

**INFORMATION, EDUCATION AND COMMUNICATION STRATEGY ON HIV/AIDS  
PREVENTION AMONG TEENAGERS IN KABALE  
MUNICIPALITY KABALE DISTRICT**

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A Thesis  
Presented to the school of  
Post graduate studies and research  
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Kampala

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In Partial Fulfillment of the Requirements for the Award of  
The Degree of Master of Arts in Counseling Psychology

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**September, 2011**

## DECLARATION A

This Thesis is my original work and has not been presented to Masters Degree or any other academic award in any University or institution of higher learning.

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NAME AND SIGNATURE OF CANDIDATE

17/oct/2011

DATE

**DECLARATION B**

I, confirm that the work reported in this thesis was carried out by the candidate under my supervision

DR. IMBUKI 

NAME AND SIGNATURE OF SUPERVISOR

17/oct/2011


DATE

## APPROVAL SHEET

This thesis entitled, "*The effect of communication, education and information on HIV/AIDS prevention among teenagers in Kabale Municipality*" prepared and submitted by Musekura Robert in partial fulfillment of the requirements for the degree of masters of Arts in Guidance and Counseling has been examined and approved by the panel on oral examination with a grade of \_\_\_\_\_

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## **DEDICATION**

This work is dedicated to my Dear wife Jean, M., my sisters and brothers, who gave me a lot of inspiration and encouragement to pursue further studies and who put a foundation for helping me to grow into a responsible citizen.

## **ACKNOWLEDGEMENT**

I do extend my sincere thanks to all those who assisted to make all the necessary arrangements and preparation of this thesis a success.

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## LIST OF ACRONYMS

UBOS	-	Uganda Bureau of Statistics
HIV/AIDS	-	Human Immune Virus/ Acquired Immune Deficiency Syndrome
ACP	-	Aids control program
MOH	-	Ministry of Health
VCT	-	Voluntary counseling and testing
ARVs	-	Anti retroviral drugs
GOU	-	Government of Uganda
UNESCO	-	United Nations Educational Scientific and Culture Organization
UNAIDS	-	United Nations acquired immune diseases syndrome
TASO	-	The Aids Support Organization
KIU	-	Kampala International University
BCC	-	Behavioral Change Communication
IEC	-	Information Education Communication
STD	-	Sexual transmitted diseases
WHO	-	World Health Organization
SSA	-	Sub-Saharan Africa

## **ABSTRACT**

The AIDS Support Organization (TASO, 2007) in conjunction with population Council conducted a study and their findings were that HIV/AIDS support programs were centered on adults and children. Against this, the researcher conducted a study in Kabale Municipality Kabale District to assess the effect of information, education and communication on HIV/AIDS prevention among teenagers in Kabale municipality – Kabale district.

The objectives were to examine the influence of information on HIV/AIDS prevention among the teenagers of Kabale, investigate the impact of HIV/AIDS education on prevention of HIV/AIDS among teenagers in Kabale Municipality and to assess the effect of communication on HIV/AIDS prevention among teenagers in Kabale Municipality.

Literature review was done and matched with the study findings. The study was descriptive in design where a sample of 200 respondents were involved and the researcher employed qualitative and quantitative approaches with special emphasis on statistical package for social scientists (SPSS) for data analysis.

The study findings showed that information, education and communication were ineffective in addressing HIV/AIDS prevention among teenagers in Kabale municipality– Kabale district

It is recommended that both the Municipal Authorities and School Management should come out with programs that give clear education on the nature of HIV/AIDS carriers and should hold counseling sessions with the teenagers with a view to minimizing their vulnerability to HIV/AIDS.

## **CHAPTER ONE**

### **THE PROBLEM AND ITS SCOPE**

#### **Background of the study**

Global HIV/AIDS statistics show that at least 40 million people across the world are infected with HIV, the virus that causes AIDS. 950000 people are in Western Europe, one million are found in Asia, 420000 people are in the Caribbean, and 1.5 million are in Latin America. Further more, an estimated 6.6 million causes of HIV infected people are found in pacific Asia, while 15000 people live in New Zealand and Australia. On the other hand, 50000 people are infected with HIV in North Africa and the Middle East. It is however, important to note that the highest percentage of HIV infected people are living in Sub-Saharan Africa (SSA).SSA alone is believed to have 28.3 million cases 70.3% of the infected persons(UNAIDS, 2002)

SSA has therefore had a disproportionate share of HIV/AIDS cases. HIV/AIDS has fore example affected mainly persons in the reproductive age group. Substantial numbers of these are aged between 15-24 years. The reasons for this remain unclear. What is clear however is the fact that HIV/AIDS prevalence is declining in some parts of SSA especially in Uganda.

With an estimated population of 24.7 million (UBOS, 2002), Uganda is looked at world wide as a role model in her attempts to contain the HIV/AIDS scourge. For instance, by 2001, Uganda had realized HIV sero-prevalence of a level below 6% from about 19% in the early 1990s. The rapid decline has been attributed to behavioral change accruing from HIV control intervention strategies. The strategies have emphasized three values namely; abstinence, being faithful, and condom use. This has further been made possible by an enabling environment constituted by goo governance, high level political support with multiple-sector response among others, yielding timely HIV/AIDS intervention. In short, Uganda has registered a high level of openness achieved through sensitization of the population.

Senvewo (1990) similarly observes that the decline in HIV infection is attributed to increased awareness about HIV/AIDS among the Ugandan population. High awareness has resulted from intensified efforts against HIV/AIDS by government and non-governmental organizations like Ministry of Health (MOH), the Aids Information centre (AIC), The AIDS Support Organization (TASO), and Delivery of Improved Health Services (DISH). Other stakeholders include various religious organizations, which has also contributed a great deal of communities through various avenues. Sensitization has been carried out mainly through HIV/AIDS workshops, production and dissemination of information, education, and communication (IEC) materials like posters and newsletters. In addition, sensitization has been carried out through local drama and radio programs. The combined effort of all these has been behavior change through adoption of effective prevention measures. It has been noted however that the relationship between the large variety of intervention and the declining HIV prevalence are complex, and yet understood. In other words, changes in age of sexual debut, casual and commercial sex trends partners' reduction and condom use all appear to have played key roles in the continuing decline.

Although it is common knowledge that risk perception and avoidance opinions can ultimately lead to reduce HIV incidence, there is complex set of epidemiological, social cultural, political and other elements that are likely to have affected the course of this epidemic in Uganda. Nevertheless, little is known about the role of these factors and particularly social and cultural beliefs and practices towards HIV/AIDS reduction. Therefore, a systematic inquiry is necessary to understand the contribution of social and cultural factors to the reduction of HIV/AIDS in Uganda.

Over the last 24 years Uganda has made considerable progress in the control of HIV/AIDS spread. The national priorities in the late 1980's and early 1990's were on increasing awareness and promoting behavior change in the population. Strong political commitment, determination, goodwill and leadership at all levels enabled communities through multi-sectoral approach and private public partnership to reduce HIV prevalence rates from over 18% in the mid 1990's to about 6% in a period of about 10

years. The success gained in the reduction of HIV prevalence has resulted into improved livelihoods of individuals, families and communities infected and affected by the pandemic (UNAIDS, 2010).

### **Historical information**

Ironically the strategy credited for bringing the HIV/AIDS epidemic under control in Uganda is behavior change model ABC. ABC stands for "Abstinence, Be faithful or use Condoms" in that order of emphasis.

Although there is a complex set of factors which could have affected the course of the epidemic in Uganda, it is difficult to account for all confounding variables in the HIV studies that support this claim. There is agreement that HIV prevalence rate drop was due to change in behavior (WHO, 2004). The degree of national prevalence decline is unique world wide and has been the subject of curiosity and controversy since 2002 and more recently has come under more intense scientific scrutiny.

According to a Healthy Survey 2008/09 incidence rates in the general population were reported to have declined by 60% of casual sex among 15-49years, median age of sexual debut increased from 14 years to 17 years; the figures providing a ground to believe that significant behavior change has occurred in Uganda due to behavior change communication (BCC).

However, in 2007 TASO (The Aids Support Organization) in conjunction with population council conducted a study exploring the sexual and health needs of adolescents/teenagers. The findings were that HIV prevention and AIDS care and support programs were centered on adults and children. It is therefore against this background that a researcher intends to carryout a study relating to the effect of information, education and communication on HIV/AIDS prevention among teenagers with a focus on Kabale Municipality Kabale, Uganda.

Additionally the approach used in Uganda which is named ABC approach – firstly, encouraging sexual abstinence until marriage; secondly advising those who are sexually active to be faithful to one partner; and finally urging condom use, especially for those who have more than one sexual partner is seen to target married couples.

Currently about 1.2 million Ugandans are HIV positive and 540,000 are eligible for treatment under treatment guidelines developed by (WHO, UNAIDS, 2010). However, only 240,000 receive treatment and 110,000 new infections occur annually.

Prevention strategies are emphasized because there is no known cure for HIV/AIDS. Part of such emphasis is to continuously review their performance, establish the effect and recommend the way forward.

### **Statement of the problem**

Despite the information, education and communication efforts by the government to promote implementation of several strategies for prevention of HIV infection, HIV/AIDS has continued to spread among adults and children. Specific interventions such as HIV Counseling and Testing, abstinence, being faithful, using condoms and prevention of mother to child transmission have all been implemented aiming at behavioral change among the youth but HIV continues to spread among teenagers. Justin Du Toit, a consultant at consultancy Africa HIV/AIDS, says that lack of access to prevention information, education and communication are the main factors fueling spread of HIV/AIDS in Uganda. This general picture creates an impression that the effect of intervention strategies in specific locations is not known. This study therefore was to find out the effect of Information, Education and Communication as an intervention strategy on the prevention of HIV/AIDS.

