Family members may struggle to cope with the sickness.

Access to healthcare is still a big barrier for households afflicted by HIV/AIDS, according to the study. Households in rural locations like Merikit Sub-County struggle to receive regular medical treatment due to few nearby health facilities, high transportation expenses, and caregiving responsibilities. Delaying treatment can lead to poor health outcomes and higher healthcare expenses over time.

The study found that children in HIV/AIDS-affected homes frequently experience educational interruptions. Financial difficulties can lead to youngsters dropping out of school or taking on early caregiving obligations. This inhibits academic achievement and restricts future opportunities possibilities, reinforcing the poverty cycle in these homes.

The study discovered that social support structures, such as community-based organizations and peer networks, are essential for assisting HIV/AIDS-affected households in coping with the illness's obstacles. However, these support networks typically lack resources and training to offer comprehensive care and assistance to afflicted families.

The study found that government initiatives aiding HIV/AIDS-affected households face logistical challenges and little money, limiting their efficacy. Many eligible homes lack necessary help, increasing their vulnerability.

The study discovered that strong social networks and community-based activities can create resilience in homes impacted by HIV/AIDS, although stigma remains a significant obstacle. Stigmatization toward HIV/AIDS patients might lead to social isolation. Exclusion hinders community support and discourages individuals from seeking help.

### **5.3 Recommendations**

The researcher suggests that the government, in partnership with NGOs and local community organizations, create and implement targeted economic support initiatives. Vocational training programs can help impacted persons develop new skills and start small enterprises.

Microfinance projects provide low-interest loans, enabling people to generate income. Furthermore, the government should consider offering direct financial aid.

Provide social safety nets to disadvantaged households to ease economic pressures induced by sickness. The study suggests incorporating mental health services within the HIV/AIDS healthcare system to mitigate psychological effects. This may include educating healthcare personnel in mental health care and offering counselling services at health facilities. Furthermore, NGOs Community-based organizations should create peer support groups for impacted people and families to exchange experiences and get emotional support. Implementing anti-stigma efforts in schools and workplaces can help eliminate prejudice and boost mental health.

The government should spend in developing healthcare facilities, especially in rural regions. To improve community health, consider building more accessible health centres and offering mobile clinics in outlying locations. To improve mobility, the government might adopt subsidies or community-based initiatives.

The study suggests that the government collaborate with educational institutions and NGOs to create scholarship programs for children from HIV/AIDS-affected homes to alleviate disruptions. Scholarships should pay school tuition, clothing, and other required items. Schools should provide support services, such tutoring and counselling, to assist students manage academic and family commitments. The government might create regulations to avoid school expulsion for students from low-income households who do not pay their fees. The study suggests that the government and non-governmental organizations (NGOs) work together to develop community support networks. Training volunteers and staff on HIV/AIDS care and psychological support, together with financial aid, can help achieve this goal.

Collaboration with local businesses and religious organizations can improve networks' ability to provide food, healthcare, and emotional support to impacted families. The government should boost community outreach activities to increase knowledge of available support services and minimize stigma.

To improve the effectiveness of government initiatives, it's advised to simplify service delivery procedures. Consider reducing application procedures, boosting transparency, and optimizing resource allocation. The government should enhance financing for these programs to ensure all eligible households receive enough assistance. Regularly monitor and evaluate program outcomes to find opportunities for improvement. Collaboration with local governments and community organizations can enhance the impact and efficacy of these programs.

The study suggests that the government, along with NGOs and community leaders, launch broad anti-stigma programs. These initiatives should educate the public on HIV/AIDS, refute myths, and promote empathy and inclusiveness. School, workplace, and religious organizations may play an important role in creating an accepting and supportive community. Community leaders should be encouraged to speak out against stigma and set an example for others. Reducing stigma encourages affected households to seek help and participate in community life.

#### **5.4 AREAS FOR FURTHER RESEARCH**

More study is needed to assess the long-term economic impact of HIV/AIDS on households in Merikit. The study examines the long-term effects of medical bills, income loss, and household spending patterns. Longitudinal studies can trace the financial paths of households

afflicted by HIV/AIDS, examining changes in economic stability, asset accumulation, and poverty levels across many years.

Evaluating the performance of economic assistance programs, including financial aid and livelihood interventions, may reveal their influence and identify areas for improvement. Evaluate financial aid and livelihood initiatives for their impact on household income, economic stability, and quality of life. Evaluate these initiatives' long-term viability and scalable potential.

