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A CROSS-SECTIONAL STUDY OF FACTORS CONTRIBUTING TO INCREASED HIV/AIDS PREVALENCE AMONGYOUTHS AT DR. RONALD BATTA MEMORIAL HOSPITAL, NSAMIZI-A, WAKISO DISTRICT.

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ABSTRACT.

Background:
The purpose of the study was to determine the factors contributing to increased HIV/AIDs prevalence among youths at Dr. Batta Memorial Hospital, Nsamizi-A, Wakiso District.
The specific objectives were to find out individual, community, and health-related factors contributing to increased HIV/AIDS prevalence among youths at Dr. Batta Memorial Hospital, Nsamizi-A, Wakiso District.

Methodology:
The study employed a cross-sectional study design for quantitative data targeting a sample of 100 respondents who were youths using simple random sampling as the sampling tool and a semi-structured questionnaire as the data collection tool. Data was analyzed manually and presented in tables and figures using a Microsoft Excel computer program.

Results:
Findings from individual factors that contributed to increased HIV/AIDs prevalence were; alcoholism (77%) and penetrative sex (78%).
Results from community factors contributing to increased HIV/AIDs prevalence were; polygamy (60%) of respondents, ignorance about HIV sensitization (18%), and marriage (57%).
Study findings from the health facility-related factors that contributed to increased HIV/AIDs prevalence showed that not testing for HIV (48%) and having unprotected sex (50.5%).

Conclusion:
Based on the study findings, the following factors contributed to the biggest percentage increased prevalence of HIV/AIDS among youth alcoholism [77%], penetrative sex [78%], and polygamy (60%).

Recommendation:
The researcher recommended that the government of Uganda through the Ministry of Health should put more emphasis on creating more awareness and sensitization about HIV/AIDs and its effects through holding continuous campaigns in communities, extending public health government programs to rural areas as well as funding external bodies involved in promoting HIV/AIDs awareness.

Keywords: HIV/AIDS, Personal lifestyle, Prevalence, Prevention, Mortality, occupation.

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BACKGROUND OF THE STUDY.

AIDS is caused by the human immunodeficiency virus (HIV) originated in non-human primates in Central and West Africa. Studies show that HIV may have jumped from chimpanzees to humans when humans hunted these chimpanzees for meat and came into contact with their infected blood. Over the decades, the virus spread through Africa and to other parts of the world. While various subgroups of the virus acquired human infectivity at different times, the present pandemic had its origins in the emergency of one specific strain- the HIV-1 subgroup. There are two types of HIV; HIV-1 and HIV-2 (https://acphd.org/). HIV-1 is more virulent, and easily transmitted and it is the cause of the vast majority of HIV infections globally. HIV-2 is less transmittable and is largely confined to West Africa (75,000 people with HIV and more new cases emerging in 2021)
One can get HIV by coming into direct contact with certain body fluids from a person with HIV who has a detectable viral load (HIV in America,2023). These fluids include blood, semen, rectal fluids, vaginal fluids, and breast milk. HIV kills or impairs the cells of the immune system and progressively destroys the body's ability to protect itself (CDC,2022). Over time, a person with a deficient immune system may become vulnerable to common and even simple infections by disease-causing organisms like bacteria or viruses.
There is currently no effective cure. Once people get HIV, they have it for life (CDC,2022). But with proper medical care, HIV can be controlled (CDC,2022). People with HIV who get effective treatment can live long, healthy lives and protect their partners (Mohawk Valley Community College, (2023). According to WHO, since the beginning of the epidemic, 84.2 million people have been infected with HIV and about 40.1 million people have died of HIV. Globally, 38.4 million people were living with HIV at the end of 2021(Adults> 15 years = 36.7 million, children<15 years =1.7 million). An estimated 0.7% of adults aged 15-49 years worldwide are living with HIV although the burden of the epidemic continues to vary considerably between countries and regions.
The WHO African region remains most severely affected with nearly 1 in every 25 adults living with HIV. In Uganda, HIV/AIDS is believed to have originated in Tanzania during the Uganda-Tanzania war of 1979 where the Tanzanian soldiers had sex with civilians. HIV/AIDS has been approached as more than a health issue and in 1992 a multi-sectional AIDS control approach was adopted. A variety of approaches to AIDS education have been employed ranging from the promotion of condom use to abstinence. Uganda was the first country to open a VCT clinic in Africa called an AIDS information center. Uganda has experienced the sharpest decrease in HIV/AIDS-related death rate in the world between 1990 and 2017, with an 88% decrease in 27 years.

