

**ROLE OF THE MEDIA IN HIV/AIDS  
PREVENTION**

**THE CASE STUDY OF WAKISO  
DISTRICT**

**BY**

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## DECLARATION

This is to declare that this dissertation is my original work and to the best of my knowledge, it has never been submitted to any university or institution for the award of a degree, or presented for publication in whole or part.

Signature..........

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Date..........

**APPROVAL**

This is to certify that the research has been submitted to the school of Social Sciences BY Kanya David with approval as university supervisor.

Signed.....

**Mr. Habert Mudoola**

(Supervisor)

Date.....



## **DEDICATION**

This research part is dedicated to my parents Col Sam Kiwanuka who gave me support through my life and studies. Mamy Kiwanuka Florence, Betty, Mrs. Remmy, Sis Fridah, Dorcus, Jennifer, Bro Lumu R, Ndaaga w, Mugaga D, Kagga, Mukwasi W, Kayemba and Nsubuga G/ F.

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## ACRONYMS

AAU:	Action Aid Uganda
AIDS/HIV:	Acquired Immune Deficiency Syndrome/ Human Immuno-deficiency Virus
STD:	Sexually Transmitted Diseases
CBLT:	Content Based Language Teaching
FAL:	Functional Adult Literacy
GoU:	Government of Uganda
LCIII:	Local Council Three (sub-county)
LCs:	Local Councils
LCV:	Local Council Five (district)
LGA:	Local Government Act
MoES:	Ministry of Education and Sports
MoFPED:	Ministry of Finance, Planning and Economic Development
WHO:	World Healthy Organization
NAADS:	National Agricultural Advisory Services
NCDC:	National Curriculum Development Centre
NGOs:	Non-Government Organizations
NGP:	National Gender Policy
NHP:	National Health Policy
NYP:	National Youth Policy
PEAP:	Poverty Eradication Action Plan
PRA:	Participatory Rural Appraisal
RC:	Resistance Council
UACE:	Uganda Advanced Certificate of Education
UCE:	Uganda Certificate of Education
UNESCO:	United Nations Educational Scientific and Cultural Organization.
SIDA:	Support Institutional Development Activities

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## **ABSTRACT**

This study was set out to assess the role of the media towards HIV/AIDS prevention in wakiso district, this investigation was inspired by the basic level of policy implementation and development planners of Wakiso district. The focus was on three objectives. The study was meant;

To examine the role of media in HIV/ AIDS prevention in Wakiso district.

To analyze the positive and negative role of media in HIV/ AIDS prevention.

To determine the relationship between the media and HIV/ AIDS prevention.

A detailed draft curriculum based on androgenic and content-based methodology, and divided into modules focusing on the specific needs of the respondents were developed for training local council leaders on how to overcome the infection.

In terms of methodology, an analytical survey design based on participatory approaches was used, with quantitative methods playing a supportive role. The following instruments were used: interview schedules, focus group discussion guides, questionnaires and a shortlist for analyzing sub –county records. A participatory approach was adopted for planning, sample selection and data collection purposes, with the stakeholders, who were the LC leaders and sub county medical staff playing a central role in the entire process.

The sample included the following:

1. Sub-county leaders; 13 from Kira and 16 from Kakiri sub-counties.
2. Sub-county medical staff; 7 form Kira and 14 from Kakiri sub-counties.
3. Informants, 3 from each sub county of the wakiso district.
4. There were also 4 informants included from the two sub-counties.

The data collection procedure was as follows: questionnaires were administered first, followed by interviews and focus group discussions for the infection, then interviews for the informants and lastly, analysis of sub-county records. Analysis of data was done concurrently with the data collection process and the interpretation was done afterwards. The results revealed the following:

1. Media being a watch dog in Wakiso has an indispensable role to

play in administration of local governments. This is because of its role as the medium of communication in administration work.

2. The ability of the sub-county leaders to use media is rather weak while that of the local members is much better. The weak competence of the LC leaders is largely due to little formal education and it makes them helpless and incapacitated, thus frustrates the goals of prevention.

3. The leaders and medical staff at the sub-county level fall in three categories of need: the very weak with out being informed to average and the informed ones; and the reasonably good graduates at degree, diploma and certificate levels.

4. The training needs of the leaders and medical staff at the district level vary depending on their level of education and exposure towards HIV/AIDS prevention measures.

5. The district leaders and medical staff can best be trained using androgenic, interactive and participatory methods, suitable for adults, such as in workshops and seminars. Other media such as the radio programmes booklets for reading on individual basis should play supportive roles.

6. A content-based draft curriculum divided into course modules based on the needs of the sub-county leaders and medical staff in the courser of HIV/AIDS prevention. This needs further refinement. On the basis of the above findings, conclusions were drawn, recommendations made and suggestions for further studies put forward.

## CHAPTER ONE

### 1.0 Background

Wakiso is one of the Uganda's districts, located in the central part of Buganda region; it is among the districts that are reported to have prevalent cases of HIV/AIDS infection since the 1980s up to date. In 1982, HIV/AIDS infection was well understood as 'SLIM' the virus which is spread through Blood transfusion, Sexual fluids, and hetero sexual intercourse with infected person, which accounts for 84%, though mother to child transmission, accounts for 15% and 2% which is spread through contaminated blood or use of un sterilized sharp instruments.

Today in Wakiso, aids infection have been devastating contributing to the biggest number of orphans, shorter life expectance and house hold poverty due to increased expenditure on the sick and burials.

Media is contributing in a global fight against HIV/AIDS as it plays an essential role in reversing the progression of HIV/AIDS. Though media has enormous potential to undertake the challenge of fighting with AIDS but to perform its responsibility with utmost efficiency requires the clear understanding of the challenge and the obstacles to spread the education about AIDS. Media can make a difference in fulfilling its responsibilities by giving the epidemic prominent news coverage, dedicating airtime/space to HIV/AIDS public service messages, including AIDS storyline in existing programs, supporting the broadcasting of the HIV/AIDS special programming and making public service messages and original programming available to other outlets on a right-free basis.

In such a process however, the media has the potential to influence public opinion and attitudes about HIV/AIDS, including attitudes towards people living with HIV/AIDS. An analysis of media coverage and public opinion over several decades concluded that there is a strong relationship between them. When the media focuses on a particular issue, there is a higher degree of public awareness and support to tackle that issue. Attitudes affect how people respond to HIV/AIDS

and how people with HIV/AIDS are treated or cared for by their peers, employers, families, communities, the health care system and the justice dispensing system.

However the media has failed to tackle the different perception between youth and adults resulting from judgmental attitudes and /or poor communication between different age, education level and sex groups thus hindering a clear flow of the HIV/AIDS prevention messages.