Investigating the impact of social stigma on support systems can provide insight into how stigma influences access and usage of resources. Research Focus: Investigate the link between stigma and the use of healthcare services and support programs. Investigate ways to minimize stigma and enhance community acceptance for impacted persons.

Evaluating the success of Community-Based Organizations (CBOs) in providing support can reveal best practices and areas for development. Assess the impact of CBOs on household well-being, including their ability to provide medical treatment, emotional support, and financial aid. Determine what variables contribute to the success or limits of these organizations.

More study is needed to uncover particular impediments to healthcare access in Merikit, such as geography, economics, and systemic issues. Research Focus: Examine barriers to receiving HIV/AIDS care, including transportation, cost, and treatment availability. Propose solutions to these barriers.

Integrating mental health treatments into HIV/AIDS care can give valuable insights into their effectiveness.

Research Focus: Examine the effectiveness of integrating mental health services with HIV/AIDS care, including counselling and psychological support, and its effects on treatment adherence and well-being. Understanding cultural attitudes and behaviours around HIV/AIDS can help guide culturally appropriate interventions and support measures. Research Objectives: Conduct ethnographic investigations to investigate cultural.

Merikit's HIV/AIDS beliefs, behaviours, and attitudes. Examine how these characteristics impact care-seeking behaviour and the effectiveness of support systems.

Understanding the impact of community involvement on HIV/AIDS interventions can lead to more successful participatory methods. The study aims to evaluate how different community participation tactics affect the success of HIV/AIDS interventions. Examine how local leaders, community groups, and impacted individuals influence intervention design and implementation.

Evaluating current HIV/AIDS policies and initiatives can identify strengths and faults in the framework. Research Objective: Evaluate the effectiveness of national and municipal HIV/AIDS policies in Merikit. Assess policy effectiveness and identify areas for change to better serve affected families.

Innovative ways to policy implementation can enhance HIV/AIDS response efforts.

Research Focus: Examine new policy implementation tactics and their effects on HIV/AIDS outcomes. Analyse successful ideas from other areas or nations and evaluate their relevance to Merikit.

## REFERENCES:

- World Health Organization. (2020). HIV/AIDS. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/hiv-aids>
- De Cock, K. M., & Koenig, S. P. (2016). The challenge of HIV/AIDS. In Merson, M., Black, R. E., & Mills, A. J. (Eds.), *International public health: Diseases, programs, systems, and policies* (3rd ed., pp. 265-283).
- Jones & Bartlett Learning. Joint United Nations Programme on HIV/AIDS (UNAIDS). (2020). Global HIV & AIDS statistics — 2020 fact sheet. Retrieved from <https://www.unaids.org>
- Uganda Ministry of Health. (2020). Uganda Population-Based HIV Impact Assessment (UPHIA) 2019–2020: Final Report. Retrieved from <https://www.health.go.ug>
- Smith, A. B., et al. (2019). Socio-economic impacts of HIV/AIDS on affected households: A systematic review of the evidence. *Journal of Public Health*, 47(4), 611-622.
- Jones, C. D., & Williams, L. M. (2020). Understanding the socio-economic impact of HIV/AIDS. *Health & Social Care*, 28(3), 345-357.
- Brown, R. K., & Johnson, S. M. (2018). Addressing the HIV/AIDS crisis: Lessons learned and future directions. *Journal of Community Health*, 43(2), 189-201.
- Campbell, C., Nair, Y., & Maimane, S. (2021). Building contexts of resilience: A social ecology of household sustainability. *Journal of Community Psychology*, 49(4), 1007-1022.
- Li, X., Stanton, B., Fang, X., & Lin, D. (2020). Social stigma and mental health among rural-to-urban migrants in China: A conceptual framework and future research needs. *World Health & Population*, 10(2), 14-21.
- Mofenson, L. M., Cotton, M. F., Marston, M., Messer, J., & Penazzato, M. (2017). Immunologic biomarkers, morbidity, and mortality associated with early antiretroviral therapy initiation in infants: A systematic review. *Journal of Acquired Immune Deficiency Syndromes*, 75(2), 117-124.

Ochieng, C., Leli, H., Owino, V. O., & Kaseje, D. (2019). Healthcare access and utilization among HIV-infected adolescents in Kenya. *International Journal of Adolescent Medicine and Health*, 31(3), 1-9.

Smith, J., Küng, S., Kendig, H., & Wells, Y. (2018). Impact of HIV/AIDS on household income and expenditure patterns in Kenya. *AIDS Care*, 30(6), 752-758.