### **Purpose of the study**

The purpose of the study was to assess the effect of information, education and communication on HIV/AIDS prevention among teenagers in Kabale municipality – Kabale district.

### **Objectives of the study**

The study was guided by the following objectives:-



- (i) To examine the influence of information on HIV/AIDS prevention among the teenagers of Kabale.
- (ii) To investigate the impact of HIV/AIDS education on prevention of HIV/AIDS among teenagers in Kabale Municipality.
- (iii) To assess the effect of communication on HIV/AIDS prevention among teenagers in Kabale Municipality.

### **Research questions**

- i. What is the influence of information on HIV/AIDS prevention among the teenagers in Kabale municipality?
- ii. How has education impacted on HIV/AIDS prevention among teenagers in Kabale?
- iii. What is the effect of Communication on HIV/AIDS prevention among the teenagers in Kabale Municipality?

### **Hypotheses**

- 1) Information influences HIV/AIDS prevention efforts among teenagers in Kabale municipality
- 2) Education impacts on HIV/AIDS prevention efforts among teenagers in Kabale municipality
- 3) Communication significantly affects HIV/AIDS prevention efforts among teenagers in Kabale municipality

### **Scope of the study**

#### ***Content scope***

This study focused on the effect of Information, Education and Communication on HIV/AIDS prevention among teenagers in selected Kabale schools. It comprised of

behavior change communication, education and HIV/AIDS information dissemination to the teenagers in the area.

The researcher also tried to explore how information, education and communication has enabled teenagers to acquire basic knowledge about HIV/AIDS through mass media, behavioral change communication materials, community outreaches, targeted peer education and life skills education in schools.

This study was conducted in selected secondary schools in Kabale municipality namely; St. Mary's College Rushoroza, Kabale Secondary School, Kigezi High School and Kigezi College Butobere and covered the period dating from 2009-2011 and took 1year. The respondents have been in schools selected for the years mentioned.

### **Significance of the study**

The researcher will try to explore how information, education and communication has enabled teenagers to acquire basic knowledge about HIV/AIDS through mass media, behavioral change communication materials, community outreaches, targeted peer education and life skills education in schools.

The findings will be helpful in a number of ways to HIV/AIDS policy makers, to teenagers who intend to join HIV prevention campaign and to social scientists and researchers.

The research will enable teenagers to realize the importance of behavioral change communication, education and information on HIV prevention in their localities.

The research will enable counseling psychologists to plan for teenagers as they develop multiple methods of communication with messages on HIV prevention, care and support.

The research will also help Medical personnel, Municipal officials and other stakeholders such as community based Organizations and parents to provide age appropriate, current, accurate and factual information, education and communication on HIV/AIDS.

## **Definitions of Key Terms**

**AIDS:** Acquired Immune Deficiency Syndrome.

**Communication:** this refers to any act that promotes exchange of HIV/AIDS prevention messages between the Kabale teenagers and other stakeholders.

**Education:** Any effort by which the Kabale teenagers are provided with knowledge, skills and values that can mitigate the further spread of HIV/AIDS.

**HIV:** Human Immuno Virus.

**Information, education and communication** stands for “information, education and Communication”.

**Information:** It is any resource that is passed on to add value to the HIV/AIDS prevention efforts among the Kabale teenagers.

## **CHAPTER TWO**

### **REVIEW OF RELATED LITERATURE**

#### **.Concepts, Opinions and Theoretical Review**

The behavioral theories stress the importance of observable elements of stimulus (s) and response (R) or behavior of a learner reacts to environment. The basis of behavioral theory is conditioning. The formation of a bond between stimuli and responses (S-R) – "S" is the photo, notice, poster and "R" is the reaction to the "S" such as laughter, fear etc. The learner reacts to the environment and a desired behavior will occur. Though many behavioral theories have been advanced only one theory will be reviewed and this is connectionist theory postulated by Thorndike, (1974 – 1949).

Thorndike's theory of connectionism was built upon Pavlov's theory of classical conditioning. Thorndike conducted many experiments using angry cats/dogs in cages/boxes with variations. The animals were seen expressing sign of discomfort and an impulse to escape by trying to squeeze through any opening using their claws, or biting at wires. After many trials, the cat clawed the string/hoop, button so as to open the door to escape. At first, time taken to escape is high but on succeeding trials time to escape reduced.

From the experiments Thorndike concluded that learning is a process of developing neural connections (bond) between the "S" and "R" and that new behavior result from the acquisition of the new bond. The more the connections formed the more the learning takes place. The theory implies that learning is largely a matter of stamping out in correct responses and stamping in the correct responses which suggests trial/error learning.

The connection between S and R can be facilitated by such factors like frequency, intensity, recency, vividness, mood, similarity and others. Thorndike formulated three laws about learning namely law of effect, exercise, and readiness.

**Law of effect:** States that in a given situation one would tend to repeat those responses that on previous situations had been found to be satisfying. If a response leads to satisfaction, such a response becomes strengthened and if it leads to punishment it becomes weakened. In the context of this study, a student who is satisfied with week – end seminar about HIV/AIDS prevention will be encouraged to attend many more such seminars.

**Law of exercise:** according to Brier and Simpson (2001), the law of exercise is based on principle of frequency. A response to a situation will generally be more strongly connected with that situation in proportion to the number of times it has been connected, the strength and duration of connection. So the more emphatic a given response is connected with a certain situation, the more likely it is to be made. For example the practice to use condoms will most likely be important when blood test results come out well.

**Law of readiness:** Suggests that one's satisfaction is determined by the extent of his/her preparation for action. Hence the more ready or prepared one is, the better the action. So this law suggests those principles like maturation, interest in subject, attitudes and motivation. With respect to this study teenagers should be given age appropriate, accurate and complete information and education on HIV/AIDS to enable them act and prevent its spread.

*Psychology by Brier and Simpson PP 279-281*

Models of behavior change communication typically used to guide health communication include the Social learning theory, reasoned action, diffusion of innovation and health belief model.

Health Behavior Model (HBM) is a rational-cognitive model which assumes "a rational decision maker". Most adolescents do not seem to approach AIDS issue from a logical

perspective, but seem quite capable of discounting risks and optimistically perceiving themselves as invulnerable to harm (Freimuth, 1992).

The theory of reasoned action (Fishbein & Ajzen, 1975) predicts individual behavior by examining attitudes, beliefs, behavioral intentions, and the observed expressed acts. A given behavior will be determined by an individual intention. The theory assumes that individuals are rational in their decision making process, "a presumption that may not be entirely relevant for HIV/AIDS related behaviors that are heavily influenced by emotions (Bowen, 1992). Moreover individuals evaluate information that may result in action within external constraints, which are mediated also by power relations in society.

Social Learning theory (Bandura, 1986) postulates that an individual behavior is the result of the interaction among cognitive, behavior, environment and physiology. The domains widely used in HIV/AIDS programs are modeling (imitation of the behavior of a role model) and the self-efficacy (one's perceived ability to adopt a recommended behavior).

Diffusion of innovation (Rogers, 1983) focuses on the communication process by which a new idea becomes known and used by people in a given population. The two widely used principles of diffusion of innovation in HIV/AIDS campaigns are; creating awareness of HIV and using opinion leaders to influence attitudes and behavior however, it has a pro-innovation bias and for widening the gaps between the "information haves" and "have-nots" in a social system. This gap has certainly been observed in HIV/AIDS "awareness and knowledge" (Freimuth, 1992) given the correlation between knowledge for HIV and level of education.

On the whole HIV/AIDS communication, education, and information is based on behavior and decision making process of so-called rational individuals who follow the established linear path from awareness to attitude to action. However, decisions about

preventing HIV/AIDS are based on cultural norms often which mediate individual decisions in ways they may not realize moreover decisions about HIV/AIDS are based on emotions and thus may not follow any pre-established pattern of decision making advanced by most of the theories and models hence knowledge is not sufficient condition for behavior change in as far as HIV/AIDS prevention among the teenagers is concerned. (Cherie 2005),

### **Information**

Information is a force for social change. It includes sources like the internet which is a medium of social change. Computers and internet appear to be enhancing rather than replacing other sources of health information among teenagers.

Ybarra & Suman, (2005) argue that the youth worldwide have a similar pattern of using technology to expand and enhance the existing sources of health information. In Uganda, the teenagers use technology-based prevention websites to enable them get current issues on HIV/AIDS as a health issue. Indeed it is practical in resource rich and resource limited settings to find the youth searching for information related to health information.

According to the Republic of Uganda, (1995) Mass media (Internet) promotes pornography, idleness and curiosity for sex practice which encourage HIV/AIDS spread. However, on the internet information on prevention mechanisms has been posted and the youth can access this information. For example on the internet misconceptions about HIV/AIDS modes of transmission such as sharing of clothes, mosquito bites, sharing of eating utensils, touching the dead, kissing, illness as a punishment from God and abstaining from sex after acquiring HIV have all been explained (ACP, MOH Uganda, 2010).

National sero-survey 2010 shows that men and women are informed about condom use as  $\frac{1}{2}$  and  $\frac{1}{11}$  men and women respectively are reported to have had sex with more than one partner in the past 12months, and having used a condom during their last sexual intercourse.

The media has broken a long time considered taboo to discuss sex matters in public by breaking the circle of ignorance. This has been by radio especially "Tusheshure" program on Voice of Kigezi Radio, Newspapers such as New vision—straight talk publication, Television adverts, plays and live talks giving risk factors, and also sign posts and banners on roads warn the public and advertise use of condoms. Media therefore is recommended for having played an important role in HIV/AIDS prevention in Uganda through increased awareness.

