


**THE IMPACT OF WESTERN CULTURE ON THE SPREAD OF HIV/AIDS AMONG  
THE YOUTH IN UGANDA**

**CASE STUDY: Kyazanga Sub County.**

The logo of Uganda Martyrs University is a shield-shaped emblem. It features a central figure holding a book, with a cross above it. The shield is divided into four quadrants. The top-left quadrant is yellow with a red cross, the top-right is red with a white cross, the bottom-left is yellow with a red cross, and the bottom-right is red with a white cross. The Latin motto "VIRTUTE ET SAPIENTIA" is written in a semi-circle above the shield. The name "UGANDA MARTYRS UNIVERSITY" is written in a semi-circle below the shield.

**A Dissertation Submitted to the  
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## **Dedication**

I express my sincere thanks to all who assisted me in one way or another. These include my brother Tumusiime Richard and my parent Mr. Mwesigye Alex for all the support and encouragement. I wish to acknowledge also my supervisor Dr. Katongole John Chrysostom and other Uganda Martyrs lecturers who ensured that the best came out of my work, and my classmates for all the support they accorded to me. Last but not least, Mr. Kalumba Kyobe together with the selected members of Kyazanga Sub County who provided me with the information I needed for my study.

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### **List of acronyms**

AIDS	Acquired Immune Deficiency Syndrome
ESIP	Education Sector Investment Plan
FGDs	Focus Group Discussions
FSW	Female Sex Workers
HIV	Human Immune Virus
MoH	Ministry of Health
NGOs	Non-Governmental Organizations
PMTCT	Prevention of Mother to Child Transmission
STDs	Sexually Transmitted Diseases
UNAIDS	United Nations Acquired Immune Deficiency Syndrome
UNESCO	United Nations Education Scientific Cultural Organization
UNICEF	United Nations International Children Education Fund

## **Abstract**

The study assessed the impact of western culture on the spread of HIV/AIDS among the youth in Uganda-case study youth in Kyazanga Sub County, Lwengo district. The study was aimed at achieving the three specific objectives; to find out the Western cultures that enable the spread of HIV/AIDS, to find out ways in which the Western culture practices adopted by the youth contribute to the increase of HIV/AIDS prevalence and to suggest possible measures that can be put in place to mitigate HIV/AIDS infection. The study employed a case study research design using a qualitative approach. Primary data was collected from 50 (fifty) respondents using questionnaires and interviews.

The study found out that the code of conduct, homosexuality, Anal intercourse, language and norms of behavior, Western religions, Western music and literature and systems of beliefs as aspect of Western cultures that have enabled the spread of HIV/AIDS.

The study further found out that education which has freed young stars from traditional restrictions, increased substance abuse, video shows of pornographic content, indecent dressing, increased use of social media as well as youth sleeping in disco cinemas as ways in which the western cultural practices adopted by the youth contribute to the prevalence of HIV/AIDS

The study finally recommends the need to focus on the education system to equip students on how to control hiv, sensitizing the youth about HIV/AIDS, mentoring the youth in life skills, to enacting strict policies and regulations against sexual immorality as measures that can be put in place to reduce HIV/AIDS infection.

## **CHAPTER ONE**

### **GENERAL INTRODUCTION**

#### **1.0 Introduction**

The study was carried out in Kyazanga Sub County in Lwengo district, to assess the negative impact of Western culture on the spread of HIV/AIDS among the youth in Uganda. In this chapter presented is the background of the study, statement of the problem followed by the objectives of the study from which the research questions were derived. It also presents the scope of the study, significance of the study, justification of the study, the conceptual framework and the definitions of key terms used in the study. The study provides the basis on which other chapters are built.

Chapter two presents review of the existing literature from scholarly works. Chapter three presents the methodology through which the researcher obtained data from the field. Then chapter four presents the analysis and discussion of research findings which were collected during the field study. Lastly chapter five gives the summary of the issues the research addressed. It further presents the general conclusions drawn from the study, the recommendations made and the suggestions for further research.

#### **1.1 Background of the Study**

According to Makerere Institute of Social Research (MISR) (2003), HIV/AIDS was first identified in Rakai District in Southern Uganda in 1982 and by 1985 the disease has reached epidemic levels. It is estimated that by December 2001, 947,552 deaths had been caused by AIDS.