### **1.1 Statement of the problem**

HIV/AIDS infection is believed to have been into existence in Wakiso since 1980s, and its effects have had a diverse impact on social and economic development. From this period government, district leaders and non governmental organizations took up various assumptions on what ought to be right if they are to curb down this catastrophe. For instance, evaluations and highlighted need for culturally and linguistically appropriate prevention efforts which use already-existing community structures, as well as the need to identify and train people from and within communities to carry out local preventive efforts. Need for concerned stakeholders in health sectors to seek greater transparency in all the activities involving the vital sector through enhanced monitoring of various projects all over Wakiso and improved collaboration between governments at all levels and the civil society on HIV/AIDS preventative health issues.

However, there are now a number of HIV/AIDS prevention programmes for migrant and ethnic minority communities throughout Uganda, both 'top down' programmes organized, for example, governments and large NGOs, and 'bottom up' programmes, organized by migrant groups themselves. In this campaign, the media has been also important towards determining role in educating the public, creating awareness among them and transmitting crucial information so that people become aware, remain alert and take measures to prevent its occurrence. As we all know that information is power, the government has been sensitizing the masses on a global link to use the ABC approach on AIDS prevention: Abstain, Be faithful, or use a Condom. Leaders finally have

implemented the ABC approach as an effective way. It has become the model for AIDS prevention in Wakiso as well as Uganda at large.

## **1.2 Objectives**

To examine the role of media in HIV/ AIDS prevention in Wakiso district

To analyze the positive and negative role of media in HIV/ AIDS prevention.

To determine the relationship between the media and HIV/ AIDS prevention.

## **1.3 Research questions**

Does the media have a responsibility for broadcasting different programmes about HIV/AIDS prevention?

Do the media fragment our society into subculture and persuade people's behavioral change to wards HIV/AIDS prevention.

Has the media been active in HIV/AIDS prevention?

## **1.4 Significance**

It was anticipated that the study would show the categories of beneficiaries below the centrality of the HIV/AIDS prevention by strengthening governance, empowering the people, raising levels of awareness, and hence hopefully promoting development in the long run.

It will particularly sensitize the whole district (Wakiso) about the Media's role in HIV/AIDS Prevention.

The study will help residents to gain a clear insight of the media and likely relationship with HIV/AIDS campaigns.

The study will also benefit other researchers, who will study on a topic similar to this for material and reference purposes,

It will be significant to the government and other NGO's to reduce the gap between media and their activities concerning HIV/AIDS campaigns.

The study shall offer identification of social causes of transmission of HIV/AIDS/STDs and the causes of sexual violence and armed conflict

Administrators at the Ministry of Local Government. Leaders and medical staff at the district level. Projects and Non-Government Organizations working with rural communities. Development planners and policy makers at national level.

### **1.5 Scope of the study**

In terms of geographical scope Wakiso has a total population of 957,280 people (2002 census). It has a total area of 2,704 Km<sup>2</sup>, the study was based at two research sites: (Busiro and Kyadondo).

1. Kyadondo County a sample of Kira Sub-county, will be used and its located in Central Uganda; 15 kilometers from Kampala. It covers 61.81 square Kilometers in terms of size and with a population of 14,059 people and a population density of 327 people per square Kilometer.

2. Busiro County a sample of Kakiri Sub-county will also be studied, its 28 kilometers from Kampala. It covers 362 square kilometers in terms of size, six times bigger than kira with a population of 35,143 people and a population density of 97 people per square kilometer.

These two research sites were selected purposely because of easy accessibility, and the fact that the researcher understand the native language of those areas (Luganda).

In terms of theoretical coverage, the focus of the study was on three basic areas:

1. The level of HIV/AIDS prevalence in Wakiso district as a community and the competence of the sub-county leaders.

2. Sensitizing needs of the local leaders and Media towards HIV/AIDS

Preventative mechanisms with in the district. Its anticipated that the data generated on the above areas will be used

, for designing a viable intervention strategy in form of a curriculum, for

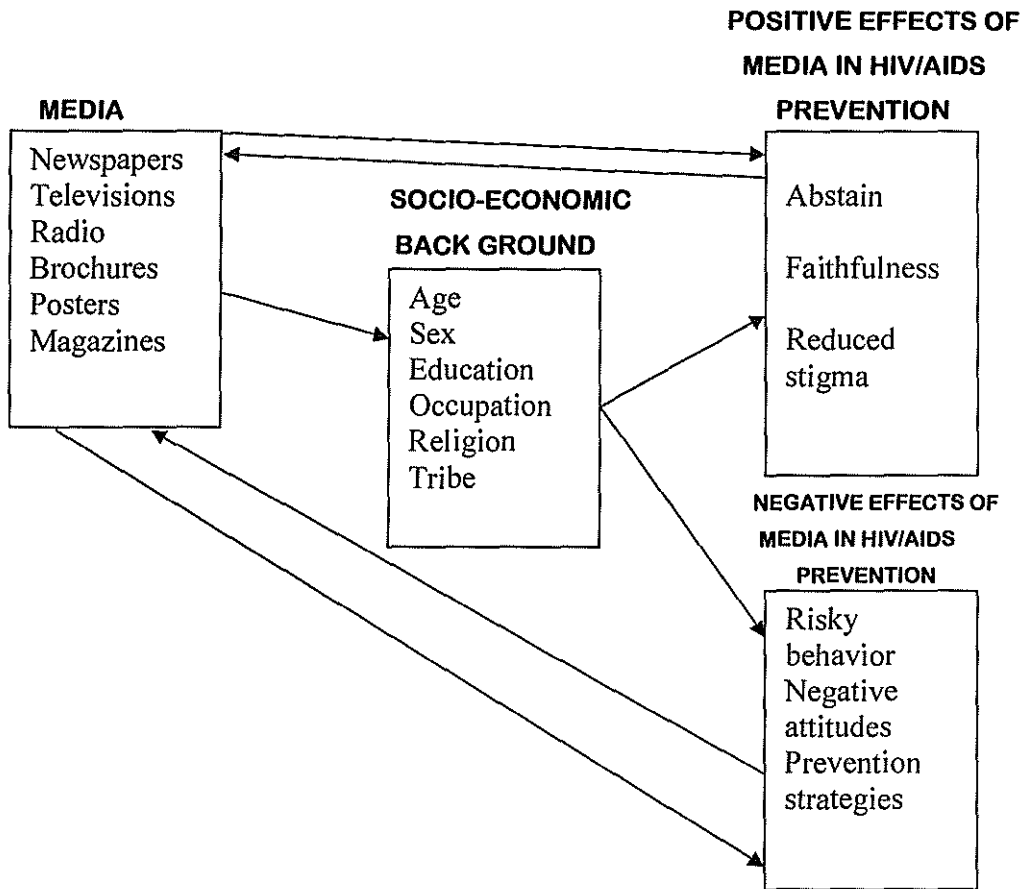
improving the knowledge, tactics of over coming the catastrophe at the sub-county levels of among others.