### **Adults as an efficient and influential delivery method of HIV/AIDS Information for the Youth**

Mayinda et al, (2004) state that the youth traditionally have "sengas" who are sources of sexual behavior information. A "senga" is the father's sister who is a traditional source of information. Peer nominated women in the community are also trained to become sengas. Adolescent women are encouraged to visit them for questions they had about sexual health matters. HIV/AIDS knowledge and stronger sexual communication skills are acquired through interaction with the adults.

Grant, (1988), states that "adolescents are reared in a nurturing unit of family/clan, which sets the spiritual, emotional and physical identity of them". Lack of communication education and information due to socially determined taboos however, limits the parents' ability to counsel them in line of HIV/AIDS prevention.

There is guidance on provider initiated HIV testing and counseling in health facilities to increase uptake and improve access to HIV health services. HIV testing is a critical entry point and an essential service to life-sustaining care for people living with HIV/AIDS. Sexually transmitted infection clinics, in-patient wards as well as free-standing, client initiated testing centers are operational. People who test for HIV negative receive counseling on how to reduce exposure to HIV and stay negative. UNAIDS,(2000) further reports that global coverage of HIV testing and counseling



programs remains low, despite information, education and communication interventions.

According to Hanson (2003), tested youth are almost never referred to follow-up or support services after the testing experience. Among the youth who are referred, the largest numbers are referred for counseling services or for information about or access to family planning and condoms. According to the Uganda Aids Commission (2006), the youth have a lot of knowledge on VCT and HIV. Accordingly most youth know that HIV is transmitted through unprotected sex, or blood transfusion from an infected supplier. In addition, the youth know that prevention is achievable through means like protected sexual intercourse and abstinence. Other studies by Osagar, (2003) show that the youth know the implications of being HIV positive which include: loss of hope, stigmatization and even death. Osagar further says that the youth know the stages of HIV and its symptoms and they know that VCT services are available. The youth know how to seek support if they are HIV positive, they know who to tell and they know how to tell of their sero-status.

According to UNAIDS, (2004) the sources of information on HIV and VCT services available to the youth include their peers, partners or spouses, siblings and both parents. Other sources point to the mother as a critical source while others point to the father. According to the sources, other relatives, facilitators, the radio as well as newspapers provide information on HIV. There are other designated places like youth centers and health clinics.

Norms related to femininity can prevent women – especially young women – from accessing HIV information and services. Only 38% of young women have accurate, comprehensive knowledge of HIV/AIDS according to the 2008 UNAIDS global figures (WHO/UNAIDS, 2004).

## **Education**

Educating girls makes them more equipped to make safer sexual decisions (Cher miss, 2000, Osagar, 2003). The expansion and improvement of HIV education around the

world is crucial to preventing HIV/AIDS. There are estimated 33.3 million people living with the virus, and each year millions more people become infected. Effective HIV/AIDS education can help to prevent these new infections by providing people with information about HIV and how it is passed on, and in doing so equipping individuals with knowledge to protect themselves from becoming infected with the virus.

HIV/AIDS education also plays a vital role in reducing stigma and discrimination. There continues to be a great deal of fear and stigmatization of people living with HIV fuelled by misunderstanding and misinformation. This not only has a negative impact on people living with HIV but can also fuel the spread of HIV by discouraging people from seeking testing and treatment.

Condom use is growing with increased awareness campaigns, which bodes well for the future of prevention, and could explain the decline in HIV prevalence and incidence among teenagers and younger adults. According to the 2009 AIDS Surveillance Report on HIV/AIDS, 15 percent of married men and women used a condom at last sex compared to 74-83 percent men and 55-66 percent of women who had casual sex or one night encounters, underscoring the need for prevention programs to target teenagers. Drug stock outs, continued use of ARVs with severe side effects, and a lack of entry points to care, are additional factors that must be overcome in order to scale-up effective treatment provision, and to reach the national goal of providing ARVs to 80 percent of those who require them (GOU, 2009)

HIV and sex education exists in schools as part of the wider awareness and prevention. The quality of the education, however, is hindered due to a lack of training of community facilitators, and unwillingness on the part of facilitators to provide voluntary awareness and education campaigns. Training for facilitators often takes place within working hours which acts as a disincentive to training, especially when no monetary gains are indicated. The shortage of trained facilitators may result in just a few facilitators in the community being able to educate target groups (Cher miss, 2000). In one survey, some facilitators reported feeling uncomfortable about teaching a subject that contradicted with their own values and beliefs. Another problem was believed to be

the disadvantaged home life of the communities, with some facilitators believing poor role models at home did not help to reinforce HIV/AIDS prevention messages received in the community. This generalized position emphasizes the study need to establish the effect of information, education and communication on HIV/AIDS prevention among teenagers.

Kalichman (2006), states that "AIDS affects many parts of society and so everyone needs to be aware of it". He further argues that HIV/AIDS education can be effective when targeted at specific groups who are particularly at risks of HIV infection. The groups that HIV/AIDS needs to target vary depending on the nature of the epidemic in the area. The already infected groups could also be helped to live positively without passing on the virus to anyone else; to prevent them becoming infected with a different strain of the virus; and to ensure a good quality life by informing them about medication and the support available to them.

### **HIV/AIDS education in schools**

According to UNESCO (2009), the most common place for teenagers to learn about HIV/AIDS is at school. The schools are a crucial setting for educating young people about AIDS. They shape attitudes, and opinion and behavior of young people and so are ideal environments for teaching the social as well as the biological aspects of HIV/AIDS. The young once informed about AIDS tell their parents or their friends what they have learned and this helps the community at large in as far as HIV/AIDS is concerned.

### **HIV/AIDS education through mass media**

The mass media has played a central role in countrywide responses to AIDS since 1982. Leaflets carrying the message "AIDS; do not die of ignorance" has always been a slogan used in mass media to promote widespread awareness of HIV among the general population.

Some media messages try to change people's behavior by making the audience afraid of the consequences of becoming infected with HIV but also carry the risk of portraying HIV positive people as at fault for becoming infected (UNESCO, 2002).

### **Peer education on HIV/AIDS.**

Peer education is education provided by somebody who is either directly part of the group receiving information, or who is from a similar social background. It is less formal and can be more accessible to teenagers who are not used to or dislike a formal classroom environment. It is usually done by a peer educator who is trained in HIV/AIDS, ensuring that the information they provide is accurate and reliable. It is effective in reaching out to teenagers especially on holiday. Peer education encourages teenagers to engage with information by giving them the opportunity to apply it.

HIV/AIDS education goes beyond simply providing information and takes over prevention efforts such as condom provision and counseling. It therefore motivates people to become aware that what they are learning is relevant to their lives. Empowerment is also crucial as people who get HIV/AIDS education become able to take control of their sexual behavior thus education helps to prevent the spread of HIV/AIDS (USAID. 2005),

Service providers recognize that youth of all ages may need HIV testing. They have been approached by clients as young as 12 years old seeking HIV tests and have provided HIV tests for clients as young as age 13. They also reported that counseling young people requires special training and improved youth-oriented referral services. Most service providers have had formal training in HIV/AIDS counseling, but many lack similar training in counseling youth. Ugandan providers have had training in general counseling skills, but few organizations provided training in youth counseling skills (Ashkenazy, 2002).

According to UNAIDS (2004), HIV/AIDS prevention programs can address harmful gender norms and stereotypes including working with men and boys to change norms related to fatherhood, sexual responsibility, decision-making and violence, and by

providing comprehensive, age-appropriate HIV/AIDS education for young people that addresses gender norms. Programs can improve access to services for women and men by removing financial barriers in access to services, bringing services closer to the community, and addressing HIV-related stigma and discrimination, including in health care settings (Human Sciences Research Council, 2009).

## **Communication**

Communication is an interactive process with communities to develop tailored messages and approaches using a variety of channels to develop positive behaviors, sustain behavioral change and maintain appropriate behaviors. It is a component of information, education and communication. Communication increases knowledge, stimulates dialogue, promotes attitude change, reduces stigma and discrimination and create demand for information and services. According to Stanwel, (1990), communication requires enabling factors such as good environment, user friendly and accessible services to enable those who are unaware to be aware, concerned, knowledgeable, and practice trial behavior change.

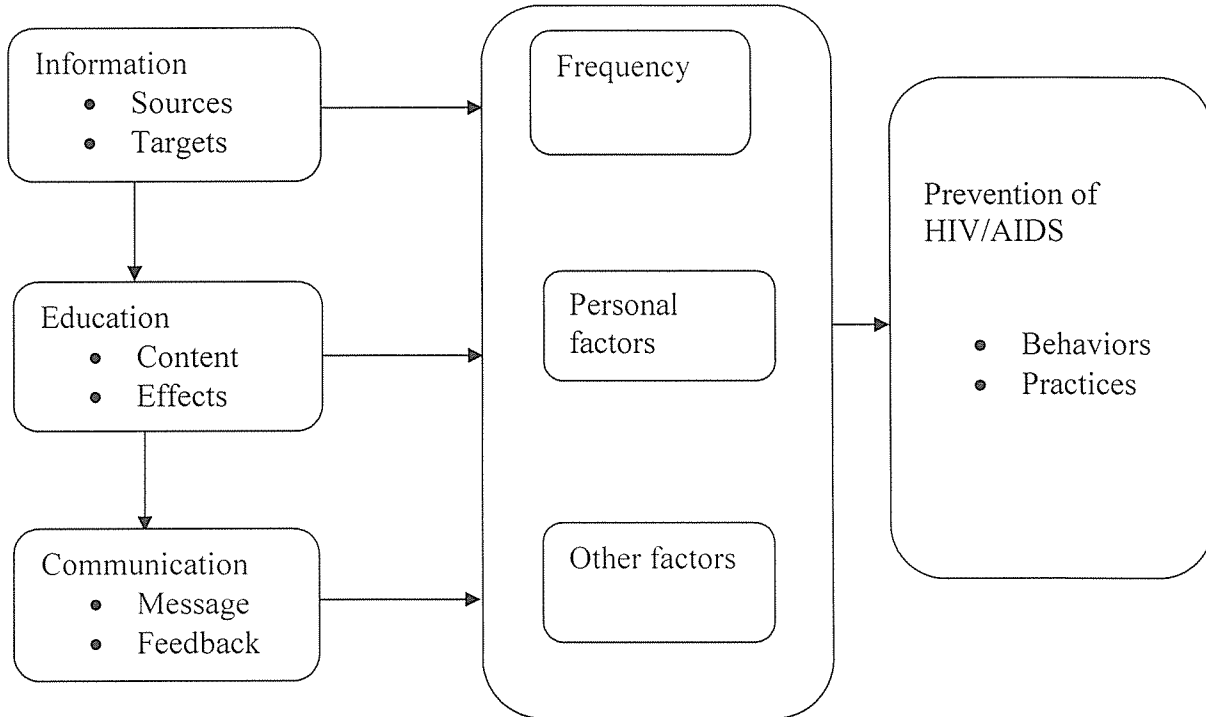
To the teenagers, mass media, community networks, and interpersonal group communication are the effective communication channels considering their age and motivation level. Most of behavioral change

Communication is aimed at reducing HIV prevalence among young people in Kabale Municipality. The goals of behavior change communication have always been to increase appropriate HIV/AIDS care seeking behavior, delay sex debut and to reduce the number of partners.