General objective

- *To determine the factors contributing to increased HIV/AIDS prevalence among youths in Nsamizi-A, Entebbe municipality, Dr. Ronald Batta Memorial Hospital Wakiso district.*

Specific objective.

- *To find out individual, community andhealth-relatedd factors contributing to increased HIV/AIDS prevalence among youths.*

METHODOLOGY.

Study design.

A cross-sectional study was used to determine the factors contributing to increased HIV/AIDS prevalence among youths in Dr. Ronald Batta Memorial Hospital, Nsamizi-Wakiso district. The study utilized different groups of people who differed in the variable of interest but shared other characteristics such as socio-economic status, educational background, and ethnicity. The study design was chosen because it was inexpensive and used in the shortest period possible.

Study area.

The study was conducted at Dr. Ronald Batta Memorial Hospital, Nsamizi-A, Entebbe municipality, Wakiso district. It is found in central Uganda which is 43 kilometres from Kampala using the express highway. The hospital has facilities like a laboratory, ART clinic, inpatient, outpatient, theatre, and maternity. The study was carried out for one month which was December 2022.

Study population.

The study involved a population of youths from within the community seeking medical assistance with HIV/AIDS and related illnesses

Sampling technique.

The simple random sampling technique was used to obtain the sample and it involved giving equal chances of participating in the study.

Inclusion criteria.

Patients diagnosed with HIV/AIDS who were youths and health workers who were available and willing to take part in the study were involved in the study. The health workers involved were the dispensers, counseling team, nurses, and doctors.

Exclusion criteria.

Patients who were not infected with HIV/AIDS and those who were not youths though infected.

Study variables.

Independent variables.

The independent variable acts as the cause in that it precedes, influences, and predicts the outcome. Independent variables were individual, community, and health facility factors.

Dependent variables.

The dependent variable acts as the effect in that it changes as a result of being influenced by an independent variable. Dependent variables were increased HIV/AIDS prevalence cases among youths.

Data collection method.

A questionnaire was used as a research instrument to collect the primary data. It involved several questions cutting through individual, community, and health facilities. The questionnaire had open-ended and closed-ended questions that the respondents were asked to fill in upon being informed about the study. Questionnaires were easy to administer, quick at collecting the data, and less expensive while collecting the data. Interviews were administered as well.

Pretesting the questionnaire.

The researcher pre-tested the questionnaire before giving it to participants. The pre-test was done at 10 marine health centers III. After data collection went ahead as planned at Dr. Ronald Batta Memorial Hospital.

Data collection procedure.

The researcher introduced himself to the ward in-charges who later identified patients infected with HIV/AIDS who got involved in the study. Written consent was obtained from respondents before being given a questionnaire of which they were directed on how to fill it clearly by the researcher to ensure it was not misused. Then the questionnaire was handed over to respondents to get the data.

Data management.

The whole process of data collection was closely inspected and the questionnaires were checked for any errors. Data was only accessed by the researcher.

Data analysis and interpretation.

The collected data was counted manually using a pen and sheets of paper. The results were entered into a Windows program. It was presented in the form of frequency distribution tables, bar graphs, and pie charts.

Ethical considerations.

The proposal was approved by the school research committee thereafter the researcher was given an introductory letter that was handed over to the in charge of Dr. Ronald Batta Memorial Hospital. Once granted the permission to obtain the required data, the researcher obtained consent forms from respondents before collecting the data, confidentiality was observed as well allowing only the researcher to access the information.

Sample size determination.

The sample size determination technique that was used was the QR/T Where,
Q= Total number of days spent in the data collection R= Maximum of the respondents per day
T= Maximum time taken by the interviewer Therefore

Q= 20 days

R= 5 respondents T= ½ hours QR/T = 20X5/1/2
100/1/2 = 200 respondents

Since the resources were limited, the research used 100 respondents.

RESULTS.

Demographic data (See table 1)

Table 1 shows the demographic information of the respondents.

