

**EFFECT OF STIGMA ON HIV/AIDS ORPHANED CHILDREN IN NABIGANDA
TOWN COUNCIL BUTALEJA DISTRICT**

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S22/MUC/BSW/009

**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 DEGREE OF UGANDA CHRISTIAN
UNIVERSITY**

November, 2024



**UGANDA CHRISTIAN
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DECLARATION

I, Bashihwendera Eseza hereby declare that this research report entitled “Effect of stigma on HIV/AIDS orphaned children in Nabiganda Town Council, Butaleja district” is my original work and to the best of my knowledge has never been submitted to any other institution of higher learning for any academic award.

Sign:



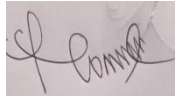
Date: 3/09/2024

Bashihwendera Eseza

APPROVAL

This research was carried out under my supervision on the topic “Effect of stigma on HIV/AIDS orphaned children in Nabiganda Town Council, Butaleja district ” and it is now ready for submission as a partial fulfillment for the requirements of the award of a bachelor’s degree of social work and social administration of Uganda Christian University.

Signature:



Date: 03/09/2024

Mr. Komo Richard Samson

Supervisor

DEDICATION

This research report is a special dedication to my beloved family members and relatives who have in one way or another supported me till the completion of my course. May the Almighty God bless them all abundantly.

ACKNOWLEDGEMENT

I acknowledge God the Alpha and Omega, for the precious gift of life, strength, knowledge and wisdom which have enabled me carry out this research successfully.

I acknowledge my research supervisor Mr. Komo Richard Samson for his tireless efforts and guidance till the completion of this research report may God the Alpha and Omega bless the work of his hands abundantly.

LIST OF ACRONYMS

EU	:	European Union
EAC	:	East Africa Corruption
DEO	:	District Education Officer
AFDB	:	African Development Bank
UNDP	:	United Nations Development Programme
US	:	United States
CVI	:	Content Validity Index
SPSS	:	Statistical Package for Social Sciences

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ABSTRACT

This research study was guided by the topic Effect of stigma on HIV/AIDS orphaned children in Nabiganda Town Council, Butaleja district. It was guided by the following research objectives: To assess effect of labeling and discrimination on HIV/AIDS orphaned children in Nabiganda Town council in Butaleja District, to find out the effect of stereotyping on education among HIV/AIDS orphaned children in Nabiganda Town council in Butaleja District and lastly to examine the relationship between stigma and Nutrition among HIV/AIDS orphaned children in Nabiganda Town council in Butaleja District. The study was guided by three research questions. This study used both a quantitative and qualitative research design and it considered a population of 100 participants which arose at a sample size of 80 respondents. The study used descriptive statistics where mean standard deviation and graphs were used in the study. The study findings revealed that: Numerous risk factors contribute to HIV/AIDS poor levels such as labeling and discrimination, that HIV/AIDS discrimination is directed towards families and uninfected children as a result of stigmatization at home, that paternal bereavement leads to stigmatization of HIV orphaned children regardless of their own HIV status in addition to this, revealed that stereotyping has an impact on education of HIV orphaned children, that HIV/AIDS stereotyping affects educational wellbeing of HIV orphaned children in terms of enrolment, that stereotyping consequently diminishes orphaned children's morale for attendance, that stereotyping limits access to resources of HIV/orphaned children in addition to this findings also revealed that: Stereotyping has an impact on education of HIV orphaned children, that HIV/AIDS stereotyping affects educational wellbeing of HIV orphaned children in terms of enrolment that poor nutrition accounts for increased disease burden among HIV/AIDS children under the age of five. The study recommended that: There should be more investments by different Governments in a number of strategies to ensure that HIV stigmatization is reduced in different communities and lastly that there is need for the to sensitize the community and people taking care of HIV affected children to always have proper meals that can help ensure that they avoid diseases.

CHAPTER ONE

BACKGROUND TO THE STUDY

1.0 Introduction

This chapter describes the background of the study, problem statement, purpose of the study, objectives, research questions, scope of the study, significance of the study and the conceptual frame work.

1.1 Background to the Study

The Human Immune deficiency Virus (HIV) and the subsequent Acquired Immunodeficiency Syndrome (AIDS), hereafter to be referred to collectively as HIV/AIDS, remains one of the most significant public health challenges in our lifetime, and certainly one of the major obstacles to socioeconomic development especially in developing countries. All Nations across the world, particularly, low and middle income countries are significantly affected by HIV/AIDS. Worldwide, it is estimated that 17.8 million children under 18 years of age have been orphaned by AIDS and this is prospected to rise to 25 million by 2020 (World Health Organization, 2022).

Stigma is another major challenge associated with HIV. Stigma refers to the social process of labeling, stereotyping and prejudice causing separation, devaluation, and discrimination of specific people in a population (MoH, 2022). In the early years of the HIV epidemic, the growing stigma towards children orphaned by HIV/AIDS was highlighted as being an equivalent challenge to the disease itself. Despite the prevalence of HIV, stigma is one of the major barriers for support of orphaned children. Stigma can present itself in many forms for those living with HIV, particularly enacted stigma, anticipated stigma and internalized stigma. Enacted stigma refers to a negative public perception of those with HIV leading to discrimination and prejudice faced by the stigmatized children. Anticipated stigma is the awareness one has of the negative social connotations towards HIV and the likelihood of experiencing prejudice or discrimination. Internalized stigma occurs when the individual living with HIV takes negative public perceptions and accepts them as self-truths, leading to feelings of shame, worthlessness and guilt (Okitaale et al., 2020). Feelings of stigmatization in children orphaned by HIV/AIDS have been associated with lower quality of life, mental health and wellbeing and reduced access to treatment.

In Africa, Human immunodeficiency virus (HIV) has been a major health issue since the disease was first recognized in 1981. Although the prevalence of HIV has been steadily declining in many countries on the continent in recent years due to advances in research and treatment, 38 million people were still reported to be living with HIV in 2019, with 1.8 million of those being orphaned children aged 0–14 year and 1.7 million being adolescents aged 15–19 years (WHO, 2022). The extent to which HIV/AIDS orphaned children are subjected to and experience stigma is currently unclear, as there have been suggestions that the experience of HIV-related stigma may differ in childhood, depending on the age of the child affected by HIV.

The outcome of the HIV/AIDS epidemic is the emergence of one of the largest orphan populations in the world, as 17.3 million children were parentally bereaved by AIDS-related causes by the year 2020 (Caserta et al. 2019). Sub-Saharan Africa has been the most severely affected, as 15 million orphaned children are located in Sub Saharan African, with 2.5 million orphaned children residing in South Africa alone (UNICEF 2021). In other countries like S. Africa and Nigeria, the picture of stigmatization and its relationship to HIV/AIDS orphaned children is worrisome. Children orphaned by AIDS (HIV/AIDS orphaned children) are defined as a children under the age of 18 years, who have/has lost one (single orphan) or both (double orphan) their parent/s to HIV/AIDS (UNICEF 2021). HIV/AIDS orphaned children are likely to experience adversities and stressors associated with stigmatization that may affect them in various ways. These include poverty, food insecurity, inadequate housing, difficult living situations, educational disruption, maltreatment, exploitation, and violence (Harms et al. 2022)

In Uganda, 2.5 million children under the age of 18 years are orphans. Out of these 2.5 million children, 1.5 million are orphaned by HIV/AIDS. The emotional needs of HIV/AIDS orphaned children such as psycho-social support are critical given that these children have lost their parents who were the bread winners (MoH, 2022, UDHA, 2020). Children are greatly affected for the rest of their lives when their parents die and leave them without someone to care for them. In addition, the society that is expected to take over the role of parenthood for these children turns against them through stigmatization.

Empowering HIV/AIDS orphaned children to deal with stigma and discrimination in Uganda can play a crucial role in improving their prospects and securing their future. HIV/AIDS orphaned children are exposed to the risk of facing stigma and becoming victims of violence,

child labor, discrimination and other abuses. The scale of the orphan crisis is somewhat masked by the time lag between when parents become infected and when they die (Nuwagaba, 2023). As adults continue to die from AIDS-related illnesses over the next decade, an increasing number of children who grow up without parental care. Children orphaned by HIV/AIDS are stigmatized and as a result, they feel ostracized, devalued, rejected, scorned, bullied and shunned. This harms their self-esteem. To ensure these children enjoy their rights, NGOs and Government have been involved in empowering them by mitigating the challenges of stigma and discrimination. However, little has been done in preventing stigma among HIV/AIDS orphaned children in Nabiganda Town council in Butaleja District. It was on the back drop of the above reason that this study seeking to find out the effect of stigma on HIV/AIDS orphaned children in Nabiganda Town council in Butaleja District.