Currently 1,050,055 people are said to be living with HIV/AIDS of whom 51% are women, 39% men and 10% are children below 15 years (Ministry of health, 2002). They also said that, HIV/AIDS

is now the leading cause of morbidity and mortality, especially among people aged 15 to 49 years. It is also estimated that up to 1 million children in Uganda had lost either one or both parents to the disease UNAIDS (United Nations Programme on HIV and AIDS 2002) As a result, the traditional African extended family system that used to take care of orphans has been severely over-stretched thereby exposing orphans to varied forms of vulnerability.

Asiimwe et al (2003) reported in Focus Group Discussion on Social Cultural Factors Impacting on HIV/AIDS in Uganda Final Report that, in 1991 a multi-sectoral approach that involved the entire society was adopted to address prevention and control of HIV/AIDS as well as management of all perceived consequences of the epidemic.

This approach has provided ground for innovation resulting into a plethora of interventions in prevention, care, support and mitigation championed by government institutions, local and international NGOs, faith based organizations and the donor community.

MOH (Ministry of Health of Uganda Surveillance Report 2002), indicated that:

There was a decline in the weighted overall antenatal prevalence of 6.5% in 2001 from 18% in 1992, significant declines were noted in urban sites where the weighted average dropped from 10.9% in 1999 to 8.8% in 2001, compared to declines of 4.3% to 4.2% in rural sites over the same period. HIV prevalence among the total adult population is currently estimated at 5%, down from 8.3% in 1999.

The report continues to say HIV prevalence has also declined among high risk and vulnerable groups such as youth and people with sexually transmitted diseases. Among the youth aged 15-24 years, prevalence declined from 29% in 1992 to about 10% in 2001 for females and from about 10% to less than 4% for males.

Among STD patients at Mulago Hospital, prevalence declined from 44.2% in 1989 to 23.7% in 2001.

Indeed, individual behavior change is outlined as one of the primary goals in the National Strategic Framework for HIV/AIDS activities in Uganda (Uganda Aids Commission: 2000). In targeting behavior change, emphasis has been put on changing those factors that impact significantly on an individual's sexual behavior.

According to Kelly (2008) in his report on Uganda and HIV/AIDS She stated:

Uganda has long basked in the praise of the international community over its swift and progressive response to its crippling HIV/AIDS epidemic. Back in the 1980s more than 30% of Ugandans had contracted the HIV virus. Now the national prevalence rate is around 6.4%, an achievement attributed largely to the country's rapid acknowledgment of the crisis it faced, the roll out of national prevention and treatment messages and its embrace of open discourse around causes and solutions to the virus.

Although significant effort has been put forth the copying of western cultures is dragging down the efforts down especially in the youth of the twenty first century as reflected in the Uganda youth development report on HIV/AIDS report (2005).

## **1.2 The concept of Western Culture**

Tholoana(2010) defined culture as basically referring to the traditions and customs upheld by societies and communities because of their belief systems and values.

Culture is further defined as the learned, shared and transmitted values, beliefs, norms and life ways carried by groups of people, which guide their decisions, thinking and

actions in patterned ways Schein (2004).Mkhize (2004), asserted that:

The term culture has many usages and meanings in the language usage of the current day, but in using the term culture I would like to refer to the definition which said that culture refers to knowledge that is passed on from one generation to another within a given society, through which people make sense of themselves and the world. It incorporates language, values, assumptions, norms of behavior, ideas about illness and health etc.

Williams(1983), noted Culture thus includes codes of conduct, norms of behavior (e.g., law and morality), dress, language, religion, and systems of belief, rituals and is visible in a society's music, literature, painting, sculptures, theatre, et cetera.

According to Loosli (2004) those traditions and cultures should be preserved to save the origin of mankind - to do good and not bad. People's behavior is largely influenced by the culture in which they had grown. As culture influences the day-today activities and decisions of individuals it also affects issue surrounding health.