It will basically focus on Media sources, NGO's, adults, youth, parents and Guardians and children for some cases.

3. The convenient and effective ways of training the entire public, local council leaders about media role in HIV/AIDS prevention for better living standards.

## 1.6

## THE CONCEPTUAL FRAME WORK



The above table is a conceptual frame work for the whole study.

It conceptualizes the relationship that exists in between dependent variable, independent variables and then the neutral or varied variable.



## **CHAPTER TWO**

### **1.0 LITERATURE REVIEW**

#### **1.2 Introduction**

This section provides a review of relevant sources of writings that, authors have put across regarding HIV/AIDS (Causes, Effects and Prevention), the media's role to HIV/AIDS prevention and its effects to both youth and adults campaign against HIV/AIDS spreading and control programs in Wakiso district.

According to UNAIDS and the World Health Organization 2002, argues that as many as two-thirds of new HIV infections projected to occur globally by 2010 could be averted with more effective prevention and public education efforts. The practical and fastest way in which one can change anything is through media. India has the largest and powerful media group which pledged its participation in the nation wide HIV/AIDS awareness campaign. Media Leaders made commitments to use their collective communication expertise and resources to reach people, especially the youth, with information about how to prevent HIV and help combat AIDS related stigma and discrimination. The wide ranging initiatives are evocative of the concern being expressed the world over.

In January of 2003 at United Nation's headquarters, Secretary General Kofi Annan brought together media leaders from around the world to focus attention on the media's role in fighting HIV/AIDS. Launched at the meeting was the Global Media AIDS Initiative, a joint effort of the United Nations, UNAIDS and the Kaiser Family Foundation, to encourage media organizations to devote resources to getting out information about HIV/AIDS. In addition to activities in India, Global Media AIDS Initiative-supported efforts are also underway in Russia, Indonesia, China, the United States and elsewhere in the world.

In July 1994, the government launched the Sexually Transmitted Infections Project. The project objectives were to prevent the sexual transmission of HIV, to mitigate the personal impact of AIDS, and to support institutional development to

manage HIV prevention and AIDS care. It was funded by World Bank, SIDA, KfW Germany, DFID, and Government of Uganda. Its total budget was US\$75 million. The implementation lead agency was Ministry of Health. Other government sectors, namely, Ministry of Gender, Labour and Social Development, and Ministry of Education had activities supported by the project.

In addition to government institutions, the project supported 400 NGOs and CBOs that carried out 30% of the project activities. The project major interventions were promotion of HIV/AIDS awareness, social marketing of condoms, and improvement of STD management by improving access to drugs and promotion of STD care seeking behavior. It provided support to community and home based care, counseling, training in management and provision of drugs for opportunistic infections, especially Tuberculosis.

According to the official figures, the number of HIV-positive people in Nepal is 3,204, of which 881 are women. As of October 31, 2003, there were only 182 reported deaths resulting from AIDS in Nepal.<sup>2</sup>

However, the lack of health care and the stigma associated with HIV/AIDS in Nepal are likely to affect the detection and reporting of HIV/AIDS, thus giving the false impression that Nepal has somehow escaped this devastating epidemic. Furthermore, the government acknowledged that because of Nepal's existing medical and public health infrastructure and the lack of continuity in national HIV/AIDS surveillance systems, it is likely that the actual number of cases is many times higher.<sup>3</sup> According to UNAIDS/WHO, the total estimated number of HIV-positive people in Nepal in 2002 was 60,018, and 2,958 AIDS-related deaths were estimated to have occurred that year alone. Among the adult population (15.49 years), the estimated prevalence rate is 0.5 percent.

According to the National HIV/AIDS Surveillance report for 1999, AIDS is responsible for up to 12 % of annual deaths and has surpassed malaria and other conditions as the leading cause of death among individuals aged 15 - 49.

(MOH 1999). Annual new cases are around 112,000 and in Nepal.<sup>5</sup> Without a concerted and coherent response, Nepal is confronting the real possibility of devastating social and economic effects associated with the HIV/AIDS epidemics in other countries. Immediate and vigorous action must be taken now to prevent the further spread of HIV among high-risk cumulative deaths due to AIDS since the beginnings of the epidemic are around 840,000. (MOH 2000)

The World Bank report on AIDS in South Asia As of October 31, 2001, also noted that although the absolute number of HIV/AIDS cases is still low, there are already concentrated. Epidemics within certain groups practicing high-risk behaviors groups and curb the infection in the larger population. While the epidemic appears in the form of infection and illness in individuals, it rapidly devastates families, communities, and in the long run, entire nations. These devastating impacts are not only

In 1992, The Office of the Pro-Chancellor of the University of Guyana conducted research on knowledge of HIV/AIDS and attitudes related to stigma and discrimination. This preliminary and continuing study, at this time, comprises 116 secondary school students from Queens College, President's College, and School of the Nations, Bishop's High School, St. Rose's High School, McKenzie High School, Linden Foundation, and St. Joseph's High School. Students responded to the Knowledge Instrument to provide some sense of their knowledge of HIV/AIDS. Some preliminary results show that 84 percent of the students on average demonstrated knowledge of HIV/AIDS. But there were two areas that imply some knowledge fragmentation: a third of the students believed there is great danger in donating blood; and a little over three quarters of the students felt that special preventive measures must be put in place at the workplace to stop HIV transmission.

Compare these results with the 2005 study on adults I conducted on the National Tripartite Policy on HIV/AIDS at the Workplace. There were three areas of knowledge fragmentation among adults: about a third of the adults released

doubts about the fact that HIV is not transmitted through sneezing, coughing, using sinks, bathrooms, toilets, and the same eating or drinking utensils, or eating food prepared by an infected person; students unlike adults had no problem with this dimension; nearly 60% of adults believed there is great danger in donating blood; students and adults are at one here; and some two-thirds of adults believed that special

To Julia Davis, report on the Evolution of the Epidemic<sup>1992</sup> focused on how national media campaigns about HIV/AIDS have evolved over the last 25 years in the United States, reflecting the changing nature of the disease as awareness and treatment have progressed. It also provides insight into the approaches, historical context, and impact of leading national public education campaigns. The report documents some of the shifting interests shaping advertising related to HIV/AIDS, including government-sponsored efforts, campaigns developed by non-profit and non-governmental groups, and messages developed by or through partnerships with the media industry itself.