(N=100)

Variables	Frequency (f)	Percentage (%)
Age		
15-24 years	36	36
25-35 years	64	64
Total	100	100
Gender		
Male	68	68
Female	32	32
Total	100	100
Occupation		
Public servant	48	48
Professional	25	25
Business person	11	11
Student	16	16
Total	100	100
Marital status		
Single	31	25
Married	58	57
Divorced	08	13
Widowed	03	05
Total	100	100
Religion		
Catholic	20	20
Muslim	18	18
Born again	29	29
Anglican	33	33
Total	100	100
Level of Education		
None	13	13
Primary	14	14
Secondary	53	53
Tertiary	20	20
Total	100	100
Place of residence		
Village	23	23
Town	56	56
Estate	21	21
Total	100	100

From Table 1, less than half of the respondents (36%) were aged between 15-24 yearswhereas most respondents (64%) were aged between 25-35years.

In regards to gender, most of the respondents (68%) were males whereas the least (32%) werefemales.

Furthermore, most of the respondents (48%) were public servants whereas the least (11%)were business persons.

In findings related to marital status, mathe jority of the respondents (58%) were married whereasthe minorities (3%) were widowed.

In addition, the majority of respondents (33%) were

Anglicans whereas the least (18%) wereMuslims.

The study also revealed that more than half of the respondents (53%) had attained secondary level of education whereas the least (13%) had never attained any education.

In terms of residence, most of the respondents (56%) lived in town whereas a minority of therespondents (21%) lived in estates.

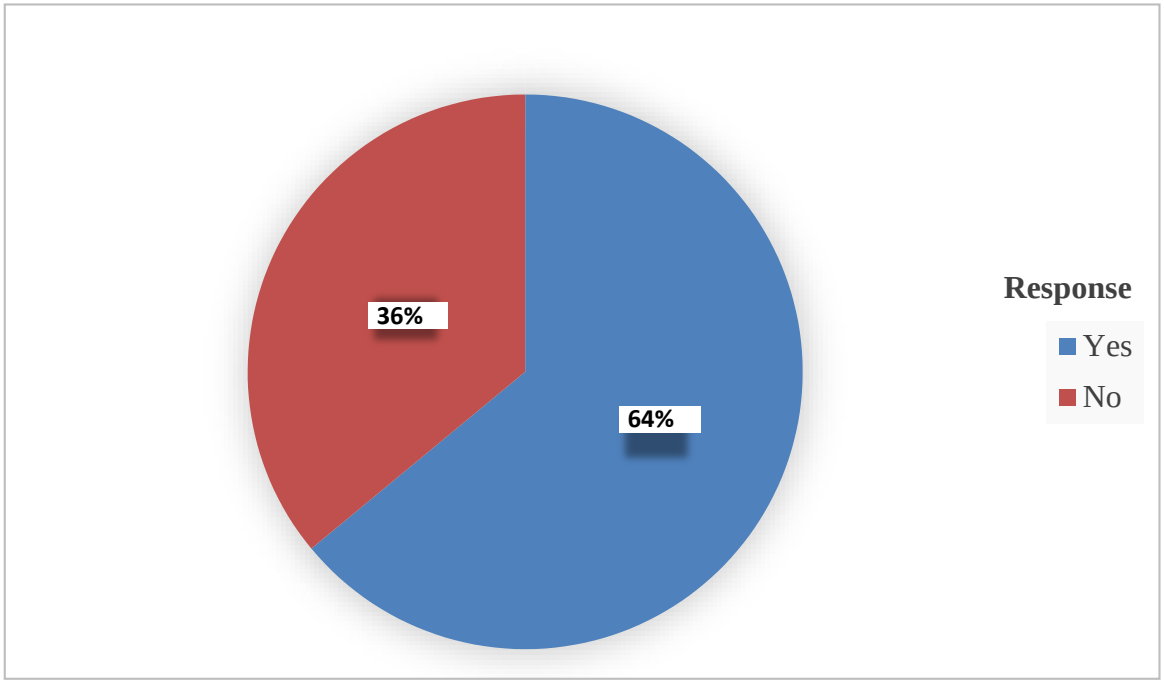
Individual factors contributing to increased HIV/AIDS.