According to UNAIDS,(2006) mass media suitable for communication for HIV/AIDS prevention is the radio and television as these are popular with the teenagers because they primarily intend to listen to the radio FM music station. The mass media raises awareness as they carry a certain authority and reliability to model behavior and positive attitudes in a person/teenager population. Communication has often had challenges ranging from production of discrete communication materials, use of

multiple languages, and lack of sustainable resources to train teenagers in the different methods of transferring messages about HIV/AIDS for its prevention.

### Conceptual framework



The framework above portrays that information, education and communication, together constitute the independent variables of the study. They are individually and collectively ideally believed to affect HIV/AIDS prevention. The effect can be positive, negative or in-between.

The effect, which is the outcome or dependent variable, is the subject of this inquiry, and is not known.

It can, however, take on forms like proactive practices and behavior reflectable in abstinence, use of condoms, being faithful, under taking counseling and testing among others.

The model stipulates that information should have a source and a target. MOH, (2006), the source should be credible while the target should be vulnerable.

It also shows that education of the targets should have appropriate content and expected effects.

Communication should focus on the message and it should be made beneficial to the sender and the receiver by availing feedback.

The ideal relationship between independent and the dependent variable can be affected by intervening variables which have been reflected to be frequency of information, education and communication; personal factors by the target (the teenagers) and other factors.

### **HIV/AIDS prevention**

According to Horizon (2001), operations to improve HIV/AIDS prevention should include support programs, clinics, initiating activities to inform communities about the new service through media. There are also awareness programmer using, for example, promotional posters and brochures, and write in articles for the popular and youth friendly magazine, community education brochures and handbills as part of community education and mobilization. In addition, radio programs for education, targeting especially HIV/AIDS infected and affected persons at risk feature discussions on the need and value of HIV/AIDS counseling (Horizons, 2008).

According to the New Vision News paper, Monday, November 14<sup>TH</sup>, 2010, most HIV prevention and AIDS care programs are centered on adults and children thus leaving the adolescents to float between the adults and pediatrics services. Critical issues of adolescent's sexual and reproductive health remain largely unattended to in the spectrum of prevention and care thereby creating a research gap The physical, mental and social well being in all matters related to reproductive system and to its functions and process has a lot to do with informed choices of individuals on safe and satisfying sexual life. The adolescents are however, in a realm of intimate human relations and decision making is always a personal and private affair.

Quite often, fundamental cultural, religious, mortality, rights and lifestyles issues a rise that pose special challenges to HIV/AIDS prevention.

The 2007 TASO/Population council report shows that about 25,000 infants are born with HIV/AIDS each year irrespective of better treatment, care and support services. The population of teenagers/adolescents living with HIV/AIDS is growing annually as the infants grow into teenager age bracket year after year.

Peer pressure and desire to live normal life like all other people present a challenge to HIV prevention among teenagers. "Normal life" includes a desire to explore their sexuality just like their peers. This is at odds with prevention programming as mindsets of young people generally remain sexually active.

According to the same study report (TASO, 2007) 41% of female adolescent involved in the study had ever been pregnant. This reveals that there are inadequate HIV prevention practices among youth due to lack of information, education and communication about condom usage. This highlights need for innovative strategy of information, education and communication to equip teenagers with information, knowledge and facts about HIV/AIDS for its prevention.

Shelton and Johnston, (2001) point out that parents and guardians rarely talk to the adolescents about sex and sexuality. Instead they discuss these issues with teachers, counselors and nurses rather than their parents. In a double twist, some nurses, teachers tend to adopt a parental perspective towards teenagers to the extent that the clients withhold from them some sexuality issues including pregnancies. This shows that parents sit back on questions of sex and sexuality of their children yet collaborative efforts are required from all stakeholders in order to diffuse the potential time bomb that threaten Uganda- (HIV/AIDS) pandemic.

Opiro (2007) also states that the youth who live in town are surrounded by advertising, newspapers, posters, videos, televisions computers and Radio. This is media which he says is very powerful and influences all of us as some of the messages encourage the people to take risks for example songs can put youth into romantic mood. However information that the youth take in with the eyes can be hard to erase. Pornography on



internet, magazines, films and other media use sex to make money. The youth should not let such media confuse them.

### **Related studies**

According to (UNAIDS 2006), HIV/AIDS prevention can be achieved through a number of interventions. The world body identifies information, education and communication as some of the mechanisms. According to the body, the epidemic of HIV/AIDS is followed by other epidemics like stigma, discrimination and denial. These are said to be fueling the transmission of HIV/AIDS and creating major barriers to prevent further infection, alleviate impact and provide adequate care, support and treatment (Angleton 2003). Discrimination is often described as a distinction made about a person that results in their or being unfairly and unjustly treated on the basis of their belonging, or being perceived to belong to a particular group. Stigma is generally accepted to be an attribute that is deeply discrediting that reduces the bearer from a whole and usual person to a tainted, discounted one. Information, education and communication (IEC) and behavioral change communication (BCC) are strategies designed by the Ethiopian Federal ministry of health (FMOH) to improve awareness and reduce HIV/AIDS related stigma and discrimination. Hence, information, education and communication interventions like interpersonal communication, pamphlets and educational video movie or the combination of the three have been developed and implemented to improve awareness and reduce HIV/AIDS related stigma and discrimination. The study conducted in Addis Ababa, Ethiopia to assess the perceived sufficiency and usefulness of HIV/AIDS information, education and communication messages and materials as well as to identify preferences for information, education and communication sources and methods showed that over three quarters of the respondents believed in the usefulness of information, education and communication. A study conducted in India on effectiveness of information, education and communication interventions among school teenagers showed that reduction in stigmatizing and discriminatory attitudes was observed after each session of information, education and communication intervention.

According to Cherie et al (2005), teenagers world wide are at persistent risk for HIV infection. This risk is especially notable for youth of minority races and ethnicities. Continual HIV prevention outreach and education efforts, including programs on abstinence and on delaying the initiation of sex, are required as new generations replace the generations that benefits from earlier prevention strategies.

According to a study by MOH, (2006), the mechanisms of information, education and communication as strategies for prevention of HIV/AIDS are set by a number of risk factors and barriers

HIV infection progressed to AIDS more slowly among young people than among all persons with a diagnosis of HIV infection. The following are the proportions of persons in whom HIV infection did not progress to AIDS within 12 months after diagnosis of HIV infections; 81% of persons aged 15-24, 70% of persons aged 13-14, 61% of all persons

An estimated 2174 young people received a diagnosis of AIDS (5.1% of the estimated total of 42514 AIDS diagnosis), and 232 young people with AIDS died.

An estimated 7761 young people were living with AIDS, a 42% increase since 2000, when 5457 young people were living with AIDS.

Since the beginning of the epidemic, an estimated 40059 young people in the United States had received a diagnosis of AIDS, and an estimated 10129 young people with AIDS had died. The teenagers accounted for about 4% of the estimated total of 944306 AIDS and 2% of the 529113 deaths of people with AIDS indicating their vulnerability. The vulnerability of the Kabale Secondary School Youth is unknown and hence the need to undertake this study

Early age at sexual initiation was reported. According to CDC's youth Behavioral Survey (YBS), many young people begin having sexual intercourse at early ages. 47% of high school students have had intercourse and 7.4% of them reported first sexual intercourse, 7.4% of them reported first sexual intercourse before age 13. HIV/AIDS education needs to take place at correspondingly young ages, before young people engage in sexual behaviors that put them at risk for HIV infection.

Teenagers who do not disclose their sexual orientation are less likely to seek HIV testing, so if they become infected, they are less likely to know it. Further, because those who do not disclose their sex orientation are likely to have 1 or more female sex partners (UNESCO, 2009).

The presence of an STD greatly increases a person's likelihood of acquiring or transmitting HIV. Some of the highest STD rates in the country are those among young people, especially of minority races and ethnicities.

Research has shown that a large proportion of young people are not concerned about becoming infected with HIV. Adolescents need accurate, age-appropriate information about HIV infection and AIDS, including how to talk with their parents or other trusted adults about HIV and AIDS, how to reduce or eliminate risk factors, how to talk with a potential partner about risk factors, where to get tested for HIV, how to use a condom correctly. Information should also include the concept that abstinence is the only 100% effective way to avoid infection (UNAIDS 2008).