1.2 Problem statement

Despite of having well-funded HI/AIDS control and management programmes, stigma among HIV/AIDS orphaned children in Nabiganda Town council of Butaleja District is still much prevalent. Social processes of labeling, stereotyping and prejudice causing separation, devaluation, and discrimination of HIV/AIDS orphaned children in Nabiganda Town council are wide spread (MoH, 2023). The growing stigma towards children orphaned by HIV/AIDS was highlighted as being an equivalent challenge to the disease itself. Nabiganda Town council is one of the areas in Butaleja district with highest level of HIV/AIDS infections and out every ten deaths; six are attributed to HIV/AIDS and out of 7,687 HIV orphaned children, 70% are stigmatized and 40% live in poverty (MoH, 2023).

The public has great concern observed that stigma has affected greatly HIV/AIDS orphaned children in Nabiganda Town council of Butaleja District. According to the MoH, (2023) and UNAIDS (2022), stigma has significantly affected greatly HIV/AIDS orphaned children in low income countries. Despite the interventions in Nabiganda Town council through HIV prevention, care and management, cases of stigmatization is still on the increase and if nothing is done there would be a likelihood of child neglect, abandonment and discrimination therefore strong and focused strategies are needed to reverse stigma among HIV/AIDS orphaned children such as stereotyping, labeling, prejudice and devaluation.

There is also lack of information regarding the effect of stigma among HIV/AIDS orphaned children Nabiganda Town council of Butaleja District. Studies like that Mwiti's on effect of poverty among HIV/AIDS orphaned children concentrated on the relationship between poverty and HIV/AIDS orphaned children. Other studies dealt with HIV counseling and treatment (eg., Ojangole et al., 2022 and Davis, 2023) and no study about the effect of stigma among HIV/AIDS orphaned children has ever been conducted in Nabiganda Town council and this has caused limitations and dissertations in literature thus creating a research opportunity for this study.

1.3 Objectives of the study

1.3.1 General Objective

The major objective of this study was to analyze the effect of stigma among HIV/AIDS orphaned children in Nabiganda Town council in Butaleja District.

1.3. 2 Specific Objectives

This study was guided by the following objectives;

- 1) To assess effect of labeling and discrimination on HIV/AIDS orphaned children in Nabiganda Town council in Butaleja District.
- 2) To find out the effect of stereotyping on education among HIV/AIDS orphaned children in Nabiganda Town council in Butaleja District.
- 3) To examine the relationship between stigma and Nutrition among HIV/AIDS orphaned children in Nabiganda Town council in Butaleja District.

1.4 Research Questions

- 1) What are the effects of labeling and discrimination on HIV/AIDS orphaned children in Nabiganda Town council in Butaleja District.
- 2) What is the effect of stereotyping on Education among HIV/AIDS orphaned children in Nabiganda Town council in Butaleja District.
- 3) What is the relationship between stigma and Nutrition among HIV/AIDS orphaned children in Nabiganda Town council in Butaleja District

1.5 Scope of the study

The study scope was categorized into geographical, content and time as follows:

1.5.1 Content scope

The study contained information about the effect of stigma among HIV/AIDS orphaned children in Nabiganda Town council in Butaleja District. It specifically looked at the psychosocial and psychological effect of stigma on HIV/AIDS orphaned children in Nabiganda Town council in Butaleja District, to find out the effect of stigma on Education among HIV/AIDS orphaned children in Nabiganda Town council in Butaleja District and lastly to examine the relationship between stigma and Nutrition among HIV/AIDS orphaned children in Nabiganda Town council in Butaleja District.

1.5.2 Geographical Scope

The study was conducted in selected wards in Nabiganda Town council in Butaleja District. Nabiganda Town council is bordered by Kachonga Sub County to the North, Mazimasa Sub County to the South, Naweyo Sub County to the West and lastly Himutu Sub County to the East.

1.5.3 Time Scope

The research study considered the period between 2020-2024. This period was considered because it is during this time that cases of stigma among HIV/AIDS orphaned children became high in Nabiganda Town council in Butaleja District (District report, 2023)

1.6 Significance of the study

The study may have the following significance upon completion.

The results of the study may go a long way in identifying avenues through which HIV/AIDS orphaned children can be supported.

The study may help stakeholders in gaining insight into the effect of stigma among HIV/AIDS orphaned children

The study may contribute to the existing body of knowledge on the effect of stigma among HIV/AIDS orphaned children

The study may provide information for policy makers in formulating policies and laws that addresses stigmatization of HIV/AIDS orphaned children

The study may act as a reference material for future researchers who intends to carry out similar study in future

1.7 Conceptual Frame work

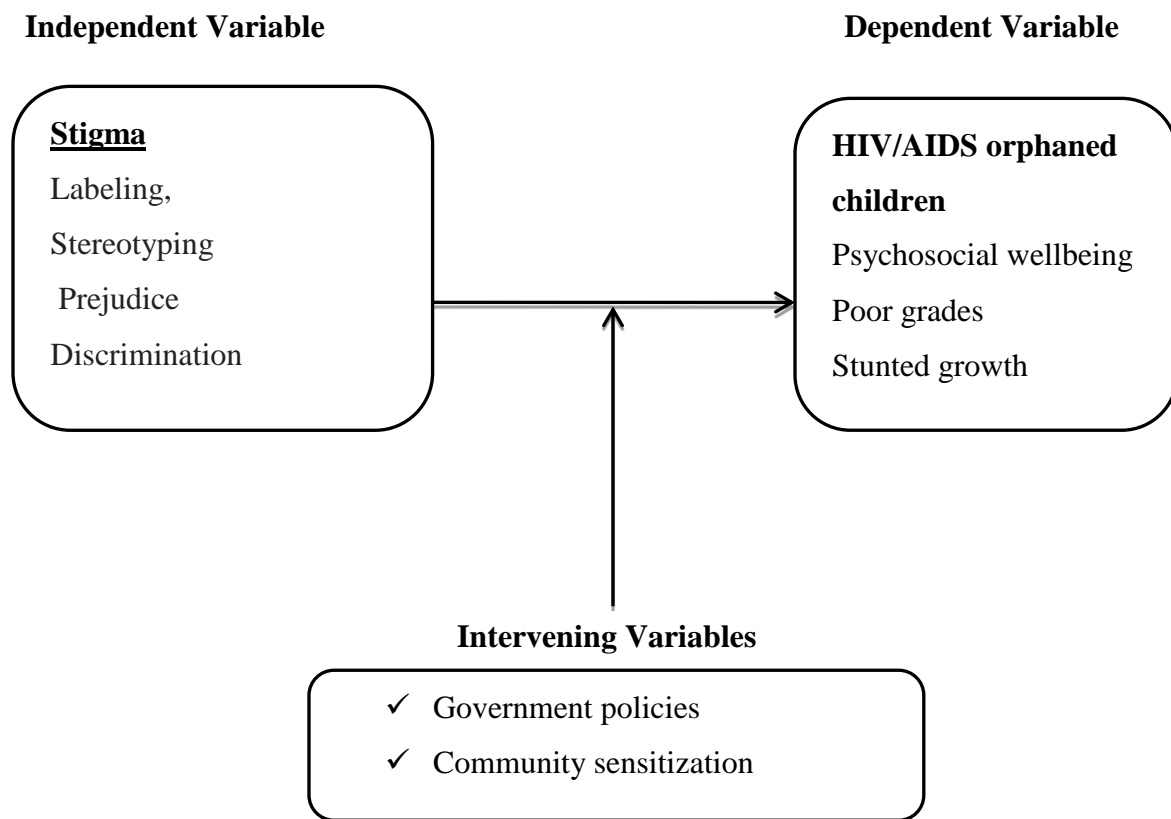


Figure 1.1 Conceptual Framework showing relationship between variables

Source: Miles & Huberman (2009, p. 18).

Form the above conceptual framework, stigma as an independent variable (IV) involves labeling, stereotyping, prejudice and discrimination. The dependent variable in this case is HIV/AIDS orphaned children, psychosocial wellbeing, psychological safety, emotional stability and

relationships. The framework assumes that when stigma is prevented, it is likely to transform HIV/AIDS orphaned children. Nevertheless, this may not be automatic as other factors may come into play. These may include government policies and community sensitization. These factors have been dully coined as intervening variables by the study and are being isolated to avoid making wrong conclusions

1.8 Operational Definitions

a) Stigma: Refers to the social process of labeling, stereotyping and prejudice causing separation, devaluation, and discrimination of specific people in a population (MoH, 2022).

b) HIV/AIDS orphaned children: Are defined as a children under the age of 18 years, who have/has lost one (single orphan) or both (double orphan) their parent/s to HIV/AIDS (UNICEF 2021).