According to a survey conducted in Uganda, 70% of Ugandans identified television as a primary source of information about HIV/AIDS. At the United Nations Assembly Special Session on HIV/AIDS in June 2001, it was agreed by the governments of the State that, "By 2005, ensure that 90%, and by 2010 , 95% of youth aged 15-24 have information, education, services and life skills that enable them to reduce their vulnerability to HIV infection"

In such a process however, the media has the potential to influence public opinion and attitudes about HIV/AIDS, including attitudes towards people living with HIV/AIDS. An analysis of media coverage and public opinion over several decades concluded that there is a strong relationship between them. When the media focuses on a particular issue, there is a higher degree of public awareness and support to tackle that issue. Attitudes affect how people respond to HIV/AIDS and how people with HIV/AIDS are treated or cared for by their peers, employers, families, communities, the health care system and the justice dispensing system.

2004 The non-governmental organization National Guidance and Empowerment Network released a report saying that Uganda's HIV prevalence was actually 17% - more than four times the official rate. Experts claimed that the study was inaccurate, but admitted that the HIV problem in Uganda may still be much worse than official statistics indicate that Uganda began a national antiretroviral treatment programme in June.

To Rahul Deo 2004 an NGOs well known journalist argues that Media too have the capability to bring about transformation in the thinking pattern of the society in respect thus sowing the seeds of attitudinal changes. The media can be a great facilitator for preventing process while imparting the need for a healthy behavior towards the section of the society and those individuals most vulnerable to HIV/AIDS and those individuals affected. Effective intervention to reduce an epidemic's future burden depends in large part on the quality and timeliness of data regarding risk behaviors, rates of STDs, and new HIV infections in key populations. Unfortunately, in countries where per capita spending on health services of any kind amounts to \$20 or less, little infrastructure typically exists to collect such information. At best health agencies, May be able to gauge HIV prevalence in easy-to-access populations, yet prevalence data may mask significant changes in HIV incidence, and sentinel populations may not be representative of the groups that will determine the future course of the epidemic.<sup>133</sup> Cost-effective strategies exist to improve surveillance even in resource-poor countries<sup>134</sup> and that are un aided, and others have many initiatives to improve the ability of low- and middle-income countries to monitor the HIV/aids epidemic. Additional capacity-building is needed in many countries, however, to enable national authorities to collect the information needed to deploy limited prevention resources in the most strategic manner possible.

He added that, although political support is growing for an energetic response to the epidemic, renewed efforts are required in many countries where HIV/aids are now emerging as a major threat. Many countries in Central Asia and Eastern

Europe have no national plan to fight HIV/aids, and some political leaders in the region remain in denial about the threat posed by the disease. In Europe and the U.S., where HIV prevention has not kept pace with changes in the epidemic, a renewed commitment to effective prevention is needed to prevent resurgence Of HIV/aids. Encouraging strong political support for effective HIV prevention measures must become a high-priority global political issue and a point of emphasis in diplomatic relations.

However the media is one of the instrumentalities which facilitates and gives a directional thrust to the efforts to cure the disease if not to treat it. If medicine can treat HIV/AIDS, media is capable to prevent it with an ultimate goal to cure it through its capabilities to impart education through entertainment but due to

Lack of information on effectiveness of interventions, as most of the available data is anecdotal. Resources may constrain systematic measurement of impact.

How to create an enabling environment for different categories of people with different sexual health needs requiring different approaches, which also can change with time.

In June 2001, AMREF, in collaboration with the secretariat of The Uganda AIDS Commission (UAC), carried out a countrywide survey of agencies participating in HIV/AIDS activities. The objectives of the survey were to identify the various agencies having activities on HIV/AIDS, the interventions being carried out and the level at which individual agencies operate, The survey also looked at the resource strength of the various actors, what they perceived as their achievements and constraints. Additionally, participating agencies were asked to list what they considered factors that have contributed to Uganda's acclaimed success in meeting the challenge of HIV/AIDS and name the gaps in the national programme.

The Office of the Pro-Chancellor<sup>1992</sup> of the University of Guyana conducted research on knowledge of HIV/AIDS and attitudes related to stigma and

discrimination. This preliminary and continuing study, at this time, comprises 116 secondary school, students responded to the Knowledge Instrument to provide some sense of their knowledge of HIV/AIDS. Some preliminary results show that 84 percent of the students on average demonstrated knowledge of HIV/AIDS. But there were two areas that imply some knowledge fragmentation: a third of the students believed there is great danger in donating blood; and a little over three quarters of the students felt that special preventive measures must be put in place at the workplace to stop HIV transmission.

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CMHS 1997 develops program models that provide mental health services to individuals, families, and others living with and/or affected by HIV/AIDS. People with the disease may have psychiatric complications such as AIDS-related dementia or other mental disorders. As many as 1.5 million people in the United States are living with HIV, the virus causing AIDS.

The Mental Health HIV Services Collaborative (MHHSC) Program was funded in FY 2001 to address unmet mental health treatment needs of individuals living with HIV/AIDS who are African American, Hispanic/Latino and/or from other communities of color. Twenty-one community-based organizations received five-year grants to expand their current service capacity to reach and provide coordinated mental health and other health and support services to members of these groups experiencing HIV/AIDS, and to evaluate the effectiveness of these

services. Are built on the goals and successes of the original MHCPE program, which had been administered by the CMHS since 1992. Approximately 200,000 mental health care providers have received training supported by this program.

Sathya Saran Editor Femina, Mumbai, India August 2003 Spoke on the need to educate writers and media professionals on HIV issues through sensitization programmes, she stressed that it is difficult for media managers to give regular coverage to HIV unless the readers too find interest in it. Instead of that, Saran said the media must find innovative and interesting ways to disseminate information that is both entertaining and informative from the readers point of view. Women magazines, Saran said, could be important vehicles to share success stories and other articles of empowerment. She called on organizations working in the field to provide empowering stories of those who have overcome the difficulties of living with HIV/AIDS, pointing out that such stories are read to domestic helps and children and filter through society. Finally, Saran suggested that women's magazines could give out free, sensitively-packaged, condoms as an awareness raising action.

Shah Hussain Imam, Associate Editor, The Daily Star, Dhaka, August 2003

He argued that the media has failed to adequately involve itself with the development of HIV awareness strategies and that this, in turn, has resulted in it not being motivated enough to take up the issue. However, he felt it was possible to get the press on the side for this issue. He stressed that the gender issues that underlie the epidemic must be addressed broadly, including through the media.

Peter Gill, Executive Producer, BBC World Service Trust August 2003

Reiterating the many competing issues facing the media, Gill opined that the only way to get journalists to engage with HIV is by presenting it as a humanitarian issue. He stressed that one of the most important roles for the media is to tackle the stigma and discrimination that People are confronted on a daily basis. He stressed the need to bring positive people to the screen in a campaigning role.