The social economic problems associated with poverty, including lack of access to high-quality health care, can directly or indirectly increase the risk of HIV infection. Young people who have dropped out of school are more likely to become sexually active at younger ages and to fail to use contraception (UNESCO 2002).

Many young people who contracted HIV through prenatal transmission are facing decisions about becoming sexually active. They require ongoing counseling and prevention education to ensure that they do not transmit HIV.

This prevention initiative comprises of 4 strategies. Making HIV testing a routine part of medical care, implementing new models for diagnosing HIV infection outside medical settings, preventing new infections by working with HIV-infected persons and their partners for further decreasing prenatal HIV transmission.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **Introduction**

This chapter describes the methods that were used in the research. These included; purposive and random sampling, written questionnaire, group discussions, oral interviews, library and media research, observations and note making among others.

#### **Research Design**

The study was a descriptive research design within Kabale Municipality in Kabale District. According to Bradley (2007) a survey is a method of explaining and analyzing a sample group that represents the target population, which was teenagers, for purposes of this study. It was preferred as it was more reliable especially with larger samples as adopted by this study.

In the view of the above the study applied qualitative methods of data collection to describe the variables in the study and find elaborate answers to questions in more detail where he went to the field to get information from various sources theoretically using the interview guide, observation and questionnaires.

The study applied quantitative method to get statistical data on effect of information, education and communication. This method helped to track records of seminar attendance, number of HIV education activities and number of associations/clubs from which HIV/AIDS health education was received.

## **Research Population**

The research was conducted among four schools and 50 teenagers/students per school class were interviewed and given a questionnaire. An appropriate random sampling procedure to pick out the participants was used for this data collection. This was based on chronological visit to the selected schools – (first school - senior one selected and so on). In total, 200 respondents constituted the research population.

## **Sampling procedure and size**

The researcher then used random sampling technique in selecting schools and teenagers to ensure that the information got was not biased. Sample size selection was done following (Amin,2005) table where every class under consideration on average had 60 students (**N**) and as such 50 students (**S**) were to be picked following odd numbers on the class lists /class register.

## **Research instruments**

Various instruments of data collection were used and these included questionnaires, observation, interviews and documentary data analysis. Each was used to minimize weaknesses of the other.

## **Questionnaire**

A structured questionnaire was issued to respondents. It sought to get agreement or disagreement from respondents using 5 scales. Those who could read and write were given questionnaires it assisted to get background characteristics of respondents, their opinion on information education and communication and their effect on HIV/AIDS prevention. This helped the researcher to get a lot of information in a short period of time.

## **Interview guide**

The researcher used interviews by verbal communication in which one person was asked the questions which the researcher had prepared. Interviews helped to collect information that cannot directly be observed. It was also to help a researcher to get first hand information and also historical background about information, education and communication to the teenagers about HIV/AIDS. Through the method, the effectiveness of education, the appropriateness of its content and other data that were easily disclosed were inferred. An interview guide was developed for this purpose.

## **Library and media research**

The researcher visited library and internet sources to search for any documented information for related literature available in text books, journals, reports, newspapers/magazines and work plans.

## **Validity of instruments**

According to Amin (2005), validity and reliability were critical for data quality control. Validity should reflect the extent to which the research instrument measures what it is meant to measure. For this study, a pretest test was done with fellow students at KIU to establish the content validity of questionnaire items, using the example of Amin (2005).

Reliability, which was to establish the instruments' extent of dependability, consistence and accuracy, was achieved by using Cronbach's reliability test and alpha values of 0.5 as quoted in Amin (2005)The following formula was applied to determine the reliability of the instrument

$$a = \frac{k}{k-1} \left[ \frac{1 - \sum sD_1^2}{sD_1^2} \right]$$

Where a= reliability

k= number of items in the questionnaire

$sD_1^2$  standard deviation squared for each individual item

$sD_1^2$  variance for the total items in the questionnaire

The researcher analyzed the validity of the data basing on its closeness to content scales developed in the questionnaire

### **Data Gathering Procedures**

The researcher developed the idea and objectives of his research. He presented his proposal for hearing. Then he went to look for relevant information about the benefits to teenagers from information, education and communication an HIV/AIDS intervention strategy after getting introductory letter from the school of post graduate studies. He reached some respondents face by face while others were given questionnaires to answer within a week

The researcher carried out data analysis, data organization, typed, edited the work before attending viva voce and finally submitted the final thesis report to the School of Post Graduate Studies, Kampala International University.

### **Data Analysis**

The data was collected and edited in order to obtain accurate and complete information. It was organized according to different respondents assisting in the study that is teenagers. Quantitative data was presented by use of frequency tables where percentage tables were drawn there from and analysis made for each respective table (into manageable data) graphs and pie charts added to the visual impression of the data. The final data was then processed using statistical package for social scientists (SPSS) for comprehensive analysis. The independent variable was Information, Education and Communication while the dependent variable was HIV/AIDS prevention. Conversely, qualitative data was analyzed by the use of content analysis, where findings were compared with quantitative data to confirm the validity of data.



## **Ethical Considerations**

All data that was gathered from various respondents was used for purely academic purposes and was treated with maximum confidentiality. All findings, interpretations, conclusions recommendations and implications accruing from the study were neither harmful nor offensive to the participants in the study.

## **Limitations of the Study**

Numerous assignments and responsibilities and limited resources together with time for my employer were the set backs in my endeavor to finish research work. A careful schedule of my research activities was presented to my supervisors and someone was put in place to stand in for me at the work place.

Many respondents were suspicious of the intention of study and were skeptical and reluctant to provide sufficient data. Accordingly however, assurance of confidentiality and showing of authorization letter reinstated confidence and caused respondents to open up.

**Table 3: Credibility of Information**

<b>Response</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Strongly agree	-	-
Agree	86	43
Strongly Disagree	-	-
Disagree	82	41
Not sure	32	16
<b>Total</b>	<b>200</b>	<b>100</b>

Eighty six (43%) agreed that there is credibility of information; 82(41%) disagreed while 32(16%) were not sure whether there is credibility of information. This implies that there is mixed reaction over the credibility of information sources availed to the respondents. This mixed reaction presents challenge to HIV/AIDS prevention efforts.

### **Target of Information**

Respondent reported the following results with respect to target of information

**Table 4: Relevance of information to Respondents' Age**

<b>RESPONSE</b>	<b>FREQUENCY</b>	<b>PERCENTAGE (%)</b>
Strongly agree	162	81
Agree	-	-
Strongly disagree	-	-
Disagree	28	14
Not sure	10	5
<b>Total</b>	<b>200</b>	<b>100</b>

162(81%) of respondents strongly agreed that the information is meant for the teen age; 128(64%) disagreed while 10(5%) were not sure. This implies that the information was effectively relayed to the right target.

This position is harmful to prevention efforts as well as treatment for those who are infected as they cannot effectively respond to infections when their sero status is not known.

Concerning embracement of counseling for HIV/AIDS, respondents gave the following responses;

**Table 9: Embracement HIV/AIDS Counseling**

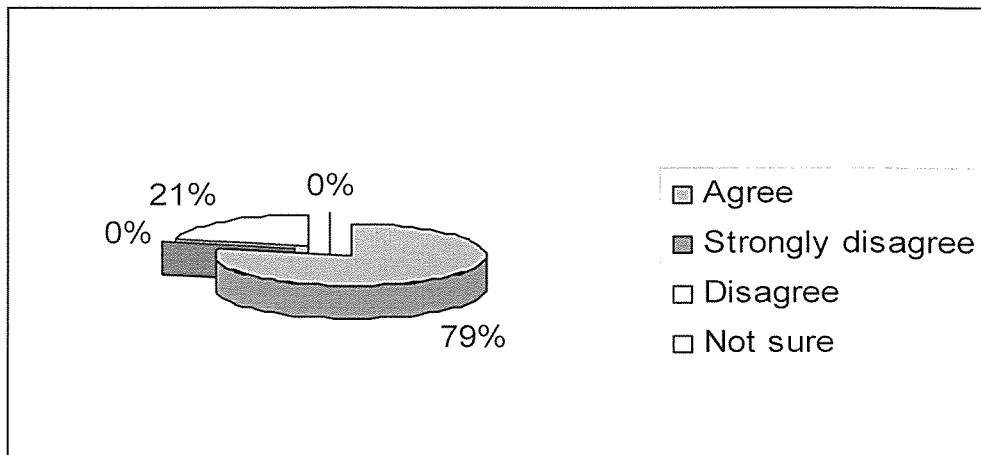
<b>Response</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Strongly agree	16	8
Agree	32	16
Strongly disagree		-
Disagree	152	76
Not sure		-
<b>Total</b>	<b>200</b>	<b>100</b>

Embracement of HIV/AIDS Counseling was noted by 16(8%) of the respondents who strongly agreed; 32 (16%) agreed while 152(76%) disagreed. This implies that the respondents down play the importance of HIV/AIDS counseling. This in turn can worsen their vulnerability to getting infected with HIV/AIDS.