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter presents information on the review of the past literature which is related to the area of study. The review was conducted according to the specific objectives of the research study

2.1 Labeling and discrimination on HIV/AIDS orphaned children

Labeling and discrimination not addresses the holistic well-being of HIV/AIDS orphaned children (Snider and Dawes 2016), which is essential for the healthy growth and development of a child, and plays a pivotal role in their ability to reach their full potential. Numerous risk factors have been identified in contributing to HIV/AIDS orphaned children's poorer levels such as Labeling and discrimination, parental loss and bereavement, financial deprivation, the lack of educational opportunities, social isolation, abuse, and exploitation (Ishikawa et al. 2018). Studies (Caserta et al. 2016; Chi et al. 2015) focusing on the psychosocial well-being of HIV/AIDS orphaned children have also identified HIV-related stigma as a silent stressor.

HIV-related labeling and discrimination, the prejudice, discounting, and discrediting directed at HIV/AIDS orphaned children and groups and communities with which they are associated (Lin et al. 2020), transcends beyond individuals affected by HIV/AIDS, and is directed at their families and uninfected children. HIV/AIDS orphaned children are likely to suffer from poor labeling and discrimination as a result of stigmatization at home, at school, and within their leisure environments (Xu et al. 2019). Therefore, the possibility exists that the cause of paternal bereavement leads to the stigmatization of HIV/AIDS orphaned children regardless of their own HIV status (Thurman et al. 2016). Goffman's (2021) conceptualization of tribal stigma represents the devaluation, rejection, and victimization of HIV/AIDS orphaned children based on their relationship with a stigmatized individual/s increases the risk of labeling and discrimination. Four primary measures of HIV-related stigma, enacted stigma, vicarious stigma, and perceived and internalized stigma have been identified as experienced by HIV/AIDS orphaned children and adversely results into labeling and discrimination.

Enacted stigma captures the interpersonal aspect of stigma which embodies the prejudicial attitudes, labeling and discriminatory behaviors of others directed towards the stigmatized individual who may be manifested as rejection, avoidance, violence, verbal insults, exploitation, and abuse (Bogart et al. 2008; Scambler 1989). Witnessing or hearing about acts of enacted stigma of others is referred to as, vicarious stigma, which is likely to result in the increase of labeling and discrimination and this affects school level performances (Steward et al. 2018). Contrastingly, perceived and internalized labeling and discrimination captures the intrapersonal aspect of stigma which may lead to low self-esteem and child abandonment by caregivers.

Perceived labeling and discrimination refers to an individual's perception and subjective awareness about the prevalence or normativity of HIV-related labeling and discrimination among HIV/AIDS orphaned children. Internalized stigma is the process of an individual accepting the negative evaluation of society as they regard their discredited status as truthful and valid and incorporate these negative evaluations into their personal values and sense of self (Chi et al. 2014; Steward et al. 2018). While few empirical studies have been conducted on HIV related labeling and discrimination among HIV/AIDS orphaned children, it has gained much interest as stigma resulting from parental loss due HIV/AIDS remains a key challenge for improved psychosocial well-being HIV/AIDS orphaned children (Duncan 2019).

HIV/AIDS orphaned children may experience multiple measures labeling and discrimination connected to HIV-related labeling and discrimination which may be extended to them in a variety of ways namely, overt discrimination, bullying victimization, denied access to a formal education, social isolation, and being denied support services as a result of the negative attitudes embodied by healthcare and support providers (Tran and Mwanri 2018). HIV-related labeling and discrimination holds the potential to inhibit the psychosocial and educational malfunctioning of HIV orphaned children, setting them apart from their counterparts, as Chi et al. (2015), suggested that, HIV-related labeling and discrimination among HIV/AIDS orphaned children may adversely affect their feelings, thoughts and behaviors of an individual, negatively impacting.

Similarly, reviews conducted by Deacon and Stephney (2007) and Yassin et al. (2018) associated labeling and discrimination with the poor psychosocial wellbeing and functioning of HIV/AIDS orphaned children as they are associated with a highly stigmatized disease, particularly in countries with a widespread of HIV/AIDS. Despite substantial efforts to combat HIV-related labeling and discrimination, it remains prevalent in contemporary day and poses a public health challenge and may negatively hinder educational development in HIV/AIDS orphaned children (Sharp et al. 2021).

2.2 Stereotyping, Education and HIV/AIDS orphaned children

Katahoire (2019) studied school enrollment and completion rates of HIV/AIDS orphaned children in Catholic founded primary schools in Mombasa province and found that the HIV/AIDS stereotyping affected educational wellbeing of such children in terms of enrolment, retention and school completion. HIV/AIDS orphaned children found it hard to go to school due to lack of encouragement and parental support as their parents died of HIV. In sum, as a result of HIV/AIDS stereotyping, fewer children are able to enroll in school and receive the basic skills and knowledge they need and the morale of school attendance consequently diminished. Katahoire's (2019) findings are excellent but his focus was on enrolment of HIV/AIDS orphaned children in of primary schools not both primary and secondary. Additionally, Katahoire's study was secular as it concentrated on Catholic education and applying his findings to non-secular educational environment in Nabiganda Town Council of Butaleja district in particular and Uganda in general may sound discriminatory and this establishes a prima facie case for this study.

Mwirua et al., (2019) argued that the deaths of parents as a results of HIV/AIDS will result into stereotyping of the orphans which affect their schooling and this will in large measure affect school enrolment, as a smaller number of children will be entering the school system and more children will be dropping out of school to take care of sick parents or siblings after the death of their parents. Equally important is the possible decrease in the number of times HIV/AIDS orphaned children attends school due to stereotyping. Death of parents also makes quality of education of their orphaned children to decrease as less money is invested in their education. While Mwirua et al., observation and finding are very good, the researcher do not actually bring out a clear picture of how parental death affect educational status of orphaned

children. Besides, his study was on death of parents not HIV/AIDS related stigma and HIV/AIDS orphaned not stereotyping children thus creating a research opportunity to be exploited by this study.

Hunter (2020) found out that in S. Africa, the HIV/AIDS stereotyping may also limit access to education resources by HIV/AIDS orphaned children owing to the costs that it imposes on the system. And the number of HIV/AIDS orphaned children entering the school system will diminish and AIDS orphans do not enroll in school due to lack of parental support, delay enrolling or leave school in large numbers. The impact of the HIV/AIDS stereotyping on the number of school-aged children is dramatic. In Zambia, projections yield a population aged 15 and below at 5.8 million in 2020, but 1.4 million are out of school due to AIDS stereotyping. However, Hunter and Fall's findings as well were good as they provided strong insight into how HIV related stereotyping affected academic performance of HIV/AIDS orphans, what is missing in their findings however is any convincing evidence on how HIV stereotyping influenced educational wellbeing of HIV/AIDS orphaned children in Nabiganda Town Council, Butaleja district as their study was on academic performance not education thus creating a research opportunity for this study.

Ironically, according to the authors, “with between 750,000 and one million fewer than expected children of primary school age, Zambia's goal of achieving universal primary education would become easier to reach”. Unfortunately, the goal will be achieved at very high human and other costs (Kelly, 2017). The HIV/AIDS stereotyping have a negative impact on the learning process in school through increased absenteeism. An empirical research study Tarfica (2019) found that due to stereotyping, each HIV/AIDS orphaned child lose, on average, six months of study time thus affecting classroom attendance rates and school achievements.

Evidence is available on the impact of HIV/AIDS stereotyping on school enrolment of HIV/ADS orphaned. For example, Onyango et al., (2019) in his focused group discussions with AIDS affected households found that those households were unable to meet the costs of children's education as a result of parental deaths due to AIDS. Furthermore, an analysis of 49 case studies of families affected by AIDS stereotyping throughout Zambia by World Bank (2018) found that 56 of 215 children had been forced to leave school. Haworth and others,

(2021) argued that after the death of parents due to HIV/AIDS, enrollment can be affected by other factors such as distance to school, stereotyping and school requirements issues that this study found out in Nabiganda Town Council of Butaleja district.

A number of studies have documented the income effect of AIDS stereotyping on school attendance rates of children orphaned by HIV/AIDS. For example, a World Bank study reported that in the United Republic of Tanzania, school attendance 15-20 years old was cut in half in households that lost an adult female (World Bank, 2020). Another study from Zimbabwe found that 31 per cent of the households interviewed had an HIV/AIDS orphaned child who was not attending school following the death of the parents (Mutangadura, 2018). That result was confirmed by another study in Zambia, which found that 55 per cent of HIV/AIDS orphaned children in the Mansa district were unable to meet the costs of education owing to AIDS stereotyping (Kasawa, 2018). However, World Bank (2020) was undertaken in Malawi and Zambia not in Nabiganda Town Council of Butaleja district of Uganda a gap that this study intends to fill.