Table 2 shows the distribution of respondents according to how often they took alcohol. [N=77]

Response	Frequency (f)	Percentage (%)
Daily	40	52
Twice in a week	14	18
Three times a week	16	21
Sometimes	07	09
Total	77	100

From table 2, more than half of the respondents (52%) often took alcohol dailywhereas the least (9%) took alcohol sometimes.

Figure 1 shows the distribution of respondents according to whether they stay with theirfamily members. [N=100]



From figure 1 , most (64%) of the respondents agreed that they stayed with theirfamilies whereas the least (36%) of respondents disagreed.

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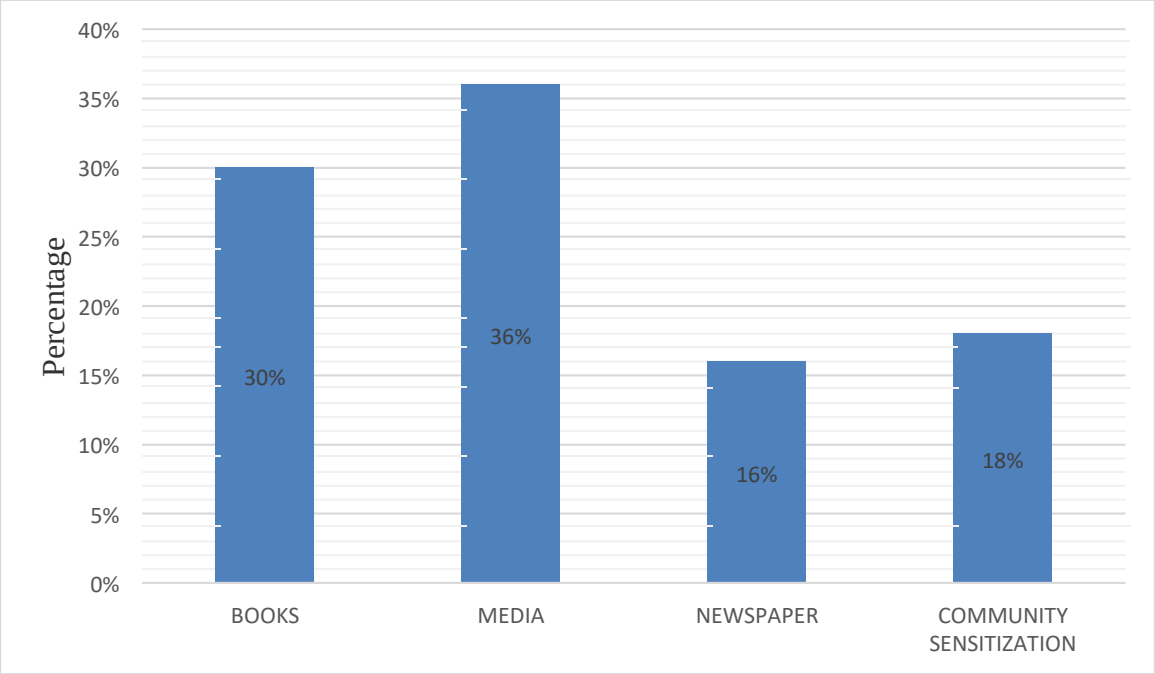
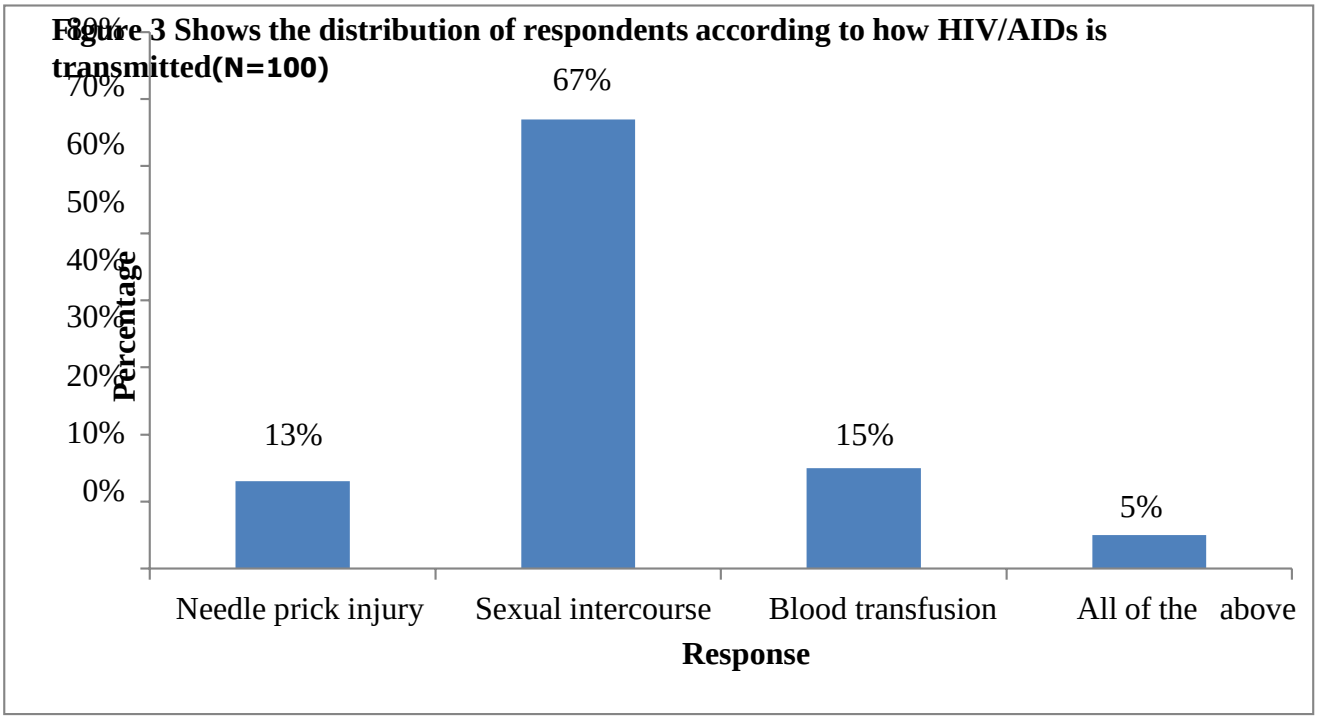
Figure 2 Shows the distribution of respondents according to how they came to knowabout HIVAIDs.[N=98]