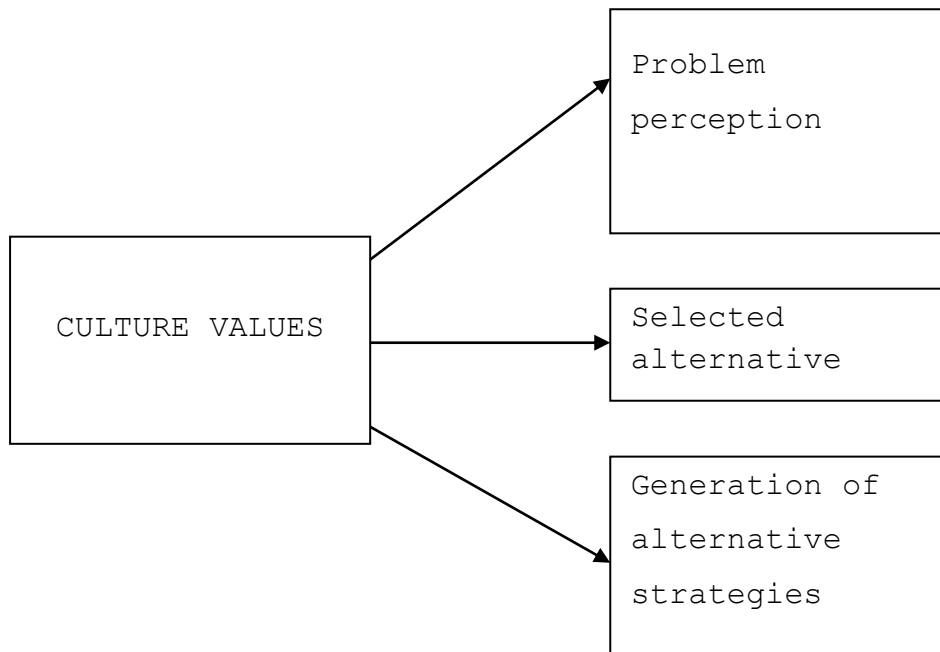
Mkhize,(2004), noted that the western cultures practices that lead to the spread and increase of HIV/AIDS prevalence in among the youth Western have a number of presuppositions about the individual and the world which has been used in the formulation of western theories. These theories have been imposed on non-western populations as it has been assumed that they are universal.

According to Güss (2002) cultural values influence a person's decision making. These values can influence the way in which a person perceives a problem and thus also influence his/her generation of strategies and alternatives as well as which alternative he/she will select from the available alternatives

(see Figure 2). An individual is guided by cultural expectations and values when he/she selects specific dynamic.

### Decision-making strategies

**Figure 1: Cultural influences on decision making**



(Adopted from Güss, 2002, electronic version.)

Guss(2002) wanted to know how cultural values could influence individuals' decision-making and using a number of studies - he integrated the findings into a model which can be helpful to derive hypotheses for further studies. This model differentiates between the methods of decision-making by people with individualistic value orientations (seen as the 'Western' way of thinking) and those with collectivistic value orientations (seen as the 'African' way of thinking).

Celareon (2014) explains that United States of America, United Kingdom & Ireland, Western & Central Europe including Denmark comprise the Western world. She summarizes that Western Countries are the countries that are categorized as developed countries by the World's Financial Index. Given their status,



these countries are bound to export ways of living to the developing nations. Developing nations perceive the ways of the already developed countries as modern ways hence the urge to take them on. For example dressing, languages, religions, marriages, music and social media

This study sought to establish the impact of the different cultures "western" that are copied by Ugandan youth and are thus contributing to the spreading levels of HIV/AIDS in Ugandan youth and to ascertain remedies to this problem.

### **1.3 Statement of the problem**

Arowolo (2010) asserts that the infiltration of the Western culture has largely impacted the traditional African ways and styles of living. More so, this advent of style of living into the African society had a number of disadvantages despite the positives it holds. Notable among these is the dressing style and mode of delivery of information.

In the report on Uganda and HIV/AIDS Kelly(2008) pointed out that, the national prevalence rate of HIV/AIDS infection is approximately 6.4%, infection rate, the 2014 HIV/AIDS Uganda Country Progress Report points out that there was a 7.3% increase in the spread of HIV/AIDS in Uganda. This was expounded by Ogunbodede (2004) who points out the advancement in technology as a contributor to the increase of HIV/AIDS spread. He explains that technology has exposed youth to a number of poor sexual practices like oral sex and homosexuality which expose them to HIV/AIDS infection.

McArthur (2009) argues that the change in dressing styles from traditional African dressing like gomesi and long back cloth to skimpy dressing has highly contributed to the spread of HIV/AIDS. She argues that body revealing dressing incites

inappropriate sexual perceptions thus contributing to HIV/AIDS spread.

Marie(2008) articulates that Western cultural practices are responsible for the increasing levels of HIV/AIDS since they are perceived by the receipt parties as universal practices thus they are adopted. This was more evident in the urban areas as compared to the rural areas.

However, there are new infections in the rural areas. This study aims to address the impact of the western cultures in relation to the HIV/AIDS prevalence among the Youth in Uganda taking Kyazanga Sub County in Lwengo District as a case study.