Several studies have examined the difference in school enrolments between children who lost one or both parents and children whose parents were alive. Using Demographic and Health Survey data from Ghana, Kenya, the Niger, the United Republic of Tanzania and Zimbabwe, Bicego, Rutstein and Johnson (2019) found that double orphans aged 6- 10 were only half as likely as non-orphans to be in the appropriate grade and that double orphans 11-14 were two thirds as likely. Case, Paxson and Ableidinger (2003) used DHS data from 10 countries; their results showed that double HIV/AIDS orphaned children in most countries were 10 to 30 percentage points less likely to be in school due to stereotyping. A study of orphans in the United Republic of Tanzania found that HIV stigma lowered the odds of attending school by 45 to 64 per cent (Suliman, 2020). Moreover, HIV orphaned children were more likely to drop out of school and more likely to work while attending school than non-orphans due to stereotyping. HIV Orphaned children were found to have lower school attendance in 44 countries for which information was available by mid-2019 due to stigmatization. Not only were orphans less likely to be attending school than children with both parents alive, but in countries with trend data on the effect of HIV/AIDS stereotyping on orphaned children, the gap was widening.

A study conducted on the impact of AIDS stereotyping on orphaned children on the education sector in Botswana, Malawi and Uganda found country-specific results. For example, in Botswana, a country with one of the highest HIV prevalence rates, absenteeism of school by HIV/AIDS orphaned children was very low and such children had better attendance records than non-orphans, whereas in Uganda and Malawi, absenteeism was somewhat higher among HIV/AIDS orphaned children than among non-orphans (Bennel, Hyde and Swainson, 2019). The authors state that Botswana has a strong schooling culture and most children attend primary and junior secondary school. Moreover, household demand for child labour is low, and schools provide meals, a major incentive for disadvantaged children. In addition, the Government of Botswana has introduced a national programme of targeted support for HIV/AIDS orphaned. In Malawi and Uganda, which are more typical low-income countries, absenteeism of HIV/AIDS orphaned children is generally high among, partly because of stereotyping. School fees and the cost of uniforms were given as reasons for absenteeism of primary and secondary school students in Malawi and Uganda as result of stigma associated with parental death due to HIV/AIDS and this study assessed whether this phenomena is applied in Nabiganda Town Council of Butaleja district.

Stereotyping can prevent proper access to education, well-being, treatment and care both directly (through abuse, denial of care, forced child labour and loss of inheritance), and indirectly (if children avoid potentially stigmatizing situations such as social interaction, healthcare and educational opportunities. However, children face a mileage of challenges in their quest to attain education. As such HIV/AIDS related stereotyping continues to alienate learners from integration in schools, for the reason that they are 'different' from 'others'. This has led to withdrawal, poor performance and eventual drop out of school system. Parker & Aggleton (2020) framework on stigma purport that stigma is part of compounded social tussles that creates and disseminates social disparities among HIV/AIDS orphaned children who suffer loss of face and therefore poor participation in learning activities. Where no stereotyping exists, children are considered equal and there is sustainability of learning participation. This study found out whether stereotyping due to HIV prevents proper access to education by HIV/AIDS orphaned children.

2.3 Nutrition and HIV/AIDS orphaned children

According to UNICEF (2020), children's growth status is closely linked to access to health services and child-care practices. In addition, it can be used as an indirect indicator of household food security (Edisa et al., 2019). Poor nutrition accounts for about 35% of the disease burden in among HIV/AIDS orphaned children under the age of five. With increased household food insecurity, there is likelihood that the growth of HIV/AIDS orphaned children under five could be impacted negatively by HIV stigmatization, resulting in increased malnutrition for this vulnerable group. HIV/AIDS orphaned children are at risk for poor nutrition as a result of being discriminated against leading to more stunted, wasted, and underweight, a phenomenon that this study investigated in Nabignada Town Council of Butaleja district.

Maliiki et al., (2020) found that compared the levels of stunting, underweight, and wasting among HIV/AIDS orphaned children to be a result of HIV stigma. This study had three research hypotheses. First, that residing in HIV-affected households was associated with more stunting among HIV orphaned children compared with children residing in non-HIV affected households. The anthropometric indicator of height-for-age was used as a proxy for chronic hung (stunting). Second, that residing in HIV non-affected households was associated with more wasting among HIV orphaned children. The anthropometric indicator of weight-for-height, which measures recent weight loss (wasting), was used as a crude proxy for transitory food hunger. Third, that residing in HIV-affected households was associated with more underweight among children orphaned by HIV compared with children residing in non-HIV-affected households. This was captured by the weight-for-age (underweight) indicator. Maliiki et al., therefore concluded that stigma due to HIV/AIDS has had negative impact on nutritional status of HIV orphaned children. Although Maliiki et al., findings were very good, the relationship between HIV related stigma and its effect on HIV/AIDS orphaned children is not well spelt out creating an opportunity for this study.

Davis (2018) studied HIV related stigma and social behavior of children in Lusaka, Zambia. 112 participants were involved in the study and data was collected using interviews. Findings showed that HIV stigma can lead to poor feeding practices among HIV/AIDS orphaned children. Poor feeding practices as a result of HIV/AIDS stigma undermine efforts to combat unacceptably high rates of under nutrition among HIV orphaned children in developing countries. Such practices include low feeding frequency, low dietary diversity, inadequate quantity, and diets with poor quality as their parents who would have provided them with good feeding died of HIV/AIDS. Efforts to improve feeding practices can also improve under nutrition among HIV/AIDS orphaned children in developing countries. Although, Davis' study gave good recommendations, his study was on HIV related stigma and social behaviors of children not its effect on HIV/AIDS orphaned children thus creating limitations in literature a gap that this study filled.

There is much stigmatization in nutrition of HIV/AIDS orphaned children. Okiiria and Okiidi (2018) argued that stigmatization due to HIV/AIDS can limit adequate feeding practices for orphaned children. Households in low economic strata are prone to food insecurity. Under such circumstance, poor households have limited choices for food with adequate nutritional values. They usually adapt themselves to this situation by cutting down the number of basic meals or reducing the amount in each meal. In a typical household affected by food insecurity, HIV orphaned children are usually more affected during by hunger and starvation. While other members of the household tend to increase amount and frequency of food intakes, for HIV/AIDS orphaned children are denied this privileges. However, HIV orphaned children are more likely to be affected by extreme forms of food insecurity and later, hunger thus affecting their growth an issue that this study investigated.

According to Mushemza et al., (2019), to decrease under nutrition among HIV orphaned children in Tanzania and in other similar areas, feeding practices should be improved. However, to provide culturally appropriate interventions, it is important to understand the local determinants of poor feeding practices among such HIV/AIDS orphaned children and the related discrimination they face which limit their access to better food. So far, little has been examined about the determinants of poor feeding practices among HIV orphaned children in areas where food production is high. Mushemeza et al., therefore first examined

the magnitude of under nutrition and poor feeding practices and its relationship to HIV stigmatization and found that orphaned children due to HIV/AIDS were discriminated against when it comes to food diets as their biological parents died of HIV. Much as Mushemeza et al., findings reveal significant negative effect of HIV related stigma to HIV/AIDS orphaned children, he did not give a clear picture of how such stigma resulted into lack of access to nutritious food or it is unavailability of food something that study found out in Nabiganda Town Council of Butaleja district.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter presents the research methodologies which were used to conduct the study. It comprised of research design in form of descriptive statics, population of the study, sample size, research procedures data collection methods, instruments, reliability validity of the study and ethical considerations.

3.1 Research Design

The study deployed both qualitative and quantitative methods of research design. (Etyang 2018). Descriptive research design is a type of research design that aims to systematically obtain information to describe a phenomenon, situation, or population. More specifically, it helps answer what, when, where, and how questions regarding the research problem rather than the why.

3.2 Study Population

A population is defined as the total collection of elements about which we wish to make some inferences (*Stillwell and Clarke, 2011*). The study considered a population of 100 respondents based Nabiganda Town Council, Butaleja District as indicated: Councilors (10), Children care takers (20), Nurses (20) and lastly Residents of Nabiganda Town Council (50).