From figure 2, most (36%) of the respondents said that they came to know aboutHIV/AIDs through media whereas least (16%) of the respondents said that they came to know about it through newspaper.

Figure 3 Shows the distribution of respondents according to how HIV/AIDs is transmitted(N=100)



From figure 3 more than half of the respondents (67%) knew that HIV/AIDs is transmitted through sexual intercourse whereas the least (5%) knew that it can be transmitted through all the above-mentioned ways.

Table 3 Shows the distribution of respondents according to the number of partners they have had penetrative sexual intercourse with. (N=72)

Response	Frequency (f)	Percentage (%)
One	37	47
Two	19	25
More than 2	12	16
Not sure	09	12
Total	77	100

From table 4, most of the respondents (47%) had ever had penetrative sexual intercourse with just one partner whereas the least (12%) did not know the number of partners they have had penetrative sexual intercourse with.

Table 4 Shows the distribution of respondents according to the number of people they have had sexual intercourse with other than their real spouses. (N=69)

Response	Frequency (f)	Percentage (%)
One	39	57
Two	15	22
More than 2	07	10
I don't know	08	11
Total	**69**	**100**

From table 4, most of the respondents (57%) had sexual intercourse with only one person other than their real spouse whereas the least (11%) did not know the real number of people they have had sexual intercourse with other than their real partners.