#### **1.4 Objective of the Study**

##### **1.4.1 General Objective**

To find out the western culture that enabled the spread of HIV/AIDS among the youth in Uganda

##### **1.4.2 Specific objectives**

1. To find out the Western cultural practices that enable the spread of HIV/AIDS?
2. To find out ways in which the western cultural practices adopted by the youth contribute to the increase of the HIV/AIDS prevalence.
3. To suggest possible measures that can be put in place to mitigate HIV/AIDS infection.

##### **1.4.3 Research Questions**

- i. What are the western cultural practices that enabled the spread of HIV/AIDS?

- ii. What are the ways in which the western cultural practices adopted by the youth increase the HIV/AIDS prevalence?
- iii. What possible measures can be used to mitigate the influence of western culture on the spread of HIV/AIDS?

## **1.5 Scope of the Study**

### **1.5.1 Content scope**

The study concentrated on the impact of western culture on the spread of HIV/AIDS among the youth in Kyazanga Sub County in Lwengo District. The type of western cultures considered in this chapter are those that relate directly and indirectly to matters of sexuality, marital, information delivery, dressing, various forms of communication avenues, and many others, that could cause the spread and infection of HIV/AIDS in youth. It does not intend to deal with other types of western practices.

### **1.5.2 Geographical scope**

The study was conducted in Kyazanga Sub County, Lwengo District. Specifically, Lwengo was chosen for the study because it is one of the Districts with the high number of people who die from HIV/AIDS and it has a large population of 267300 (Uganda Bureau of Statistics 2012).

Lwengo District is bordered by Sembabule District to the North, Bukomansimbi District to the Northeast, Masaka District to the east, Rakai District to the south, and Lyantonde District to the west. Lwengo, the district headquarters, is located 45 kilometers (28 miles), by road, the coordinates of the district are: 00 24S, 31 25E.

### **1.5.3 Time scope**

The study was specifically interested in assessing the impact of Western culture on the spread of HIV/AIDS among the youth

in Uganda in Kyazanga Sub county Lwengo District. The study covered the period of about ten years (between 2006-2014) as the time scope it was targeted in order to get appropriate and current information related to my research topic.

### **1.6 Significance of the study**

Oso et al (2008) argue that the significance of the study is the relevance of the study in terms of academic contribution and practical use that might be made of the findings. Therefore, the study intends to contribute to the following areas.

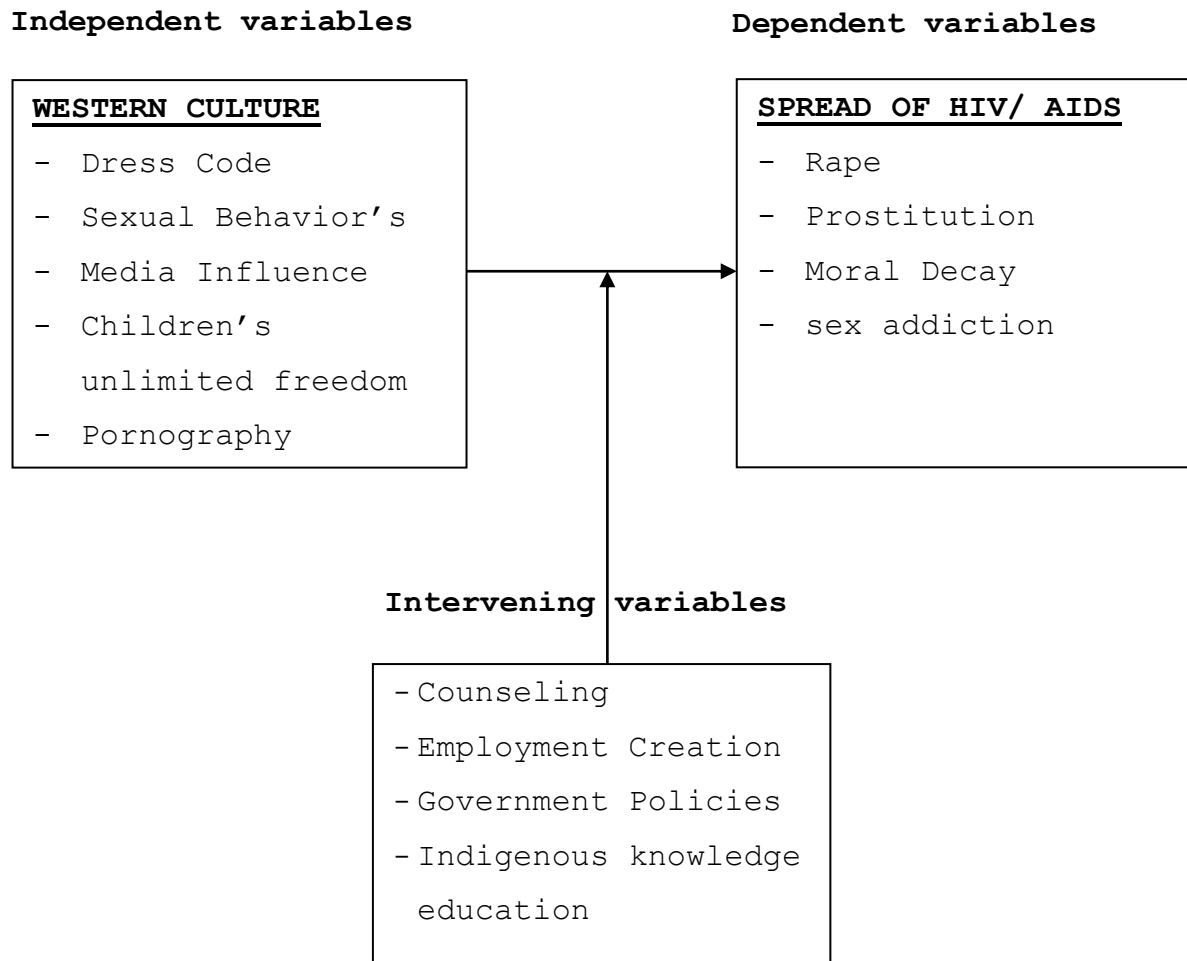
The study helps focus the attention of government and the development partners on the need to guide, educate and sensitize the youth and the local communities in Lwengo on how to mitigate such undesirable cultures practices that have been adopted by the youth.