3.3 Sample Size

The researcher used a sample size of 100 respondents and this was arrived at using solvents

formula.
$$n = \frac{N}{1 + Ne^2}$$

Fig 2: A Demographic table showing sample size and Sampling Techniques

Respondents	Population	Sample size	Sampling Techniques
Councilors	10	8	Purposive sampling
Children care takers	20	16	Simple random sampling
Nurses	20	16	Purposive sampling
Residents of Nabiganda	50	40	Simple random sampling
Total	100	80	

Source primary data (2024)

$$n = \frac{N}{1 + Ne^2} \text{ where; } N = 100, e = 0.05 \text{ (constant)}$$

$$n = \frac{100}{1 + 100 \times 0.05^2}$$

$$n = \frac{100}{1 + 100 \times 0.0025}$$

$$n = \frac{100}{1.25}$$

$$n = 80$$

The sample size was 80 respondents which make over 50% of the total population. A sample size of 50% of the population is considered adequate to make an inference about the entire population (Davis 2018)

3.4 Sampling procedures and techniques

A sampling method is a procedure used for selecting sample members from a population (Amin, 2005). The researcher used different sampling techniques as follows:

3.4.1 Simple random sampling

Simple random sampling was used to select Children care takers, and residents of Nabiganda Town Council. The researcher chose this group of people using simple random sampling method because this method allowed the researcher to make generalizations about a specific population and did not leave any bias.

3.4.2 Purposive sampling

Purposive sampling technique is a non-probability sampling method where by a researcher selects a number of objects that possess features of interest from a given population to form part of the sample (Haruna, 2010). Purposive sampling was used on Councilors and Nurses in this study area because they were best suited in helping respondents answer research questions and this group of participants was assumed to be having the required data in line with the study.

3.5 Data collection instruments

The data collection instruments in this study included questionnaires, interview guides and focused group discussions.

3.5.1 Questionnaire

As justified by Amin (2005), a questionnaire is a carefully designed instrument for collecting data in accordance with the specifications of the research questions. The researcher used closed ended questionnaires for nurses and councilors because of the flexibility for respondents over where and when to complete their questionnaire and their ability to easily read and understand what is in the questionnaire.

3.5.2 Interview Guide

According to Berg (2014), an interview is a conversation where a researcher tries to get information from the interviewee and records it by him/herself. The researcher used structured face to face interviews as they were easily adaptable and effective in data collection and this was used to guide discussions with children caretakers.

3.5.3. Focused group discussion

According to Krugger and Casey (2000) focused group discussion is a form of qualitative research in which a group of people are asked questions about their perceptions, opinions, beliefs, and attitudes towards a product, service, concept, advertisement, idea, or packaging? This method was used because the researcher could interact with the participants, pose

follow-up questions or ask questions that probe more deeply to reveal their feelings about a given topic. The researcher used focused group discussion to get information from children care takers and residents of Nabiganda Town Council.

3.6 Quality Control

Quality control and validity of research instruments was measured as below:

3.6.1 Validity

According to Polit & Beck (2022) validity of an instrument is a degree to which an instrument measures what it is supposed to measure. In this study validity was acquired by the supervisor reading through the questionnaires, interview guide and focused group discussion guide and making the necessary corrections before using it. The advice, suggestions and recommendations were incorporated in the final document of the research instruments and it consequently improved the content and validity of the instruments.

3.6.2 Reliability

Reliability refers to the consistency of measurement and is frequently assessed using the test–retest reliability method (*Walliman, 2001*). Reliability was increased by including many similar items on a measure, by testing a diverse sample of individuals and by using uniform testing procedures. The study adopted test-retest reliability which was measured by having the study population answer a set of questions and having them re answer the same set of questions later. 20 councilors from the sample were chosen to answer a certain set of questionnaires and later they were told to re-answer the same set of questions in order to test for reliability.

3.7 Data Collection Procedure

After approval of the research proposal and designing of the data collection instruments, the researcher obtained an introductory letter from the department of social sciences of Uganda Christian University, Mbale University College, introducing her to the authorities of Nabiganda Town Council, Butaleja District. The researcher made prior arrangements and booked the respondents to provide information for the study. The researcher personally

administered the research tools to the selected respondents. Before administering the research tools, the instructions for answering the questions were explained to the respondents and then later allowed them to fill them independently. Thereafter, the researcher took the information and used it for analysis.

3.8 Data presentation and Analysis

Data analysis is the process of creating meaning out of raw data and modeling it into information to answer research questions, test hypothesis or disprove theory (Amin, 2005). The analysis of data was undertaken using both quantitative and qualitative approach to interpret information from data collected with regard to the objectives of the study.

3.9 Ethical Considerations

According to Mugenda and Mugenda (2014), ethical considerations deals with issues of ethics and human dignity specifically concerning informed consent, privacy and confidentiality, anonymity and researchers' responsibility during the research process.

All key informants and respondents were informed about the purpose of the study and how the information gathered would be used. Adequate and clear explanations on the purpose of the study to each respondent were provided.

The researcher requested for permission from the respondents and all Nabiganda Town Council Butaleja District Authorities before obtaining data for study purposes.

Respondents were treated with respect and the researcher made sure that confidentiality was maintained throughout the study by ensuring that respondents' answer the research questions confidently without fear or biases.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.0 Introduction

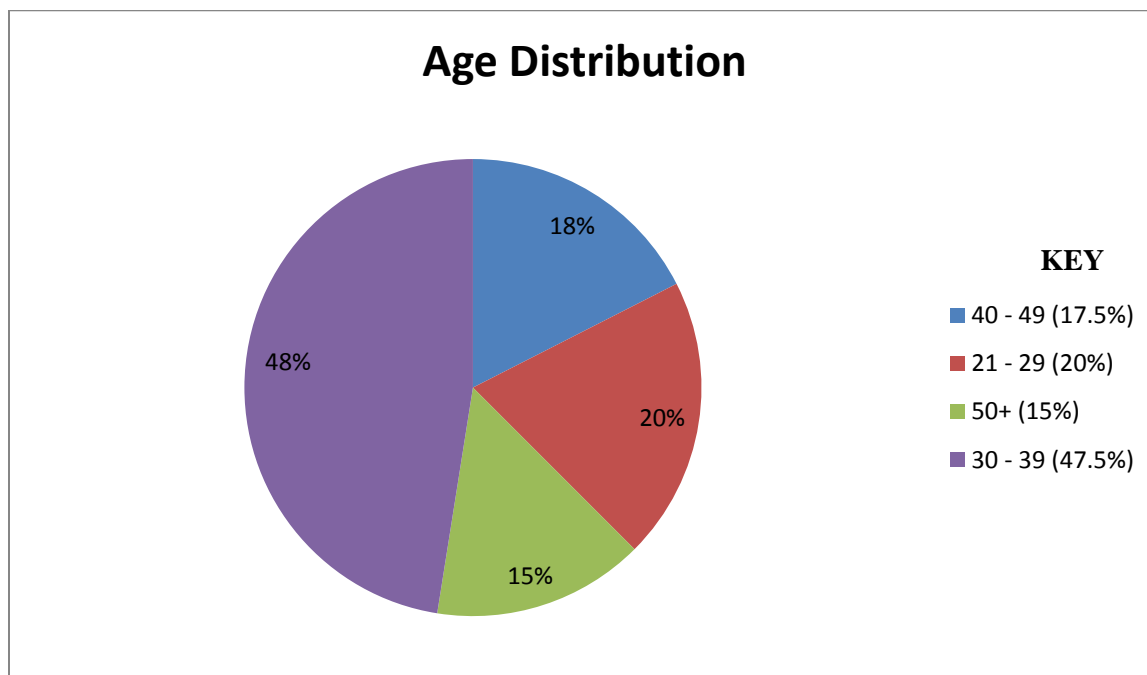
This chapter presents information about the data analysis and interpretation and it consists bio-data of respondents, in accordance to the study objectives

4.2 Respondent's Bio Data

4.2.1 Age Distribution

Under this section, respondents were asked to mention their age and their responses were recorded in the age brackets as seen below:

Figure 4.1 Showing Age distribution of respondents



Information given in figure 4.1 above shows that respondents who were aged between 30 – 39 years were represented by 47.5% of the sampled population while 20% were aged between 21-29 years. However, those aged between 40-49 constituted 17.5, while 15% were aged 50

(Fifty) years and above. This indicated that all the respondents were mature in age since most of them were aged between 30-39 as represented by 47.5% of the sample and therefore were able to express their opinions independently and freely in line with the effect of stigma on HIV/AIDs orphaned children in Nabiganda Town Council, Butaleja District.

4.2.2 Sex of respondents

Under this section, respondents were asked to identify their gender and their responses were tabulated in the table 4.