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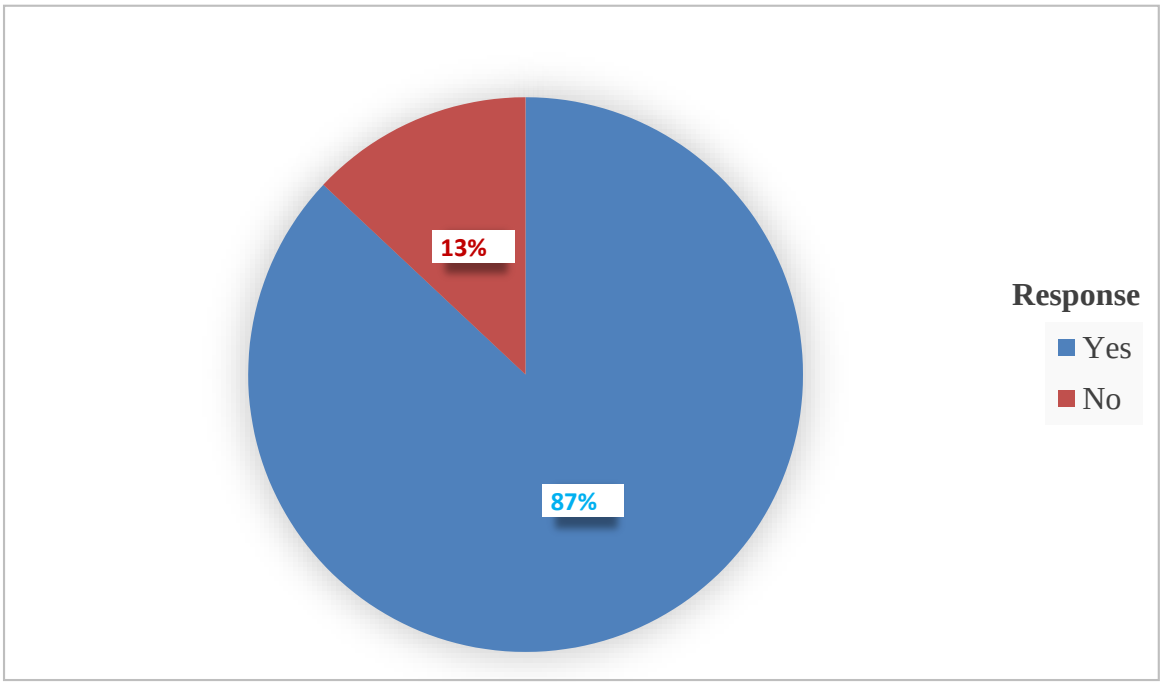
Medical Factors contributing to increased HIV/AIDS prevalence among youths.

Figure 4 Shows the distribution of respondents according to whether they accessed condoms from the hospital or within the community.[N=100]



From figure 4, majority (87%) of the respondents agreed that they access to condomswhereas minority (13%) of the respondents disagreed.

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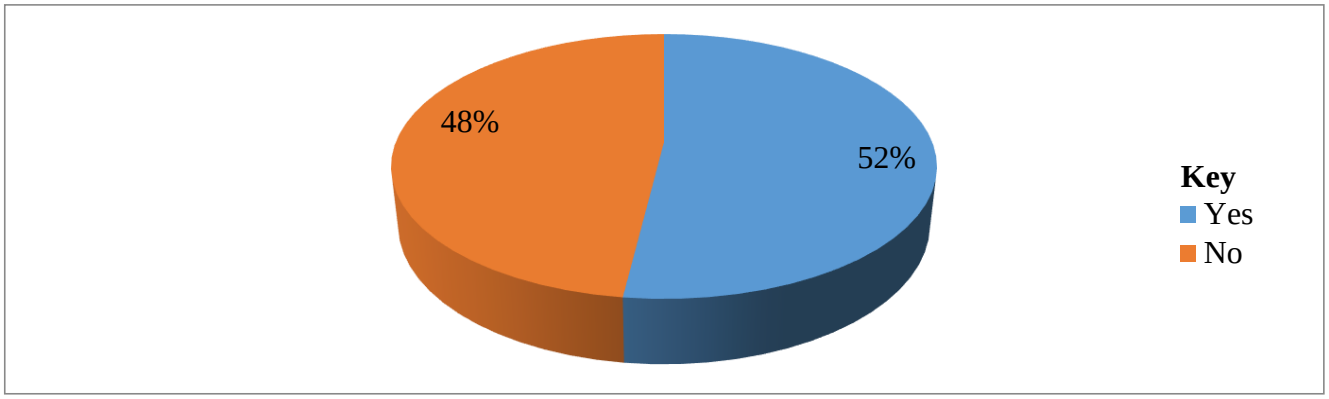
Figure 5 Shows the distribution of respondents according to whether they tested their partners for HIV before engaging in sexual intercourse. (N=100)



From figure 5 most of the respondents (52%) agreed that they took their partners forHIV testing before engaging in sexual intercourse whereas the least (48%) disagreed.

DISCUSSION.

Individual factors contributing to increased HIV/AIDs among youths.