### **1.7 Justification of the study**

The reason to why I decided to carry out this research is due to the following reasons: This study is partial requirement for the award of Bachelors degree of arts (ethics and development studies) of Uganda Martyrs University, another reason is that since the researcher is still a youth her endeavors to sensitize the fellow youth about the western practices may not fall on a deaf ear and yet HIV/AIDS is still a big challenge in Uganda.

## 1.8 Conceptual framework

Figure 2: Conceptual framework



**Source: Primary data**

The above figure shows that the independent variable is western culture which contains issues like dress code, sexual behaviors and media influence like pornography and children's unlimited freedom. This leads to the dependent variable which is the spread of HIV/AIDS with its effect like dress code can bring rape in the way that when a girl is putting on miniskirts, boys can get attracted in her and in the long run they end up raping her. So in other wards a girl does not need to expose her body too much. Then sexual behaviors can also bring about sex addiction, media influence like pornography, showing videos such as blue movies can also bring about

Prostitution and then children's un limited freedom can bring about moral decay in the society to solve the problem of HIV/AIDS, the intervening variables like counseling, employment creation, indigenous knowledge education and government policies should be in existence.

## **1.9 Definition of key terms**

### **Culture**

Fernandez, et al, (1997) defines "culture as the cumulative deposit of knowledge, experience, beliefs, values, attitudes, notions, of time, roles, spatial relations, concepts of the universes and material objects and possessions acquired by a group of people in the course of generations through individual and group striving."

Zimmerman (2015) defines culture as "the characteristics and knowledge of a particular group of people, defined by everything from language, religion, cuisine, social habit, music and arts. Therefore, culture is the systems of knowledge shared by a relatively large group of people."

### **Western culture**

are the culture of European countries as well as those that have been heavily influenced by European immigration, such as the United States(Zimmerman 2015) According to Khan University(2008), western culture has its roots in the classical period of the Greco-Roman era and the rise of Christianity in the 14<sup>th</sup> century. But today the influence of western culture can be seen in almost every country in the world.

### **AIDS**

According to Sishana (2008), AIDS is the stage of infection that occurs when your immune system is badly damaged and you become vulnerable to opportunistic infections.

### **Youth**

According to the UNESCO, (United Nations Education Scientific Cultural Organizations 2016), "youth is often indicated as a person between the age where he/she may leave compulsory

education, and the age at which he/she finds his/her first employment. Youth is best understood as a period of transition from the dependence of childhood to adulthood's independence and awareness of our interdependence as members of a community their age bracket is between 15-30 years."