Table 4 showing Sex of respondents

Sex	Frequency (+)	Percentage (%)
Male	48	60
Female	32	40
Total	80	100

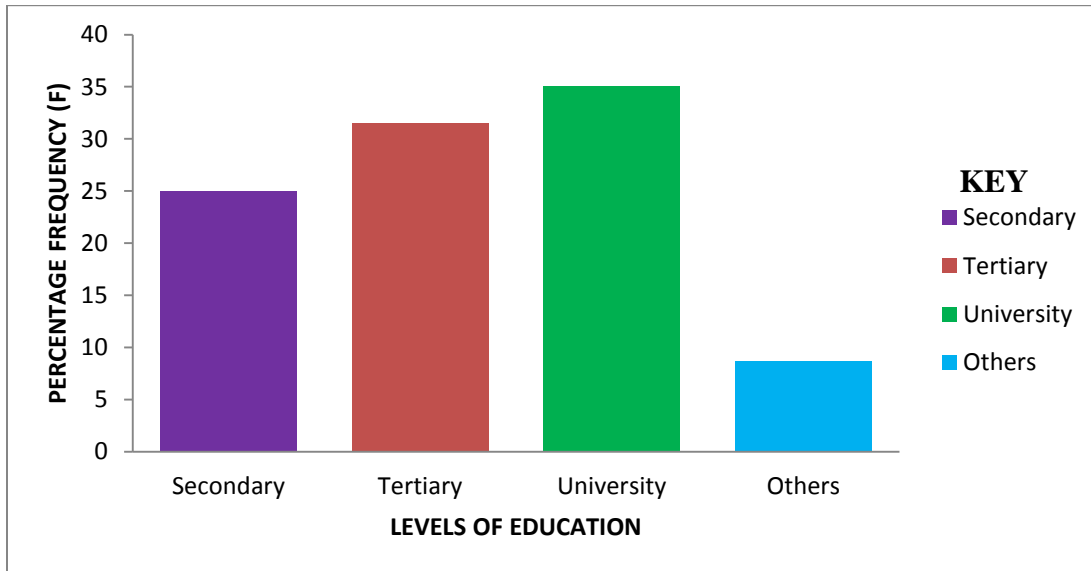
Source: Field data, 2024

Results presented in the table 4 above show that 60% of the respondents were males and 40% were Females. This indicates that female respondents were more than males.

4.2.4 Respondent levels of Education

The level of education was considered because those who had attained higher levels of education had sufficient knowledge on the effect of stigma on HIV/AIDs orphaned children in Nabiganda Town Council, Butaleja District and their levels of education are recorded in the figure below:

Figure 4.2 showing the levels of education attained respondents



Source; Field Data 2024

Results from figure 4.2 above show that 25% of the respondents reached secondary level while tertiary (Diplomas) were 31.5% University graduates with Bachelor's Degrees constituted 35% of the sampled population while 8.7% had other Qualifications (Post graduates). The levels of Education though they do not give a bright picture as far as the understanding of the effect of stigma on HIV/AIDs orphans children in Nabiganda Town Council, Butaleja district. Nevertheless those who reached university and above had got in depth understanding of the topic and objectives under study.

4.2.3 Marital Status

Respondents were asked to mention their marital status and results of their responses were tabulated in the table below.

Responses	Frequency	Percentage (%)
Married	48	60
Widowed	5	6.25
Single	25	31.25
Divorced	2	2.5
TOTAL	80	100

Source: Field Data 2024

Information presented in the table 4.1 above indicates that married respondents constituted the largest majority of the sampled population as represented by 60% of the sample while 31.25% were single. Widowed respondents constituted 6.25% and Divorced were 2.5% of the sample.

Marital status as a variable in this study was an important determinant of work ethics and professionalism because of its teaching on moral standards and sanctify. The study found out that married men and women had sufficient knowledge about the topic under study.

4.2. Labeling and discrimination on HIV/AIDs orphaned children

Table 4.6.3: Descriptive Statistics

	N	1 (SD)	2 (D)	3 (U)	4 (A)	5 (SA)	Mean	Std. D	Comments
Numerous risk factors contribute to HIV/aids poor levels such as labeling and discrimination	80	5 (3.6%)	5 (3.6%)	10 (15.8%)	40 (50%)	20 (27%)	3.82	1.022	High
HIV/AIDS discrimination is directed towards families and uninfected children as a result of stigmatization at home	80	0 (0%)	2 (3.5%)	3 (7%)	60 (63.4%)	15 (26.1%)	3.96	0.815	High
Paternal bereavement leads to stigmatization of HIV orphaned children regardless of their own HIV status	80	5 (5%)	5 (5%)	0 (0%)	50 (67.0%)	20 (23%)	4.14	0.600	Very High
Rejection avoidance, violence, verbal insults and abuse are used in discrimination of HIV/AIDS orphaned children.	80	10 (12.5%)	5 (4%)	5 (4%)	48 (51.1%)	32 (28.4%)	4.01	0.905	High
Orphaned children experience multiple measures labeling and discrimination connected to HIV related labeling	80	0 (0%)	0 (0%)	18 (10%)	64 (70.3%)	22 (18.2%)	3.93	0.745	High
Valid N (list wise)	80								
Overall Mean & Standard Deviation							4.00	0.824	High

0.00-1.00 Very Low, 1.10-2.00 Low, 2.10-3.00 Moderate, 3.10-4.00 High, 4.10-5.00 Very High

The first objective of the study was to check the effect of labeling and discrimination on HIV/AIDS orphaned children and below are the findings of the participants in line with this objective.

Participants were asked to reveal if numerous risk factors contribute to HIV/AIDS poor levels such as labeling and discrimination 27% of the respondents strongly agreed that numerous risk factors contribute to HIV/AIDS poor levels such as labeling and discrimination, 50% of the respondents agreed, 15.8% of the respondents were undecided, 3.6% of the respondents disagreed and lastly 3.6% of the respondents strongly disagreed. A high mean of 3.82 indicated that numerous risk factors contribute to HIV/AIDS poor levels such as labeling and discrimination. Even participants HCW2, CL1 and CL2 were in agreement with this statement.

Responses on if HIV/AIDS discrimination is directed towards families and uninfected children as a result of stigmatization at home showed that 26.1% of the respondents strongly agreed, 63.4% of the respondents agreed, 7% of the respondents were undecided, 3.5% of the respondents disagreed, and lastly none of the respondents strongly disagreed. A high mean of 3.96 indicated that HIV/AIDS discrimination is directed towards families and uninfected children as a result of stigmatization at home this was supported by respondent's IIII2 and ddaaq2.

Responses on if Paternal bereavement leads to stigmatization of HIV orphaned children regardless of their own HIV status showed that 23% of the respondents strongly agreed, 67% of the respondents agreed, none of the respondents were un decided, 5% of the respondents disagreed and strongly disagreed. A very high mean of 4.01 indicated that paternal bereavement leads to stigmatization of HIV orphaned children regardless of their own HIV status.

Responses on if rejection avoidance, violence, verbal insults and abuse are used in discrimination of HIV/AIDS orphaned children showed that 28.4% of the respondents strongly agreed, 51.1% of the respondents agreed, 4% of the respondents were undecided and disagreed, and lastly 12.5% of the respondents strongly disagreed. A high mean of 4.01 indicated that rejection avoidance, violence, verbal insults and abuse are used in

discrimination of HIV/AIDS orphaned children. Participants KRC noted that rejection avoidance, verbal insults and abuse are used in discrimination of HIV/AIDS orphaned children.

Responses on if orphaned children experience multiple measures labeling and discrimination connected to HIV related labeling, showed that 18.% of the respondents strongly agreed, 70.3% of the respondents agreed, 10% of the respondents were undecided, none of the respondents disagreed nor strongly disagreed. A high mean of 3.93 indicated that orphaned children experience multiple measures labeling and discrimination connected to HIV related labeling where participants dd2a and qq21 were in agreement with this item.

A high overall mean of 4.00 indicated that labeling and discrimination on HIV/AIDS orphaned children affects them highly.