Gill discussed the sensitivities around condom promotion and the need to find ways to tastefully promote them through the media so that it does not offend the masses. He stressed, in particular, on the need for government support in this direction and appreciated the increasing openness from governments in many countries to the depiction of condoms in the media. But there are many obstacles in overcoming this mind block, he said. Condom adverts are allowed on TV in UK only after 9 PM. One of the products some governments have banned from advertising includes condoms. The situation is changing, but is it happening quickly enough? Gill wondered.

In January of 2003 at United Nation's headquarters, Secretary General Kofi Annan brought together media leaders from around the world to focus attention on the media's role in fighting HIV/AIDS. Launched at the meeting was the Global Media AIDS Initiative, a joint effort of the United Nations, UNAIDS and the Kaiser Family Foundation, to encourage media organizations to devote resources to getting out information about HIV/AIDS. In addition to activities in India, Global Media AIDS Initiative-supported efforts are also underway in Russia, Indonesia, China, the United States and elsewhere in the world.

Nelson Mandela/HSRC Study of HIV/AIDS Household Survey 2002 Study of 9,963 South Africans shows 11 per cent are HIV positive. Topics include - National prevalence, Provincial prevalence, Locality-type prevalence, Age group prevalence, Sex, race and HIV prevalence, HIV prevalence and socio-economic status. Perceptions about political leadership, resource allocation and antiretroviral (ARV) therapy, Behavioral risks, Mass media and communication, HIV/AIDS communication, knowledge and awareness, Prevention, Treatment, Care and Support. <http://www.hsrapress.ac.za/product.php?productid=2009>

New England Journal of Medicine (Vol. 337, No. 12, September 18, 1997)

This issue has articles on the use of placebos in HIV clinical trials in Africa and other developing countries. Editorials: The Ethics of Clinical Research in the Third World and The Double Burden of HIV Infection and Tuberculosis in Sub-

Saharan Africa. There is an article by Drs. Sidney Wolfe and Peter Lurie, Unethical Trials of Interventions to Reduce Parental Transmission of the Human Immunodeficiency Virus in Developing Countries. For citations to related articles, search MEDLINE

Straight Talk Foundation (Kampala, Uganda) 1999 Produces newspapers, radio shows, newsletter, workshops on reproductive health, safe sex practices, sexuality for children and young adults in Uganda. Publishes Young Talk and Straight Talk, their newspapers. [KF] <http://www.straight-talk.or.ug/>  
Support for International Change, SIC

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<http://myhero.com/myhero/hero.asp?hero=PHILLY>

## **CHAPTER THREE**

### **1.0 METHODOLOGY**

#### **1.2 Research Design**

The study was an analytical survey based on participatory approaches, with quantitative methods playing a supplementary role. The participatory aspect involved the use of interviews, focus group discussions, analysis of records and the involvement of the subjects and stakeholders in decision-making in the context of planning together, and their role in generating the data needed. The quantitative aspect involved the use of questionnaires to get general data from the LC leaders and medical officers. This design was adopted for two reasons; because of the sociological nature of the study; and because of the need for triangulation of data collection methods, so as to come up with detailed and reliable findings.

#### **1.3 Study Areas and Population**

There were two areas or sites in which this study was based on that is, Kira and Kakiri Sub-county Both located in Wakiso District.

In areas where most of the people are peasant farmers. Kira which covers 61.81 square kilometers, is much smaller than Kakiri Sub-county, which covers 362 square kilometers. Kira has a population of 14,059 people compared to Kakiri with 35,143 people. However, the population density for Kira sub county is higher (227 people per sq.km) than that of Kakiri Sub-county (97 people per sq.km). Kira has a smaller local government than Kakiri because of the smaller geographical size and fewer administration divisions or parishes. Whereas Kakiri Sub-county has ten parishes, Kira Sub-county has only Four of them.

#### 1.4 Sample of the Study

The sample for the study included all the leaders and staff at the two Sub-county and some parish chiefs. Informants included district leaders, staff and opinion leaders.

This sample was arrived at during the research-planning meetings held in January 2008 with the stakeholders in both sub-counties.

The details are presented below:

**Table 1: Sample for the Study (n=56)**

#### NUMBER OF RESPONDENTS SELECTED

Category of sample	Kira S/C	Kakiri s/c	Wakiso D1	Wakiso D2	<u>TOTAL</u>
Sub-county leaders	13	16	-	-	29
Sub-county staff	7	14	-	-	21
Informants	-	-	3	3	6
Total	20	30	3	3	56

Among the sub-county leaders 24 (48%) councilors, 2 (4%) chairpersons, 1(2%) vice chairperson, 2 (4%) chairpersons Parish Development Committees (CPDC ) Wakiso district. Making a total of 29 (58%) of the sample. The sub-county staff members included, 2 (4%) administrative officers (chiefs), 2 (4%) health assistants, 2 (4%) Community Development Officers (CDOs), 2 (4%) agricultural officers, 1 (2%) entomologist, 1(2%)Officer in Charge (OC) local administration police and 5 (10%) support staff, making a total of 21 (42%).

## **1.5 Research Instruments**

Four research instruments were used in this study: A questionnaire for the subjects, an interview schedule for the subjects, an interview schedule for the informants and a short list for analyzing sub-county records. These were developed by the researchers and pilot tested at Wakiso Sub-county with a similar sample and then refined.

The questionnaire comprised both open and close-ended items. The interview schedule was semi-structured in nature, to allow for flexibility during data collection. The short list for analyzing sub-county records comprised a list of areas of interest to the researchers as far as the use of English for administration is concerned (refer to the appendices for details on these instruments). These four instruments were used with the goal of collecting comprehensive data and for data triangulation purposes.

## **1.6 Data Collection Procedure**

A participatory procedure was followed throughout the data collection process; with the stakeholders playing organizational, sample selection, mobilization and data generation roles. Details are presented below:

1. Field survey and gaining entry into the areas of study was done first, so as to get familiar with the target population and the setting in the areas of study.
2. Research planning meetings with the chiefs, chairpersons and other selected leaders in the areas of study. These stakeholders were briefed on the study, and they set the dates and time for the meetings, selected the venues and suggested the samples for the first phase of data collection.
3. Data collection; phase 1: the subjects were briefed on the study (open discussion), and helped to fill in a detailed questionnaire. The questionnaire helped both in eliciting their responses on various issues and revealing both their level of language competence level and problems (written language).
4. Research planning meeting with the chiefs and chairpersons of the sub counties for the second phase of data collection (interviews, focus group

discussions and analysis of sub-county records). The stakeholders were briefed on the second phase; they set the dates and venues, selected the samples and later on carried out the mobilization of the respondents.