Most of the respondents [77%] had ever taken alcohol. According to the researcher, there is a great influence with alcohol. This is in line with Leigh, B. C et al,1993 whereby alcohol and drug abuse affected the choices of the respondents who would end up in risky sexual behaviors like unprotected sex.
From the findings, more than half of the respondents [64%] agreed that they stayed with their families.
Furthermore, a few respondents [2%] agreed that they didn't know about HIV. This implies that the respondents did not have enough knowledge about HIV which could have resulted in the spread of HIV. This corresponds to the study findings by Patou Masika, Musumari et al [2021], where school dropouts have little comprehensive knowledge about HIV/AIDs which had contributed to its prevalence in the area.
About the study findings, the majority of the respondents [67%] knew about how HIV/AIDs is spread. This shows that most of the respondents have prior knowledge of how to prevent the spread of HIV. This is not in line with the study findings according to ANEECA.ORG [2023] where few [38.5%] of women would correctly identify ways of preventing transmission of HIV.

Community factors contributing to increased HIV/AIDs prevalence among youths.

Findings from the study showed that a minority [18%] of the respondents came to know about HIV through community sensitization programs. The study indicates that there is less effort by the government to tell people about HIV. The study corresponds to Qanche Q et al [2021], where there is reduced attention of the government to tackle the disease.

Results further affirm that the majority of the respondents [60%] agreed that they had had sexual intercourse with other people other than their partners.
Findings also showed that the majority of the respondents [78%] agreed that they had had penetrative sex. This corresponds to the study findings by ANEECA.ORG [2023], where respondents between 33% and 55% of sex workers in Uganda reported inconsistent condom use driven by the fact that their clients pay more for sex without a condom than with a condom.
In findings related to marital status, the majority of the respondents [57%] were married. With regards to the study findings carried out by Eric Nandoya [2014], a marriage greatly increases women's sexual exposure thus increasing the inability to negotiate safer sex.

Health facility-related factors contributing to increased HIV/AIDs prevalence among youths.

The study findings showed that most of the respondents [87%] agreed that they accessed condoms from the community and health facilities. This implies that the respondents know about preventing HIV through condom use.
The majority of the respondents [52%] agreed that they took their partners for HIV testing before engaging in sexual intercourse. There was a slight difference from those who didn't take their partners for testing thus increasing the spread of HIV. This is slightly in line with the study findings carried out by Caleb Kusilika [2022], where unplanned sex, beautiful partners, and the influence of partners also led to increased HIV prevalence.

CONCLUSIONS.

Regarding individual-related factors, alcoholism [77%] and penetrative sex [78%] contributed to the increased prevalence of HIV among youths.

The socio-economic factors that contributed to increased HIV included polygamy [60%], ignorance about HIV sensitization [18%], and marriage [57%].

The health facility factors that contributed to increased HIV prevalence included not testing for HIV [48%] and having unprotected sex [50.5%].

RECOMMENDATIONS.

The government of Uganda through the Ministry of health should put more emphasis on creating more awareness and sensitization about HIV/AIDs and its effects through holding continuous campaigns in communities, extending public health government programs to rural areas as well funding external bodies involved in promoting HIV/AIDs awareness.

The district health service provider should intensify effective health education of the community, paying special attention to those infected and reducing the incidence of more cases.

The health facility should become more effective in all methods of curbing the spread of HIV by encouraging the use of condoms and testing partners before engaging in any sexual intercourse.

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May God bless them all.

LIST OF ABBREVIATIONS

AIDS: Acquired immune deficiency syndrome

ART: Anti Retro Viral Therapy

GBV: Gender Based Violence

HIV: Human immunodeficiency virus

MoH: Ministry of health

KSHS: Kampala School of Health Sciences

NGO: Non- Government Organization

PIASCY: The Presidential Initiative on AIDS Strategy to Youths.

PEP: Post Exposure Prophylaxis

PrEP: Pre-Exposure Prophylaxis

PMTCT: Prevent Mother to Child Transmission

TASO: The Aids Support Organization

TB: Tuberculosis

STD: Sexually Transmitted Diseases

STI: Sexually Transmitted Infections

UNAIDS: United Nations Development Agency

UVRI: Uganda Virus Research Institute

VCT: Voluntary Counselling and Testing

WHO: World Health Organization

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