4.3. Stereotyping, education and HIV/AIDS orphaned children

Table 4.7: Descriptive Statistics

	N	1 (SD)	2 (D)	3 (U)	4 (A)	5 (SA)	Mean	Std.D	Comments
Stereotyping has a n impact on education of HIV orphaned children	80	1 (2%)	0 (0%)	4 (6%)	25 (30%)	50 (62%)	4.46	1.072	<i>Very High</i>
HIV/AIDS stereotyping affects educational wellbeing of HIV orphaned children in terms of enrolment	80	0 (0%)	5 (3%)	10 (7%)	45 (54%)	20 (36%)	4.22	0.668	<i>Very High</i>
HIV/AIDS stereotyping consequently diminishes orphaned children's morale for attendance	80	0 (0%)	0 (0%)	5 (10.2%)	55 (67.0%)	20 (22.7%)	4.14	0.600	<i>Very High</i>
HIV/AIDS orphaned children find it difficult to continue with school because they have less money to invest in their education.	80	2 (1%)	3 (3%)	0 (0%)	25 (38%)	50 (58%)	4.50	0.684	<i>Very High</i>
HIV/AIDS stereotyping limits access to resources of HIV/orphaned children	80	0 (0%)	0 (0%)	0 (0%)	25 (37%)	55 (63%)	4.58	0.509	<i>Very High</i>
Valid N (list wise)	80								
Overall Mean & Standard Deviation							4.34	0.732	<i>Very High</i>

0.00-1.00 Very Low, 1.10-2.00 Low, 2.10-3.00 Moderate, 3.10-4.00 High, 4.10-5.00 Very High

Levels: 1 = strongly disagree (SD), 2 = disagree (D), 3 = Not sure (N S), 4 = agree (A) and 5 = strongly agree (SA)

The second objective of the study was about stereotyping, education and HIV/AIDS orphaned children.

Respondents were asked to reveal if stereotyping has an impact on education of HIV orphaned children and 62% of the respondents strongly agreed with this item, 30% agreed, 6% were undecided, none of the respondents disagreed and lastly 2% of the respondents strongly disagreed. A very high mean of 4.46 indicated that stereotyping has an impact on education of HIV orphaned children. This study finding was in line with Galloway (2019) who conducted a research study in Kenya and found out that that most HIV positive children always drop out of school due to stereotyping where they fear that even if they study they are going to die as the stereotypes always suggest.

Participants were also asked to reveal if HIV/AIDS stereotyping affects educational wellbeing of HIV orphaned children in terms of enrolment, 36% of the participants strongly agreed, 54% of the respondents agreed, 7% of the respondents were undecided and lastly none of the respondents strongly disagreed. A very high mean of 4.22 suggested that HIV/AIDS stereotyping affects educational wellbeing of HIV orphaned children in terms of enrolment. This study finding was similar to that of WHO (2021) which noted that HIV stereotyping affects the levels of enrollment of children in schools in different parts of the world.

Responses on if HIV/AIDS stereotyping consequently diminishes orphaned children's morale for attendance showed that 22.7% of the respondents strongly agreed, 67% of the respondents agreed, none of the respondents were undecided, 3% of the respondents disagreed, and lastly 1% of the respondents strongly disagreed. A high mean of 4.14 indicated that stereotyping consequently diminishes orphaned children's morale for attendance. This was in line with a study conducted in Uganda by Opio et al, (2017) who found out that stereotyping consequently diminishes orphaned children's morale for attendance.

Responses in line with if HIV/AIDS orphaned children find it difficult to continue with school because they have less money to invest in their education showed that 58% of the respondents

strongly agreed, 38% of the respondents agreed, none of the respondents were undecided, 3% of the respondents disagreed and lastly 1% of the respondents strongly disagreed. Participants ZZZ2 assured that orphaned children find it difficult to continue with school because they have less money.

Responses on if HIV/AIDS stereotyping limits access to resources of HIV/orphaned children showed that 63% of the respondents strongly agreed, 37% of the respondents agreed, none of the respondents were undecided, disagreed nor strongly disagreed a very high mean of 4.58 indicated that stereotyping limits access to resources of HIV/orphaned children showed . this finding was similar to that of Tomkins (2021) who conducted a research study in Togo and found out that stereotyping has negatively affected access to resources as most affected children fear what will be said about them hence not accessing resources due to serotyping.

A very high overall mean of 4.34 indicated that stereotyping affects education of HIV/AIDS orphaned children.

4.4. Nutrition and HIV/AIDS orphaned children

Responses	N	SD	D	U	A	SA	Mean	Std. D	Comments
Poor nutrition accounts for increased disease burden among HIV/AIDS children under the age of five	80	0 (0%)	0 (0%)	7 (3%)	28 (36%)	45 (60%)	4.46	0.694	<i>Very High</i>
HIV stigmatization results in to increased malnutrition of orphaned children	80	3 (5%)	5 (7%)	0 (0%)	40 (60%)	32 (28%)	4.12	0.731	<i>Very High</i>
Stigma due to HIV/AIDS has a negative impact on nutritional status of HIV orphaned children	80	0 (0%)	0 (0%)	9 (10.2%)	51 (67.0%)	20 (22.7%)	4.01	0.875	<i>High</i>
HIV stigma leads to poor feeding practices among HIV/AIDS orphaned children	80	0 (0%)	0 (0%)	8 (6.8%)	22 (35%)	50 (58.2%)	4.47	0.647	<i>Very High</i>
Orphaned children due to HIV/AIDS are discriminated when it comes to food diets.	80	0 (0%)	0 (0%)	2 (4%)	20 (27%)	58 (69%)	4.56	0.562	<i>Very High</i>
Valid N (list wise)	80								
Overall Mean & Standard Deviation							4.34	0.677	<i>Very High</i>

0.00-1.00 Very Low, 1.10-2.00 Low, 2.10-3.00 Moderate, 3.10-4.00 High, 4.10-5.00 Very High

The third objective to the study was about nutrition and HIV/AIDS orphaned children.

Respondents were asked to reveal if, poor nutrition accounts for increased disease burden among HIV/AIDS children under the age of five and 60% of the respondents strongly agreed, 36% of the respondents agreed, 3% of the respondents were undecided, none of the respondents neither disagreed nor strongly disagreed. A very high mean of 4.46 indicated that poor nutrition accounts for increased disease burden among HIV/AIDS children under the age of five. This finding was in line with a study conducted by Caserta (2020) from Zimbabwe and found that poor nutrition among HIV orphaned children is the accounting factor for increasing diseases among HIV orphaned children.

Repondents were asked if HIV stigmatization results in to increased malnutrition of orphaned children and 28% of the respondents strongly agreed, 60% of the respondents agreed, none of the respondents were undecided, 7% of the respondents disagreed and lastly 5% of the respondents strongly disagreed a very high mean of 4.12 indicated that HIV stigmatization results in to increased malnutrition of orphaned children. Participant's qq2 and DD1 were in agreement with this item.

Respondents were asked to reveal if stigma due to HIV/AIDs has a negative impact on nutritional status of HIV orphaned children and 22.7% of the respondents strongly agreed, 67% of the respondents agreed, 10.2% of the respondents were undecided, none of the respondents disagreed and lastly none of the respondents strongly disagreed a high mean of 4.01 indicated that stigma due to HIV/AIDs has a negative impact on nutritional status of HIV orphaned children.

Respondents were asked d to reveal if HIV stigma leads to poor feeding practices among HIV/AIDS orphaned children and 58.2% of the respondents were in agreement with this, 35% of the respondents agreed, 6.85 of the participants were undecided, none of the participants strongly disagreed nor disagreed. A very high mean of 4.47 indicated HIV stigma leads to poor feeding practices among HIV/AIDS orphaned children.

Respondents were asked to reveal if orphaned children due to HIV/AIDS are discriminated when it comes to food diets and 69% of the participants strongly agreed, 27% of the participants agreed, 4% of the participants were undecided, none of the participants disagreed nor strongly disagreed a very high mean of 4.56 indicated that orphaned children due to HIV/AIDS are discriminated when it comes to food diets this was supported by respondents FFRQQD.

A very high overall mean of 4.34 indicated nutrition and HIV/AIDS orphaned children have a relationship.

CHAPTER FIVE

DISCUSSION OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter presents the discussion of study findings' conclusions and recommendations revealed about effect of stigma on HIV/AIDs orphaned children in Nabiganda Town Council Butaleja District.

5.1 Discussion of Findings

5.1.1 Labeling and discrimination on HIV/AIDs orphaned children

Findings indicated that numerous risk factors contribute to HIV/AIDs poor levels such as labeling and discrimination. Even participants HCW2, CL1 and CL2 were in agreement with this statement. This study finding was similar with that Goffmans (2021) who conducted a study in South Africa and found out that labeling and discrimination of HIV/AIDS orphaned children exists in numerous forms.

Study findings here also indicated that HIV/AIDS discrimination is directed towards families and uninfected children as a result of stigmatization at home this was supported by respondent's llll2 and ddaaq2. This study finding was similar to that of Davis (2020) who conducted a research study in Tanzania and found out that is directed towards families and children which results in stigmatization.

Findings of the study also indicated that paternal bereavement leads to stigmatization of HIV orphaned children regardless of their own HIV status. This finding was in line oburu (2017) who conducted a research study from Kenya and found out that paternal bereavement leads to stigmatization of HIV orphaned children regardless of their own status.