5. Collection of data from the informants at the district levels: These were identified by the sub-county leaders, appointments were made with them and they were interviewed on individual basis in their offices. Follow up was made using telephones.

6. Analysis of sub-county records: these were reviewed and discussed with the chiefs and cashiers, who write them in most cases (the LCs rarely contributed much).

7. Data analysis and literature review were done concurrently, with reference to the data collected and the patterns emerging during its analysis. Both qualitative and quantitative methods were used during the data analysis process as will be explained later.

### **1.7 Data Analysis**

The data collected using interviews and focus group discussions was of a qualitative or categorical nature hence verbal and detailed. It was summarized right after collection, when the context of interaction was still fresh in the minds of the researcher.

The data was summarized basing on the objectives of the study and the categories and patterns that emerged were refined to get the findings.

Where necessary, these were converted into percentages. The data from the Open-ended questions in the questionnaires were analyzed in a similar way.

Data from the close-ended item in the questionnaire was tallied, summed up and converted into percentages. Data from analysis of records was of qualitative nature and was also summarized, refined and presented. Data from interviews for the Preventative measures and informants was also of qualitative nature, so it was also summarized, refined and where necessary converted into percentages. Some of the data was presented in tables for clarity, summary and cross comparison purposes.

## **Chapter Four**

### **Presentation, interpretation, and discussion of results**

#### **1.0 Introduction**

This chapter is a presentation of the results of the data collected using the questionnaire given to the respondents.

Specifically here data has been put into tables. were by table 1, shows participants knowledge about HIV/AIDS infection, 2 illustrates the level of HIV/AIDS Functional Communicative Awareness as far as the use of English is concerned, 3 Respondents' Ability to prevent HIV/AIDS infection through Reading and Listening, 4 Respondents' Ability to Listen and Read, 5 Areas in which the media has been active and other convenient ways of Training Raised by the Respondents concurrently and then in table 6 this will illustrate the Responsibilities media takes when broadcasting different programmes on HIV/AIDS prevention (the ABC approach).

The data presentation answers the research questions stated earlier under chapter one, though chapter three indicates the analytical survey based on participatory approaches, with quantitative methods playing a supplementary role. The participatory aspect involved the use of interviews, focus group discussions, analysis of records and the involvement of the subjects and stakeholders in decision-making in the context of planning together, and their role in generating the data needed. The quantitative aspect involved the use of questionnaires to get general data from the district leaders and medical officers since when you are working to combat a disastrous and growing emergency, you should use every tool at your disposal.

**Table 1. Shows participants knowledge and the number of residents who are HIV/AIDS positive in wakiso district.**

<b>Respondent</b>	<b>Sex</b>	<b>Knowledge about the infection and number affected residents</b>	
		<b>Knowledge</b>	<b>Number</b>
1	M	YES	10
2	F	YES	12
3	M	YES	13
4	F	YES	16
5	M	YES	15
6	M	YES	15
7	F	YES	10
<b>TOTAL</b>	<b>4 (M) 3(F)</b>		<b>91</b>

All respondents 91 agreed that they have knowledge about the HIV/AIDS infection in wakiso district. This implies that, the problem exists in the whole community. Here Media acts as an institution of oversight, that restraint collaborative effort and render services in providing accurate and correct news coverage of HIV/AIDS facilitates eliciting and generating public response to state sponsored efforts. Such efforts have the potentials to awaken social and political leaders to review their strategies and take mid course corrections in regard to policy concerning AIDS/HIV prevention.

**Table 2 Illustrates the Level of HIV/AIDS Functional Communicative Awareness as far as the use of Different languages is concerned.**

<b>Language</b>	<b>Local people</b>	<b>Percentage</b>	<b>District Leaders</b>	<b>Percentages</b>
Not affected by use of English	16	32	18	36
Luganda	17	34	15	30
Swahili	7	14	9	18
Affected in all language	10	20	8	16
<b>Total</b>		<b>100</b>		<b>100</b>



The data in the above table was collected using questionnaires, interviews, focus group discussions and analysis of the records at the district headquarters.

Majority of the leaders 36% agreed that they use English while sensitizing residents about the infection in their communities. 17 respondents (34%) agreed that they mainly use the local Luganda language in their communities respectively. It is the remaining 10 respondents (20%) who are affected in all language when trying to eradicate HIV/AIDS preventative measure. Still more the table illustrates that 8(16%) of District leaders find problems when sensitizing residents on HIV/AIDS preventive methods using all language. However here the multilingual factor in Uganda, noted by Ministry of Health, HMG/N October 31, 2003 and GoU (1993) come in, and underscores the value of media towards HIV/AIDS prevention strategies. So from the interviews and focus group discussions for the respondents, all the respondents from the sub-counties agreed that they mostly use their Vernacular languages in sensitizing the public about HIV/AIDS prevention, that is Luganda and Swahili. The informants also revealed that the level of competence in HIV/AIDS prevention at the district level is generally weak and this affects the over all media performance in governance, as noted by World Health Organization (WHO).and Joint United Nations 2002, Anok (2000); Karwani(2000), Kiyaga-Nsubuga (2000) and Makara, (1998) in their studies in different parts of Uganda. On the issue of, the ability of LC leaders and medical officers to disseminate HIV/AIDS preventative messages, through reading and listening to functional communicative texts, the responses of the respondents in the questionnaire were as presented in table 3 below:

**Table3: Respondents' Ability to prevent HIV/AIDS infection, through Reading and Listening to HIV/AIDS Functional communicative Texts (n=50)**

Types of texts	HIV/ AIDS preventing skills						Listening and reading skills					
	Yes	%	No	%	Unsure	%	Yes	%	No	%	Unsure	%
1.HIV Official letters	40	80	5	10	5	10	35	70	11	22	4	8
2.HIV/AIDS Minutes	36	75	7	14	7	14	33	66	13	26	4	8
3.Media Programmes	41	82	5	10	4	8	33	66	12	24	5	10
4.Development plans	31	62	10	20	9	18	25	50	21	42	4	8
5.Speeches	37	74	7	14	6	12	28	56	15	30	7	14
6.Budgets	43	86	5	10	2	4	25	50	19	38	6	12
7.Projects	36	72	10	20	4	8	28	56	19	38	3	6
8.Invitations	40	80	6	12	4	8	35	70	11	22	4	8
9.Manifestos	45	90	2	4	3	6	29	58	17	34	4	8
10. Posters	36	72	9	18	5	10	26	52	17	34	7	14
11. Leaflets	35	70	10	20	5	10	24	48	19	38	7	14

The data in table 3 shows that majority of the respondents, between 62% and 90% agreed that they can apply about eleven HIV/AIDS preventative categories as well as functional communication texts. The percentages are lower with listening and reading; with between 48% and 70% of the respondents agreeing that they can read and understand the eleven types of HIV/AIDS preventative functional communication texts. In both cases, over half of the respondents rated their competence in the use of ABC approaches as good, with less than half rating theirs as either poor or being unsure. It should be noted that HIV/AIDS functional communication messages are very important in making residents aware of the infection.