UNAIDS. (2018). Key findings from the UNAIDS Global AIDS Update 2018. Retrieved from <https://www.unaids.org>

UNDP. (2017). Sustainable Development Goals Report 2017. Retrieved from <https://www.undp.org/publications>

UNICEF. (2018). For every child, end AIDS: Seventh Stocktaking Report 2018. Retrieved from <https://www.unicef.org/reports>

WHO? (2016). Mental health and psychosocial support in humanitarian settings: What should humanitarian health actors know? Retrieved from <https://extranet.who.int/content>.

Tukey, J. W. (1977). *Exploratory Data Analysis*.

Addison-Wesley. Silver, N. (2012). *The Signal and the Noise: Why So Many Predictions Fail but Some Don't*. Penguin Books.

Creswell, J. W. (2014). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. Sage Publications.

Field, A. (2013). *Discovering Statistics Using IBM SPSS Statistics*. Sage Publications.:

Creswell, J. W., & Poth, C. N. (2018). *Qualitative Inquiry and Research Design: Choosing Among Five Approaches*. Sage Publications.

Barnett, T., & Whiteside, A. (2016). *AIDS in the Twenty-First Century: Disease and Globalization*.

Palgrave Macmillan. Bryman, A. (2016). *Social Research Methods (5th ed.)*. Oxford University Press.

Creswell, J. W., & Poth, C. N. (2018). *Qualitative Inquiry and Research Design: Choosing Among Five Approaches (4th ed.)*. Sage Publications

Patton, M. Q. (2015). *Qualitative Research & Evaluation Methods* (4th ed.). Sage Publications.

UNAIDS. (2022). *Global HIV & AIDS Statistics — Fact Sheet*. Retrieved from <https://www.unaids.org/en/resources/fact-sheet>

Whiteside, A. (2002). Poverty and HIV/AIDS in Africa. *Third World Quarterly*, 23(2), 313-332.

World Health Organization (WHO). (2023). *Global Health Observatory (GHO) Data: HIV/AIDS*. Retrieved from <https://www.who.int/gho/hiv/en/>

## **APPENDICES**

### **APPENDIX I: INTERVIEW GUIDE**

1. How has HIV/AIDS affected the economic stability of your household?
2. What are the main financial challenges your household faces due to HIV/AIDS?
1. Can you describe the emotional and psychological impact of HIV/AIDS on the individuals in your household?
2. What coping mechanisms do household members use to manage the stress and psychological strain associated with HIV/AIDS?
3. What types of social support (e.g., community groups, healthcare services, NGOs) are available to households affected by HIV/AIDS in Merikit Sub County?
4. How effective are these social support networks in addressing the needs of your household?

#### **Focus group discussion.**

- 1a) Have you ever heard about HIV/AIDS?
- b) What do you understand by HIV/AIDS?
- Toc) How prevalent is HIV/AIDS in your community?
- d) How does HIV/AIDS affect households in your area?
- 2a) What do you think are the main causes of HIV/AIDS within households?
- b) Which group of people do you think is most affected by HIV/AIDS within households?
- c) Why do you think this group (Q2b) is particularly vulnerable to HIV/AIDS?
- 3a) What are the effects of HIV/AIDS on households?
- b) How does HIV/AIDS impact the development and well-being of households?
- 4a) Who do you believe are the most affected members within households when it comes to HIV/AIDS?
- b) What are some of the challenges faced by these individuals or groups?
- 5a) Are there any support systems or services available for households affected by HIV/AIDS in your community?
- b) How do households cope with HIV/AIDS access healthcare and support services?
- c) What improvements do you think could be made to better support households affected by HIV/AIDS?
- 6a) How do you Perceive the role of stigma in impacting households affected by HIV?

## APPENDIX II: INTRODUCTORY LETTER



**UGANDA CHRISTIAN  
UNIVERSITY**

A Centre of Excellence in the Heart of Africa

July 2<sup>nd</sup> 2024

TO WHOM IT MAY CONCERN

Dear Sir/Madam

Re: INTRODUCTORY LETTER FOR RESEARCH

This is to introduce to you KICONCO Brenda Habaasa Registration number J22B15/113, a student of Uganda Christian University, pursuing Bachelor's degree in Social Work. She is expected to carry out research in the final year under the guidance of a university supervisor in partial fulfillment for the requirements of the above mentioned award.

Topic: "Impact of HIV/AIDS within Households in Merikiti Sub County."

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

Yours faithfully,



Doreen Kukugiza  
Coordinator, Research & Fieldwork Programmes

Tel: 077-553349  
Email: dkukugiza@ucu.ac.ug

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# APPENDIX III: TURNITIN SIMILARITY REPORT

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