5.1.2. Stereotyping, education and HIV/AIDS orphaned children

Findings indicated that stereotyping has an impact on education of HIV orphaned children. This study finding was in line with Galloway (2019) who conducted a research study in Kenya and found out that that most HIV positive children always drop out of school due to stereotyping where they fear that even if they study they are going to die as the stereotypes always suggest.

Findings also suggested that HIV/AIDS stereotyping affects educational wellbeing of HIV orphaned children in terms of enrolment. This study finding was similar to that of WHO (2021) which noted that HIV stereotyping affects the levels of enrollment as many peoples are not enrolled in school due to stereotyping and due to fear of what fellow students would say about them when they are in schools.

Study findings indicated that stereotyping consequently diminishes orphaned children's morale for attendance. This finding was in line with a study conducted by Opio, (2017) who found out that stereotyping consequently diminishes orphaned children's morale for attendance.

Lastly findings also indicated that stereotyping limits access to resources of HIV/orphaned children this finding was in line with that of Tony (2018) who conducted a research study in Egypt and found that enrollment of HIV orphaned children is affected by stereotyping.

5.1.3 Nutrition and HIV/AIDS orphaned children

Findings indicated that poor nutrition accounts for increased disease burden among HIV/AIDS children under the age of five. This finding was in line with a study conducted by Caserta (2020) from Zimbabwe who found out that poor nutrition among HIV orphaned children is the accounting factor for increasing diseases among HIV orphaned children. He asserted that due to poor nutrition, such children

Findings indicated that HIV stigmatization results in to increased malnutrition of orphaned children. Participant's qq2 and DD1 were in agreement with this item. This finding was in line with that of James (2020) who conducted a research study

Findings indicated that stigma due to HIV/AIDS has a negative impact on nutritional status of HIV orphaned children. This finding was in line with that of Opio (2019) who conducted a research study in Tanzania and found that stigma due to HIV/AIDS has a negative impact on nutritional status of HIV orphaned children.

5.2 Conclusions

5.2.1. Labeling and discrimination on HIV/AIDS orphaned children

Findings concluded that numerous risk factors contribute to HIV/AIDS poor levels such as labeling and discrimination, study findings concluded that HIV/AIDS discrimination is directed towards families and uninfected children as a result of stigmatization at home this was supported by respondent's llll2 and ddaaq2 and lastly findings concluded that paternal bereavement leads to stigmatization of HIV orphaned children regardless of their own HIV status.

5.2.2. Stereotyping, education and HIV/AIDS orphaned children

Findings concluded that stereotyping has an impact on education of HIV orphaned children, findings also suggested that HIV/AIDS stereotyping affects educational wellbeing of HIV orphaned children in terms of enrolment, study findings concluded that stereotyping consequently diminishes orphaned children's morale for attendance and lastly findings concluded that stereotyping limits access to resources of HIV/orphaned children.

5.2.3. Nutrition and HIV/AIDS orphaned children

Findings concluded that poor nutrition accounts for increased disease burden among HIV/AIDS children under the age of five, findings concluded that HIV stigmatization results in to increased malnutrition of orphaned children and lastly findings concluded that stigma due to HIV/AIDS has a negative impact on nutritional status of HIV orphaned children. This finding was in line with that of Opio (2019) who conducted a research study in Tanzania and found out that stigma due to HIV/AIDS has a negative impact on nutritional status of HIV orphaned children.

5.3 Recommendations

Basing on the discussion of the study findings and conclusions of this report, the study recommends the following to different stakeholders.

There should be more investments by different Governments in a number of strategies to ensure that HIV stigmatization is reduced in different communities.

There is need for the to sensitize the community and people taking care of HIV affected children to always have proper meals that can help ensure that they avoid diseases.

There is need for people to be educated about the dangers of stereotyping on education of HIV orphaned children.

There is need for school communities to design better programs that can help promote enrollment of children schools.

5.4 Suggested areas for further research

Basing on the study findings, the researcher recommends further research on the following research topics:

Role of Government in enrollment of HIV orphaned children in schools

Impact of school programs on enrollment of HIV AIDs orphaned children.

Impact of nutrition on education of HIV orphaned children.

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APPENDICES

Appendix I: Consent Letter

Dear Respondents

Re. Request to Complete Research Questionnaire

I am **Bashihwendera Eseza** a student of Uganda Christian University pursuing Bachelor's Degree of social work and social administration and am currently undertaking a research on a topic '*effect of stigma on HIV/AIDS orphaned children in Nabiganda Town Council, Butaleja District*'. You are kindly requested to participate in this research and your selection to this effect has been based on random basis. Please feel free as you respond to the study questions because the information you are to give will be used for academic purposes and the information you provide will be kept confidential and will be held anonymous before any publication.

Thank you

.....
(*RESAERCHER*)

Appendices II: Questionnaire Guide

SECTION A: REpondent's BIO – DATA

INSTRUCTIONS

Please fill in the blank spaces or tick (✓) in the boxes provided where necessary.

1. Name: (optional)

.....

2. Age: 15 – 30 31 – 45 46 – 60 60 +

3. Sex: Male Female

4. Marital status: Single Married Divorced Separated Widowed

5. Location:

Cell Parish

Sub – County

6. Levels of education:

None Primary Secondary Tertiary and above

Other (please specify)

.....

.....

7. Religion: Protestant Catholics Muslims Born again

Others (please specify).....

Appendix III:

For each of the sections you are required to tick (√) on a response option ranging from the levels below.

Levels: 1 = strongly disagree (SD), 2 = disagree (D), 3 = Not sure (N S), 4 = agree (A) and 5 = strongly agree (SA)

	Labeling and discrimination on HIV/AIDS orphaned children	SD	D	N	A	SA
1	Numerous risk factors contribute to HIV/aids poor levels such as labeling and discrimination					
2	HIV/AIDS discrimination is directed towards families and uninfected children as a result of stigmatization at home					
3	Paternal bereavement leads to stigmatization of HIV orphaned children regardless of their own HIV status					
4	Rejection avoidance, violence, verbal insults and abuse are used in discrimination of HIV/AIDS orphaned children.					
5	Orphaned children experience multiple measures labeling and discrimination connected to HIV related labeling					
	Stereotyping, Education and HIV/AIDS orphaned children					
1	Stereotyping has a n impact on education of HIV orphaned children					
2	HIV/AIDS stereotyping affects educational wellbeing of HIV orphaned children in terms of enrolment.					
3	HIV/AIDS stereotyping consequently diminishes orphaned children's morale for attendance					
4	HIV/AIDS orphaned children find it difficult to continue with school because they have less money to invest in their education.					
5	HIV/AIDS stereotyping limits access to resources of HIV/orphaned children					

	Nutrition ad HIV/AIDS orphaned children					
1	Poor nutrition accounts for increased disease burden among HIV/AIDS children under the age of five					
2	HIV stigmatization results in to increased malnutrition of orphaned children					
3	Stigma due to HIV/AIDSs has a negative impact on nutritional status of HIV orphaned children					
4	HIV stigma leads to poor feeding practices among HIV/AIDS orphaned children					
5	Orphaned children due to HIV/AIDS are discriminated when it comes to food diets.					

Appendix IV: Interview Guide

Dear respondent, I am **Bashihwendera Ezeza** a student of Uganda Christian University, pursuing a Bachelors Degree of social work and social administration. I am carrying out a study on the *“effect of stigma on HIV/AIDS orphaned children in Nabiganda Town Council, Butaleja District ”*. The information you provide will only be used for the purpose of this study and will be treated with utmost confidentiality. Your participation in this study is highly valued and welcome

(A). Labeling and discrimination on HIV/AIDS orphaned children

1. There is labeling and discrimination of HIV/AIDS orphaned children.

- a.) Yes b) No

2. If yes, how does labeling and discrimination affect HIV/AIDS orphaned children?

.....
.....

3. HIV/AIDS discrimination is directed towards families and uninfected children as a result of stigmatization at home

- a.) Yes b) No

4. If yes, how does HIV/AIDS discrimination directed towards families and uninfected children affect them?

.....
.....

(B). Nutrition and HIV/AIDS orphaned children

5. Nutrition of HIV/AIDS orphaned children is very poor?

- a.) Yes b) No

6. If yes, why is nutrition of HIV/AIDS orphaned children is very poor?

.....

(C). Stereotyping, Education and HIV/AIDS orphaned children

7. Stereotyping has an impact on education of HIV orphaned children?

- a.) Yes
- b) No

8. If yes, what is the impact of stereotyping on Education of HIV orphaned children?

.....
.....

Thank you for your Participation