However, the responses from the interviews and focus group discussions differed in that fewer respondents in terms of percentages rated their HIV/AIDS functional awareness abilities as good. As revealed in table 5 below, their average for good HIV/AIDS preventive competence stood at 26.6% while that for poor HIV/AIDS prevention competence stood at 51%. The implication here is that HIV/AIDS preventive competence by the respondents is generally weak as illustrated further below.

**Table 4: Respondents' Ability to Listen and Read HIV/AIDS Selected Functional Communicative texts (n=27)**

Type of functional texts	Respondents' ratings							
	Good	%	Fair	%	Poor	%	Unsure	%
ABC approach materials	16	59	-	-	6	22.2	5	18.5
Budget statements	2	7.4	2	7.4	17	63	6	22.2
Project proposals	3	11	-	-	17	63	7	26
HIV/AIDS Official letters	12	44.4	2	7.4	11	40.7	2	7.2
Development plans	3	11	-	-	18	66.6	5	18.5
<b>Average ability/ competence</b>	<b>7.2</b>	<b>26.6</b>	<b>0.8</b>	<b>0.3</b>	<b>13.8</b>	<b>51</b>	<b>5</b>	<b>18.5</b>

The average ability of the respondents in table 4 above showed that their competence in listening and reading five selected HIV/AIDS preventative functional communication texts leaves a lot to be desired. On average, only 7.2 (26.6%) rated it as good while of the majority 13.8(51%) rated it as poor or were not sure of themselves. The responses here revealed that more respondents understand and are able to read, listen, and apply ABC approach and also circulate HIV/AIDS official letters, while very few could listen to media, read and analyze budgets, project proposals and development plans. They later revealed that, HIV/AIDS technical teams that are NGOs and the district Medical planners work tooth and nail to see HIV/AIDS prevented out of Wakiso district. Respondents also revealed that they rarely access and read key government texts on HIV/AIDS infection. When asked about whether they can read and understand the Local Government Act of 1997, 51% have never seen or led it,

0.3% led but did not understand it and 18.5% have problems of understanding the legal language used. Only 7.2% have led and understood it. In the questionnaire, the respondents identified also ways presented in table 5 below as the most convenient ways of Training to help in improve on their ability towards HIV/AIDS prevention.

**Table 5: Areas in which the media has been active and other convenient ways of Training Raised by the Respondents (n 50)**

Ways suggested/supported	Number of respondents	%
1. Listening to radio programmes.	34	68
2. Reading HIV magazines and other materials.	40	80
3. Attending adult learners' classes/counseling.	20	40
4. Television illustration of HIV/AIDS cure	45	90
5. Being taught privately by healthy attendants.	24	48
6. Circulating newspapers freely to every one.	32	64
7. Supply school with news papers on HIV/AIDS	17	34
8. Forming media study groups in sub counties.	24	48

The responses in table 5 above show that majority of the residents prefer to be trained in a practical and interactive way through television illustration workshops (90%). Majority also prefer the use of HIV magazines and other materials (80%) which they can read on their own to back up the television illustration workshop training. Other ideas supported include the use of radio programmes (68%) in the evenings when the residents are back from their daily work), circulating free reading newspapers (64%) forming media study groups with their fellow leaders (48%); being taught privately by healthy attendants from schools within the area (48%); attending adult learners classes and counseling (40%) and a few supported the idea of supplying school with news papers that involves HIV/AIDS preventing information (34%). The responses here generally showed that there are many media that can be used to help train residents on HIV/AIDS prevention

the most supported one's being the use of interactive seminars and workshops backed by provision of materials concerning HIV/AIDS prevention

**Table 6: Responsibilities the media takes when broadcasting different programmes on HIV/AIDS prevention (the ABC approach)**

Media	Positive roles	Negative roles
Newspapers	Abstain	Risky behavior
Televisions	Being Faithfulness	Negative attitudes
Radio	Reduced stigma	Prevention strategies
Brochures	Use of condoms	Influential
Posters	Sensitization	
Magazines		

Table 6 illustrates that media play both positive and negative roles during the period it sensitizes the masses about HIV/AIDS prevention methods. This table also goes on to show that media being an influential tool, this make it renders services basing on Individual differences between social status that is, in terms of Age, Sex, Education, Occupation, Religion, Tribe and pace of learning. Since individuals are motivated to learn as they experience the specific needs and interests that the learning will satisfy, this also indicates that mass media are participatory in nature and aimed at the empowerment of the district leaders and medical officers as well. This will be modeled along procedures followed by promoting positive attitudes among residents towards HIV/AIDS prevention and not only prevention but also it will help to create wide awareness among residents as the subject matter since they are much concerned about the infection prevention.

## **CHAPTER FIVE**

Summary, Conclusions, recommendations and suggestions for further research

### **1.0 SUMMARY**

This research has found out that media do play most of the preventative role towards HIV/AIDS in wakiso district with its associated channels. Higher HIV/AIDS spreading levels lead to miscarriages in families and this occurs especially when family member fails to offer enough support to their affected persons financially. This has been reported as a result of early marriages, prostitution and joining of influential groups at schools and in villages at large. Since most individuals in wakiso are poor decision makers towards the prevention of the infection i.e. they assume that use of condoms, being faithful and application of the ABC approach methods are useless. This kind of assumption has led to increased number of HIV positive persons today in wakiso district as many individuals neglected to adopt applying some of the possible detected and reducing methods found out by scientists through different media channels hence resulting into increased number of death rate.

Further more, it was discovered that parental negligence, poor law enforcement, ignorance, peer pressure, negative attitude and so on, acts as another contribution factors to HIV/AIDS prevention in wakiso district as the researcher had planned various reduction methods among which included, reading and listening to HIV/AIDS communicative messages, simple language usage to enable wide message circulation on the infection prevention and so many others. Finally this research also found out that media being an influential tool it is associated with the increased spreading of HIV/AIDS infection. Today many individuals have been tested HIV/AIDS positive, something that has made many individuals to end schools and others to carry up illegal decisions.