### **EDUCATION AND HIV/AIDS PREVENTION**

The third study objective was to investigate the impact of HIV/AIDS education on prevention of HIV/AIDS among teenagers in Kabale Municipality. The objective was achieved using 17 parameters and results recorded as follows;

Respondents were asked whether they got education about HIV/AIDS

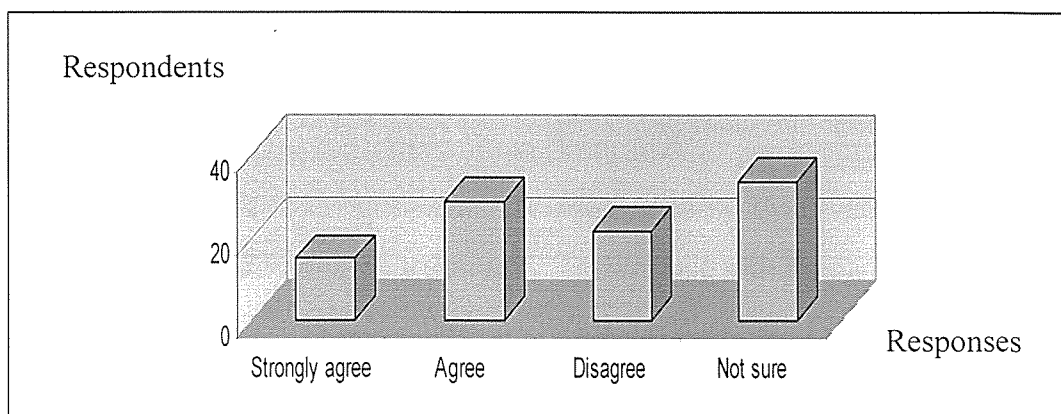


**FigureV111: Whether they Got Education about HIV/AIDS**

Majority respondents were in agreement that they get education on HIV/AIDS with 158(79%) while 42(21%) disagreed. This is an indication that respondents benefit from functional HIV/AIDS educational programs.

On whether there is no cure for HIV/AIDS, the study revealed that HIV/AIDS had no cure with 200(100%) in agreement. This implies that all respondents recognize the danger posed by HIV/AIDS, emphasizing the reality of HIV/AIDS as a killer disease.

The spread of HIV/AIDS through carriers was reviewed and respondents reacted as follows



**Figure 1X: HIV/AIDS can be spread Through a Carrier**

With respect to how it can be spread, 30(15%) strongly agreed that it can be spread through a carrier; 58(29%) agreed; 44(22%) disagreed while 68(34%) were not sure. This result shows that the respondents' sense of disbelief in HIV/AIDS carriers is high and so is their threat.

Respondents were asked whether carriers do not show symptoms of infections and below are the responses.

**Table 10: Whether Carriers do not Show Symptoms of Infection**

<b>Response</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Strongly agree	-	-
Agree	60	30
Strongly disagree	-	-
Disagree	70	35
Not sure	70	35
<b>Total</b>	<b>200</b>	<b>100</b>

Results showed that carriers do not show symptoms of infection where 60(30%) respondents agreed; 70(35%) disagreed while 70(35%) were not sure. These results suggest misleading education on HIV/AIDS which can undermine prevention effort among teenagers. The results underscore the need for more and correct information on HIV /AIDS carriers.

### **Ignition of Opportunistic Infections**

The researcher enquired whether HIV/AIDS ignites opportunistic infections and respondents gave the following responses.

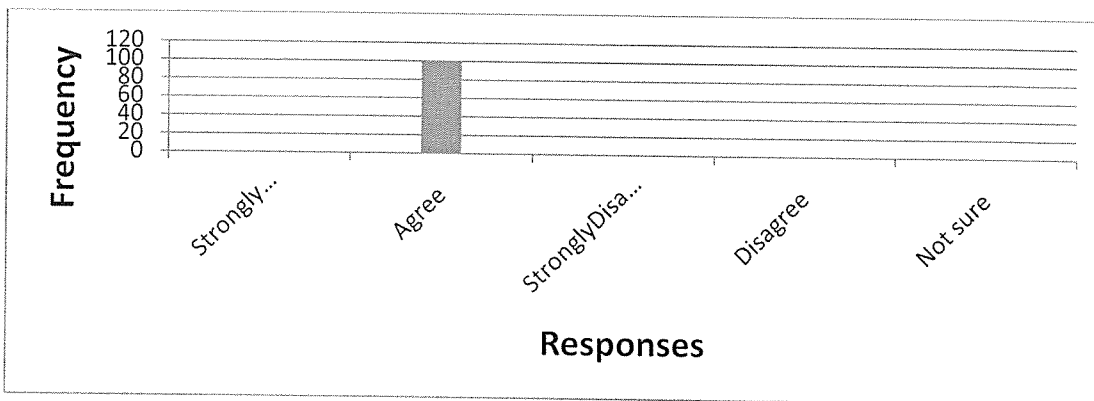
**Table X111: Whether HIV/AIDS Ignites Opportunistic Infections**

Response	Frequency	Percentage (%)
Strongly agree	-	-
Agree	200	100
Strongly agree	-	-
Disagree	-	-
Not sure	-	-
<b>Total</b>	<b>200</b>	<b>100</b>

It was revealed that HIV/AIDS ignites opportunistic infections where all respondents (100%) agreed that it ignites them. This indicates that the study respondents are alert on opportunistic infections caused by HIV/AIDS. Respondents cited diarrhea, skin rash and constant fever as the commonest opportunistic infections.

**HIV/AIDS Fights the Human Immunity System**

Asked whether HIV/AIDS fights the human immunity system, respondents reported thus;



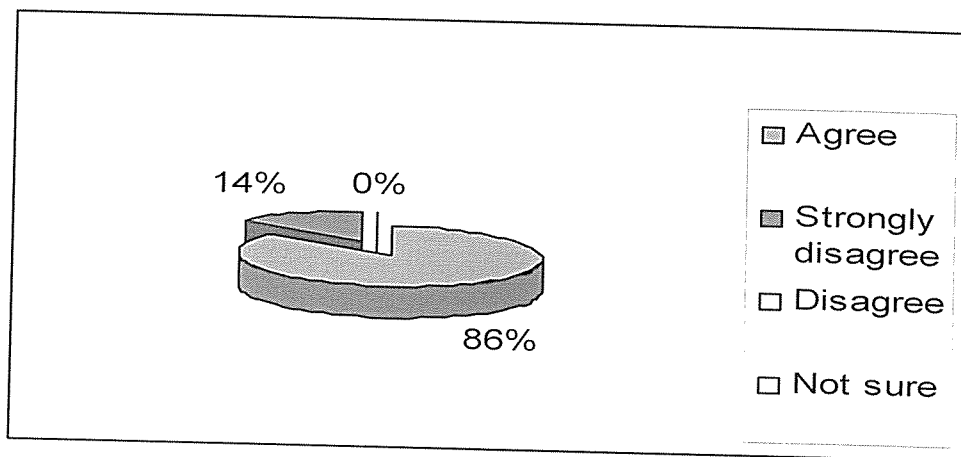
**Figure X: Whether HIV/AIDS Fights the Human Immunity System**

The study noted that HIV/AIDS fights the human immunity system with 16(8) who strongly agreed while 184(92%) agreed that it does. This implies that respondents recognize the damage HIV/AIDS can bring to the infected persons.

On whether HIV/AIDS attacks all ages, races and sexes, respondents reported thus; That HIV/AIDS attacks all ages, races and sexes, by 200(100%) respondents who agreed. This encourages them to visit and share experiences with HIV/AIDS infected people.

### COMMUNICATION AND HIV/AIDS

Respondents were asked whether they heard messages about HIV/AIDS



**FigureX1: Whether Respondents Heard Messages about HIV/AIDS**

About getting message on HIV/AIDS, 172(86%) of the respondents agreed that they have been getting messages about HIV/AIDS since they joined this school; 28(14%) strongly disagreed. This result gives a positive response.

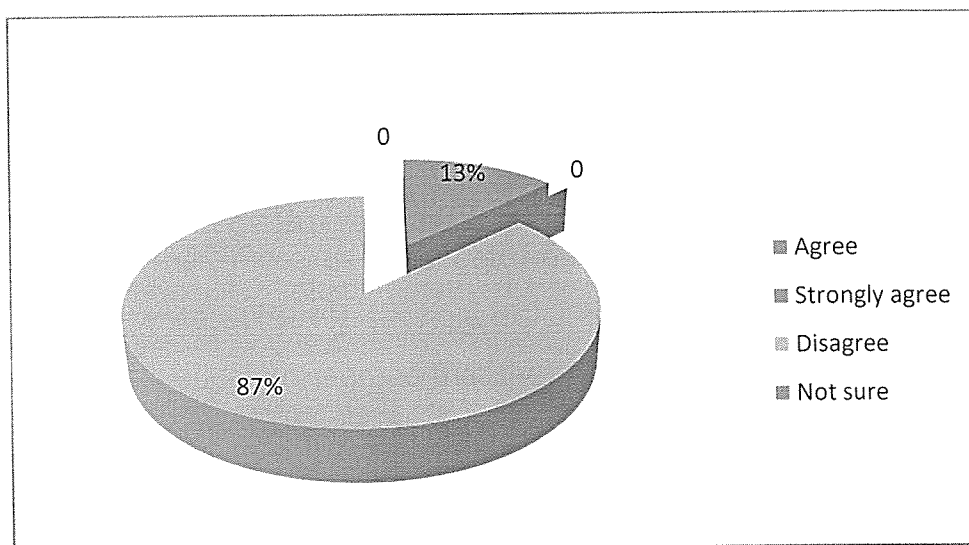
The study inquired into whether respondents had got messages on HIV/AIDS. They gave the following responses;

**Table XV: Channels through which Messages on HIV/AIDS are got**

RESPONSE	SA	A		SD		D	NS	TOTAL	
	F	F	F	F	F	%			
Radio	88	44	10	5	-	-	92	46	<b>200</b>
Television	68	34	4	2	-	-	128	64	<b>200</b>
Newspapers	-	-	144	72	56	28	-	-	<b>200</b>
Drama	35	18	105	52	60	30	-	-	<b>200</b>
Internet	112	56	-	-	-	-	88	44	<b>200</b>

Radio messages were received by 88(44%) of respondents who strongly agreed; 10(5%) agreed while 92(46%) disagreed. Television was by 68(34%) who strongly agreed; 4(2%) respondents agreed while 128 (64%); 74(%) disagreed. On whether messages were got from Newspapers, 144(72%) agreed while 56(28%) strongly disagreed. On whether message was got from Drama, 35(18%) strongly agreed; 105(52%) agreed while 60(30%) strongly disagreed. 112(56%) strongly agreed while 88(44%) of the respondents disagreed that they got messages through internet surfing. This implies that HIV/AIDS message could be got through various ways.