### **Conclusion**

In conclusion therefore, the researcher analyzed out that most of the respondents with that is 91 percent had ideas concerning HIV/AIDS infection, as 36% of leaders selected English first while sensitizing residents about the infection in

their communities see table two in chapter four, its was from the researcher's investigation to find out that 62% and 90% of respondents agreed that they can apply almost eleven HIV/AIDS preventative categories as well as functional communication texts so as the infection is stepped down to an end in Wakiso district. Whereas respondents in table 4 as it is being indicated in chapter four shows that their competence in listening and reading five selected HIV/AIDS preventative functional communication messages leaves a lot to be desired. On average, only 7.2 (26.6%) rated it as good while of the majority 13.8(51%) rated it as poor or were not sure of themselves. The responses here revealed that more respondents understand and are able to read, listen, and apply ABC approach though in table 5 majorities of the residents preferred to be trained in a practical and interactive manner for instance, through television illustration and workshops. Under similar circumstances, about 90% of respondents also showed their preferences as high in use of HIV magazines and other materials while 80% of the respondents could only read on their own to back up the television illustration and workshop trainings. Among other ideas supported include the use of radio programmes with (68%) in the evenings when the residents are back from their daily work), circulating free reading newspapers (64%) forming media study groups with their fellow leaders (48%); being taught privately by healthy attendants from and within schools areas (48%); attending adult learners classes and counseling (40%) and a few supported the idea of supplying school with news papers that involves HIV/AIDS preventing information,

To sum this therefore, the researcher observe that media being an influential tool does not only cause positive impacts on the residents' well being but also leads to negative challenges in human life as HIV/AIDS prevention is concerned to date.

## **1.2 Recommendations**

1. Parents and media should expand the existing prevention strategies. With additional resources and access to training and prevention tools, Wakiso district should rapidly bring to scale key prevention interventions that can work together

to achieve maximum prevention impact. In particular, districts should scale up mass media campaigns; condom distribution, promotion and social marketing; blood screening; school-based programs; programs for out-of-school youth; workplace programs; std treatment; and peer counselors for vulnerable populations, such as sex workers, men who have sex with men (msm), and injection drug users(idus).

2 The media local authority and Healthy officers should be trained in preventing HIV/AIDS using interactive and participatory methods such as seminars and workshops. The FM radio broadcasts; books, handouts and other methods are good for supplementary roles.

3. There is need for action research and fieldwork for developing the draft curriculum further, pilot testing it, and developing the relevant instructional materials including four module based work books and instructors guides basing on the four areas of need below:

- i) Basic HIV/AIDS Testing laboratory
- ii) Media and Language skills
- iii) Medical / Administrative register
- iv) Functional communication skills and reading texts

4. In the meantime, government policies, plans and programmes concerning HIV/AIDS prevention should be translated into local languages so that the less educated leaders and their residents can access and understand them, hence do their official duties better. Or else there should be HIV/AIDS resource centers established at every sub-county where residents can borrow materials and read about government policies, plans and programmes towards the problem solving and access other information as well. This will help improve their level of awareness.

6. The human resources at the district level, that is teachers of healthy science, especially in secondary schools, should be trained as trainers and used to train the leaders and residents in the use ABC approach for preventative purposes. And if politically acceptable, minimum clearly defined education standards



should be set for LC leaders and enforced during elections so as to ensure that only competent people in the context of preventing HIV/AIDS are elected for key leadership positions in local governments.

7. Another common suggestion made by 68% of the respondents was the use of Well-timed radio programmes, lasting for a long period of time at least 1-2 hours and aired in the evenings when the day's work is over-8:00- 10:00pm. The Local F.M radio stations should be used for both mobilizing and sensitizing the people on the HIV/AIDS prevention purposes. Therefore, the challenge of developing a fully-fledged and reliable curriculum for Preventing HIV/AIDS by leaders through media is a big one. It will require follow up, research studies and field work as well as much input in terms of expertise (financial facilities, medical facilities, transportation, education and healthy consultants)

### **1.3 Suggestions for Further Research**

The following are the suggestions for further research studies:

1. Approaches and strategies for preventing HIV/aids as the incurable to District leaders through media assistance.
2. Gender, participation and women's empowerment through mass media at the sub-county level.
3. Management, information and skills for LC leaders through mass media at the sub-county level.
4. Capacity building needs for LC leaders through mass media at the District level.
5. Information dissemination systems and services at the district and sub county levels through mass media channels.

These studies can help give more insights into pertinent issues related to the media implementation, prevalence and performance of leaders at the grassroots level.

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## APPENDIX 1

### 1.1 Questionnaire

The researcher is Kamyra David a Bachelor of mass communication student of Kampala International University researching on the topic:

### **“ROLE OF THE MEDIA IN HIV/AIDS PREVENTION” ACASE STUDY OF WAKISO DISTRICT.**

This is a partial fulfillment for the award of Bachelor of mass communication. I hereby kindly request to tick the answers and fill in the questionnaire where necessary.

The additional space at the end is preserved for any additional points that may add insights in this research which you feel that I had left out.

#### Personal Data

(1) Sex..... Religion.....

(2) Profile

Education..... Occupation.....

#### Research questions:

(3) Do you accept that a big number of Participants have knowledge about HIV/AIDS infection?

(i) tick Yes or No

(4) Which is the most effective media means used in HIV/AIDS prevention in Wakiso?

Radio

News papers

Television

Magazines/ journals

Telephone

(5) Which HIV/AIDS preventative measures have been frequently emphasized through media?

Condom usage

Abstinence

Faithfulness

Reduced stigma

All the above

none

(6) What are some of the negative effects caused by the media towards during HIV/AIDS prevention?

Risky behavior

Negative attitudes

Prevention strategies

(7) Does Media affect youth's behavior towards HIV/AIDS prevention?

True

False

Both

Non of the above

(8) To what extent has the media been sensitizing residents about HIV/AIDS prevention through usage of different languages?

Tick

(i) To small extent

(ii) To large extent

(III) Non of the a above

Briefly explain your answer.....

(9) Is it true that majority of the respondents have the ability to prevent the infection through reading and listening media information?

Tick

(i) Yes

(ii) No

(iii) Some

(10) Give the relationship between media and HIV/AIDS in line to other Infection.....

(11) How influential the media is towards HIV/AIDS prevention in Wakiso district?

.....

(12) What is your personal opinion towards media's role in HIV/AIDS possible Preventative ways? .....

***FACULTY OF SOCIAL SCIENCES***

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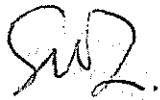
TO WHOM IT MAY CONCERN

.....  
.....

This is to introduce to you .....  
who is a bonafide student of Kampala International University. He/she is  
working on a research project for a dissertation, which is a partial requirement  
for the award of a degree. I hereby request you, in the name of the University,  
to accord him/her all the necessary assistance he/she may require for this  
work..

I have the pleasure of thanking you in advance for your cooperation!

Yours sincerely,



Ms. Sidonia Angom  
*Associate Dean*