Respondents were asked whether they were able to reply the messages



**FigureX11: Whether Feedback was sent**



Ability to send feedback was agreed to by 25(13%) respondents; while 175 (87%) of them disagreed. This suggests that communication on HIV/AIDS to the teenagers is unidirectional, serving the interests of the sender but not the receiver.

Respondents reported formation of mobile school drama clubs that specially target HIV/AIDS prevention issues. Promotion of inter-club exchange visits to highlight HIV/AIDS prevention was listed among the prevention issues.

## **CHAPTER FIVE**

### **SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS**

#### **INTRODUCTION**

The purpose of the study was to assess the effect of information, education and communication on HIV/AIDS prevention among teenagers in Kabale municipality – Kabale district. This chapter presents the discussion, summary, conclusions and recommendations.

#### **SUMMARY OF FINDINGS**

The first study objective was to examine the influence of information on HIV/AIDS prevention among high school teenagers of Kabale.

Respondents were asked whether they have information about HIV/AIDS

The table 1 results show that 75% of the respondents agreed that they had information about HIV/AIDS against a small proportion who disagreed. This implies that the majority respondents had the required information relevant to the quest of the researcher. The findings are in line with the Uganda Aids Commission (2006)

The results in figure 6 indicate that majority of the respondents agreed; against a smaller minority that they had been accessing information. The result manifests steady in flows of HIV/ AIDS information to the target population and is as confirmed by Ybarra &Suman, (2005) and The Republic of Uganda (1995).

The study showed that the youth had information on their HIV/AIDS vulnerability, the prevention measures and the symptoms. The results suggest that the teenagers (respondents) interact in an environment that is richly endowed with information about

HIV/AIDS. The results are in agreement with MOH (2010) that information should be availed to teenagers.

The study showed most HIV/AIDS information was got from teachers while the least was from parents. This shows positive results from a variety of sources and is in line with Grant (1998) and UNAIDS (2004) who argue that parents and teachers are responsible for providing such information to the teenagers.

Respondents noted that the information they get about HIV/AIDS is credible and there was a small margin between those who agreed and disagreed. This implies that there is mixed reaction over the credibility of information sources availed to the respondents. Such findings are in line with Chemiss (2000) earlier views that such information sources especially from parents are always credible and genuine.

Most respondents reported that the information is meant for the teenagers with 81%; This implies that the information was effectively relayed to the right target, a view that is supported by the AIDS Surveillance Report (2009) that when such information goes to the right people, then it is likely to succeed in its goals and objectives.

The respondents reported the usefulness of the HIV/AIDS information they got with 60% disagreeing that the information is useful. This result indicates that respondents had other avenues through which to seek prevention information, a view that is shared by AIDS Surveillance Report (2009) which states that some information might not be useful.

Satisfaction with the flow of HIV/AIDS information among the youth was noted by majority 65% of the respondents disagreeing they are satisfied with the flow of information on HIV/AIDS prevention among the youth. This implies that the flow is inadequate in addressing respondents' needs on HIV/AIDS information. These findings

are as confirmed by TASO (2007) that the teenagers should always be satisfied with the information flow on HIV/AIDS prevention among the youth.

With respect to whether HIV/AIDS information helped them to prevent it: 64% agreed that they abstained; did protected sex, (64%) disagreed, and informing friends about HIV/AIDS. This implies that the most effective prevention has been achieved through sexual abstinence resulting from information on HIV/AIDS. These results agree with TASO (2007) which stresses the importance of abstinence, protection, and emphasizes the dangers of HIV/AIDS. Respondents suggested ways of improving teenage information on HIV/AIDS prevention to include radio communication among others.

### **EDUCATION AND HIV/AIDS PREVENTION**

Respondents were asked how education prepared them to know HIV/AIDS prevention with the following results. It helped them to avoid the causes HIV/AIDS, where (80%) disagreed. This reflects high risk of HIV/AIDS infection among the teenagers. The prevalence of infection risk among the youth has been reported by Horizons (2001) views that the education on HIV/AIDS should prepare the youth to avoid the causes of HIV/AIDS.

On having an open discussion on HIV/AIDS, (65%) disagreed that there is open discussion on HIV/AIDS. This is a reflection of restricted information sharing with immediate neighbors. The sharing of HIV/AIDS education among peers was earlier attested to by Horizons (2008) that there should be open discussion of HIV/AIDS related issues among the youth.

Respondents did not explain the dangers of HIV/AIDS infection with 74% disagreed. This is a reflection of shunned responsibility among respondents and according to UNAIDS, (2000), it compounds rates of HIV/AIDS infection among teenagers.

Majority (84%) of the respondents disagreed on taking HIV/AIDS tests. This is a reflection of minimal involvement in HIV/AIDS testing and accordingly undermines HIV/AIDS prevention effort (UNAIDS, 2000).

Majority of 76% disagreed. This implies that the respondents down play the importance of HIV/AIDS counseling, which is also noted by UNAIDS (2000) that the youth should always embrace counseling on HIV/AIDS.

Majority respondents were in agreement that they get education on HIV/AIDS. This is an indication that respondents benefit from functional HIV/AIDS educational programs, a view that is support by UNESCO, (2009) which states that the youth should always be provided with education on HIV/AIDS.

All respondents agreed that there is no cure for HIV/AIDS. This implies that all respondents recognize the danger posed by HIV/AIDS as noted by UNESCO, (2002) which says HIV/AIDS has no cure.

A majority of 56% disagreed that HIV/AIDS can spread through carriers. This result show that the respondents sense of disbelief in HIV/AIDS carriers is high and so is their threat. UNAIDS, (2002) observes that carriers can spread HIV/AIDS.

Respondents reported that carriers do not show symptoms of infections and only 30% agreed against majority disagreement. These results suggest misleading education on HIV/AIDS which can undermine prevention effort among teenagers.

On whether HIV/AIDS ignites opportunistic infections, respondents gave the following response 100% respondents agreed that it ignites them. Opportunistic infections caused by HIV/AIDS. Such results are supported by UNESCO, (2002) which states that HIV/AIDS ignites other opportunistic infections within the affected person.

There was strong support for HIV/AIDS fighting the human immune system where all 100% respondents agreed that it does. This implies that respondents recognize the damage HIV/AIDS can bring to the infected people. Such results are in line with TASO, (2007) report that when a person gets infected with HIV/AIDS it weakens all his/ her immune system within the body.

All respondents reported that HIV/AIDS attacks all Ages, Races and Sexes. This encourages them to visit and share experiences with HIV/AIDS infected people, special radio programs for school teenagers. Such results are in line with Kalichman, (2006) who argues that AIDS attacks all ages, races and sexes.

### **COMMUNICATION**

About getting message on HIV/AIDS (86%) of the respondents agreed that they have been getting messages about HIV/AIDS since they joined this school against (14%) who strongly disagreed. This result gives a positive response and suggests that communication has had a far-reaching effect. Such results are also supported by UNAIDS, (2009) that most of the teenagers have always heard messages about HIV/AIDS.

Radio messages were reportedly accessed by 49%. This position reflects that radio is not effectively disseminating HIV/AIDS messages to the teenagers. Television was accessed by 36%. The above results are true to UNAIDS, (2006) views that radios and television are not an effective way of passing on messages to the teenagers. On whether message was got from Newspapers, majority 72% agreed, while 71% got it from drama. Information through internet surfing was agreed to by 56%.

This implies that HIV/AIDS messages could be got through various ways and are supported by Ybarra& Suman, (2005), Government of Uganda, (1995) that more communication on HIV/AIDS can be achieved through reading and physical involvement in the act of communication.

With regard to whether the messages they received addressed their communication needs on HIV/AIDS as teenagers, 60% disagreed. This negative result implies that the messages are ineffective and should be improved. Concerning whether the message required a feedback, 81% respondents disagreed. These negative results imply that the communication is left incomplete, leaving the teenagers in suspense, in turn undermining HIV/AIDS prevention efforts. The results are contrary to Stanwell (1990) earlier views that communication should always be complete

The study noted the ability to reply the messages as one of strong disagreement with 87% of respondents. This suggests that communication on HIV/AIDS to the teenagers is unidirectional serving the interests of the sender but not the receiver, which however disagrees with UNAIDS (2006) that the receiver of the communication should be able to send feedback. Respondents reported formation of mobile school drama clubs that specially target HIV/AIDS prevention issues and promotion of inter- exchange club visits to highlight HIV/AIDS prevention

## **SUMMARY**

This study found out that information, education and communication were ineffective in addressing HIV/AIDS prevention among teenagers in Kabale municipality–Kabale district. Some information was misleading, education was not sufficient and communication did not provide for feedback.

## **CONCLUSION**

Basing on the findings of the study, information, education and communication should be revisited if they are to be effective in HIV/AIDS prevention among secondary school teenagers in Kabale Municipality. The sources of information are insufficient, some information is incorrect and the teenagers do not actively engage in HIV/AIDS information sharing among their peers. The parents, who should take the first line of

responsibility on IEC, are not actively involved and this compounds the teenage vulnerability to HIV/AIDS.

## **RECOMMENDATIONS**

The study findings and conclusions translate into a number of recommendations. They include the following.

The study noted that respondents were not adequately educated on the nature of HIV/AIDS carriers with respect to their ability to infect and exhibition of symptoms. Both the Municipal authorities and School Management should come out with programs that give clear education on the nature of HIV/AIDS carriers.

Although parents were found to play a marginal role in educating their children about HIV/AIDS, they should hold counseling sessions with the teenagers with a view to minimizing their vulnerability to HIV/AIDS.

The study noted that communication on HIV/AIDS prevention was ineffective, characterized by absence of feedback from the teenagers and notable top-down communication. School Management, municipal authorities and teachers should come out and help the teenagers form HIV/AIDS drama clubs which should also be funded to spread out to the communities for effective communication on HIV/AIDS prevention.

## **AREAS FOR FURTHER RESEARCH**

The following areas are suggested for further research

1. Effective use of drama for HIV/AIDS prevention among school teenagers.
- 2 The influence of peer groups on HIV/AIDS prevention among school teenagers.
- 3 The effect of personality factors on HIV/AIDS prevention among school teenagers.



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## APPENDICES

### APPENDIX I

#### TRANSMITTAL LETTER



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P.O. Box 20000, Kampala, Uganda  
Tel: +256- 41- 266813 / +256- 41-267634  
Fax: +256- 41- 501974  
E- mail: admin@kiu.ac.ug,  
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**OFFICE OF THE ASSOCIATE DEAN, SOCIAL SCIENCE  
SCHOOL OF POSTGRADUATE STUDIES AND RESEARCH (SPGSR)**

June 23, 2011

Dear Sir/Madam,

**RE: REQUEST FOR MUSEKURA ROBERT  
TO CONDUCT RESEARCH IN YOUR ORGANIZATION**

The above mentioned is a bonafide student of Kampala International University pursuing a Master of Guidance and Counseling.

He is currently conducting a field research of which the title is **"The Role of Information, Education and Communication on HIV/AIDS Prevention among Teenagers in Kabale Municipality b-Kabale."**

Your organization has been identified as a valuable source of information pertaining to his research project. The purpose of this letter is to request you to avail him with the pertinent information he may need.

Any information shared with him from your organization shall be treated with utmost confidentiality.

Any assistance rendered to him will be highly appreciated.

Yours truly,

Dr. Roseann Mwaniki  
Associate Dean Social Sciences, (SPGSR)

**Appendix II**  
**QUESTIONNAIRE**

Dear respondent,

I am Musekura Robert, a student of Master of Arts in Guidance and Counseling of Kampala International University. The purpose of this questionnaire is to get your views on "the effect of information, education and communication on HIV/AIDS prevention among teenagers". You have been chosen as a respondent because of the knowledge and information that you have with regard to the topic.

All the information provided will be treated with confidentiality.

The purpose of this study is purely academic and information provided in here will be treated as confidential.

**SECTION A**

**Bio data**

Sex: Male  Female

Age (Years) (i) 13-15   
(ii) 16-19

**SECTION B**

**Please use the following key and scale**

**SA:** Strongly agree

**A:** Agree

**SD:** Strongly Disagree

**D :** Disagree

**NS:** Not Sure

## **INFORMATION**

Please tick the alternative of your choice

1) I get information about HIV/AIDS

SA

A

SD

D

NS

2) I have got such information ever since I joined school.

SA

A

SD

D

NS

3) The following information has been availed to me.

a) Teenage vulnerability to HIV/AIDS.

SA

A

SD

D

NS

b) What to do to avoid HIV/AIDS infection.

SA

A

SD

D

NS

c) The symptoms of HIV/AIDS

SA

A

SD

D   
NS

d) Where to seek help on HIV/AIDS information

SA   
A   
SD   
D   
NS

4) I got information from

- Parents  YES  NO
- Teachers YES  NO
- Friends YES  NO
- Others(specify)

5) The above sources of information are credible.

SA   
A   
SD   
D   
NS

6) The information is meant for my age.

SA   
A   
SD   
D   
NS

7) The information is useful to my teen age.

SA   
A   
SD   
D   
NS

8) I am satisfied with the information flow on HIV/AIDS prevention among the youth.

SA   
A   
SD



D   
NS

### INFORMATION AND HIV/AIDS PREVENTION

9) How has information enabled you to undertake HIV/AIDS prevention?

- a) I have abstained from sex  ES  IO
- b) I do protected sex using condoms.  ES  IO
- c) I tell my friends about the dangers of HIV/AIDS  S  NO
- e) I am faithful to one sexual partner  S

10) Suggest ways through which teenage information on HIV/AIDS prevention can be improved

.....

### EDUCATION

11) How has education prepared you to know HIV/AIDS prevention?

a) I avoid the causes of HIV/AIDS

SA   
A   
SD   
D   
NS

b) I discuss HIV/AIDS issues openly

SA   
A   
SD   
D   
NS

c) I explain the dangers of HIV/AIDS to whomever whenever there is chance

SA   
A   
SD   
D   
NS

d) I took an HIV/AIDS test

- SA
- A
- SD
- D
- NS

e) I embrace counseling on HIV/AIDS

- SA
- A
- SD
- D
- NS

### **EDUCATION AND HIV/AIDS PREVENTION**

12) I get Education on HIV/AIDS

- SA
- A
- SD
- D
- NS

13) I am educated on HIV/AIDS prevention.

- SA
- A
- SD
- D
- NS

14) I know the following dangers associated with HIV/AIDS infection

a) There is no cure

- SA
- A
- SD
- D
- NS

b) It can be spread through a carrier

- SA
- A
- SD

D   
NS

c) Carriers do not show symptoms of infection.

SA   
A   
SD   
D   
NS

d) It ignites opportunistic infections.

SA   
A   
SD   
D   
NS

e) It fights the human immunity system

SA   
A   
SD   
D   
NS

f) It attacks all ages, races and sexes.

SA   
A   
SD   
D   
NS

15) Suggest ways through which teenage education on HIV/AIDS prevention can be improved

.....

### COMMUNICATION

16) I have heard messages on HIV/AIDS since I joined this school.

SA   
A   
SD   
D   
NS

17) I got the messages through the following

a) Radio

- SA
- A
- SD
- D
- NS

b)TV

- SA
- A
- SD
- D
- NS

c) Newspapers

- SA
- A
- SD
- D
- NS

d) Drama

- SA
- A
- SD
- D
- NS

e) Internet

- SA
- A
- SD
- D
- NS

18) The messages addressed my communication needs on HIV/AIDS as a teenager

- SA
- A
- SD
- D
- NS

19) The sender of the messages required me to send feedback

- SA
- A
- SD

D

NS

20) I was able to send feedback

SA

A

SD

D

NS

21) Suggest ways through which teenage communication on HIV/AIDS prevention can be improved.....

**END OF QUESTIONNAIRE**

**Appendix III**  
**INTERVIEW GUIDE**

**INFORMATION**

- 1) Do you get information about HIV/AIDS?
- 2) Have you got such information ever since you joined school?
- 3) Has the following information been availed to you?
  - a) Teenage vulnerability to HIV/AIDS.
  - d) What to do to avoid HIV/AIDS infection.
  - c) The symptoms of HIV/AIDS
  - d) Where to seek help on HIV/AIDS information
- 4) Where did you get the information from?
  - Parents
  - Teachers
  - Friends
  - Others(specify)
- 5) Are the above sources of information credible to you?
- 6) Is the information meant for your age?
- 7) Is the information useful to your teen age?
- 8) Are you satisfied with the information flow on HIV/AIDS prevention among the youth?

**INFORMATION AND HIV/AIDS PREVENTION**

9. How has information enabled you to undertake HIV/AIDS prevention?
  - a) I have abstained from sex
  - b) I do protected sex using condoms.
  - c) I tell my friends about the dangers of HIV/AIDS
  - e) I am faithful to one sexual partner

10. Suggest ways through which teenage information on HIV/AIDS prevention can be improved

.....

**EDUCATION**

11. How has education prepared you to know HIV/AIDS prevention?

- a) I avoid the causes of HIV/AIDS
- b) I discuss HIV/AIDS issues openly
- c) I explain the dangers of HIV/AIDS to whomever whenever there is chance
- d) I took an HIV/AIDS test
- e) I embrace counseling on HIV/AIDS

**EDUCATION AND HIV/AIDS PREVENTION**

12. Do you get Education on HIV/AIDS?

13) Are you educated on HIV/AIDS prevention?

14) Do you know the following dangers associated with HIV/AIDS infection?

- a) There is no cure
- b) It can be spread through a carrier
- c) Carriers do not show symptoms of infection.
- d) It ignites opportunistic infections.
- e) It fights the human immunity system
- f) It attacks all ages, races and sexes.

15) Suggest ways through which teenage education on HIV/AIDS prevention can be improved

.....

**COMMUNICATION**

16) Have you heard messages on HIV/AIDS since you joined this school?

17) Through which of the following did you get the messages?

- a) Radio
- b) Television
- c) Newspapers
- d) Drama
- e) Internet

## Appendix IV

### RESEARCHER'S CURRICULUM VITAE

#### Personal Profile:

Name : MUSEKURA ROBERT (Mr.)  
Marital Status : Married  
Date of Birth : 8<sup>th</sup> Dec 1977  
Place of Birth : Shororo - Rwene, Kabale: Uganda  
Address : C/O P.O Box 17 Kabale  
Telephone. : 0772 961 084

#### Educational Background:

Kampala International University.....M.A (Candidate)  
Kyambogo University .... B. Ed. (2<sup>nd</sup> class Hons. Upper Div)  
National Teacher's college Kabale..... Dip. Educ. (2<sup>nd</sup> class)  
St Mary's College Rushoroza ..... UACE (A)  
Buranga Secondary School ..... UCE (2<sup>nd</sup>)  
Kabahezi Primary School ..... PLE

#### Work Experience:

2007-To date: TEACHER Bishop Kivengere Girl's School  
2005-06 TEACHER St Maria Goretti Kabale  
2003-04 TEACHER Kabale Trinity School

#### Other relevant Data

I have worked with Kigezi Health Care Foundation in the field of HIV/AIDS and also with Kabale Hospital JCRC clinic for my internship.