## CHAPTER TWO

### LITERATURE REVIEW

#### 2.0 Introduction

Chapter two presents an assessment of the existing literature from scholarly works, journals, reports, and topical essays, text books in order to understand the analysis, the context and the gravity of the problem under investigation. It captures an overview of western culture on the spread of HIV/AIDS the extent of the impact on the youth.

#### 2.1 History of HIV/AIDS

According to Alan (2015), the phenomenon of HIV/AIDS isn't a recent one. This is affirmed when he states that:

In 2006 the AIDS epidemic was a quarter-century old Officially starting in June 1981 as a mysterious and fatal disease exclusively found in several dozen young white gay men from New York City and Los Angeles. The disease was first uncovered in homosexual men from Manhattan. "Gay cancer," in the form of Kaposi's sarcoma skin tumors, was the most striking telltale sign; and drugs, promiscuity, and anal sex were all thought to play a role in the unprecedented suppression of the immune system. It was soon obvious that the disease was not limited to gays: the mysterious agent was in the national blood supply, and an epidemic of AIDS was also uncovered in Central Africa.

His account is in conformity with Stephen (2009), who attested that HIV/AIDS historically started like any other disease. It is believed to have come from apes and then it spread to mankind, many people were not aware of the disease, many people in Rakai District where it first killed many people, they thought it was witchcraft and therefore their death was associated with the annoyance of god around their waters. People from different parts did not know how it is caused, how it affects, its transmission modes, signs and symptoms but due

to scientific knowledge with the help of different researchers, HIV/AIDS was discovered information about HIV was gathered, through writing books about the spread, causes effects, films, poems and plays were also put in place to circulate in the world about HIV/AIDS, and ways of controlling sexual zeal where need be.

Florence et al. (2009), adds that, HIV virus was identified by teams of independent researchers from United States and France from year 1983-1984. HIV infection is the first stage of morbid process that leads to AIDS. It enters the human host and it attacks the body cells of the immune system. She goes on to say, that, the body defense system is continuously weakened and an individual then is rendered vulnerable to infection.

## **2.2 State of the HIV epidemic**

A study done by U.S. Agency (1999) reported that school children are better informed about HIV/AIDS than out-of-school youth. Out-of-school youth, including those who drop out, make up the majority of rural young people. In rural areas, girls tend to drop out of school at the primary third and fourth levels and do not benefit from HIV/AIDS education. Economic hardship and the absence of income generating opportunities, the increase in drop-out school rates and alcohol/drug abuse, and the erosion of social values contribute to a high-risk environment for rural young men and women.

The Department of Health South Africa, (2007) reported that, the Sub-Saharan Africa of which Uganda falls remains the most affected region in the global AIDS epidemic. More than two out of three (68%) adults and nearly 90% of children infected with HIV live in this region, and more than three in four (76%) AIDS deaths in 2007 occurred there. It is estimated that 1.7 million people were newly infected with HIV in 2007, bringing

to 22.5million the total number of people living with HIV in sub-Saharan Africa (UNAIDS 2007).

The scale and trends of the epidemics in sub-Saharan Africa vary considerably, with southern Africa most seriously affected. National adult HIV prevalence exceeded 15% in eight countries in 2005 (Botswana, Lesotho, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe). According to the latest UNAIDS estimates, this sub region accounts for almost one third (32%) of all new HIV infections and AIDS deaths globally in 2007 (UNAIDS 2007). South Africa is still the country with the largest number of HIV infections in the world with an estimated 5.4 million people living with HIV in 2006.

### **2.3Causes of HIV/AIDS**

According to Sewankambo(2010), HIV/AIDS has multiple causes most of which rotate on partners sexual behaviors. In his opinion,

Having sex is not the same as having unsafe sex, men are unwilling to use condoms, or because they have decided that their sexual pleasure outweighs any health risk. He adds that, High rates of partners exchange that is to say cultural practices of wife inheritance, Uganda being a multi-ethnic country with 56 different ethnic groups has so many divergent beliefs and practices like early non-consensual marriage where over 50% of Ugandan women marry before 18 years, while their male counterparts marry at 23 years.

#### 2.3.1 Cultural Practices that enable the spread of HIV/AIDS

##### **2.3.1.1 Homosexuality and Anal Intercourse**

According to Hurdy (2007) Homosexuality is not a part of traditional societies in Sub-Saharan Africa; the few instances of homosexuality noted are related to societal institutions where an older man has authority over younger males. He adds that in the Bwamba of Central Africa:

A male teacher of some young boys was reported to have exposed his penis and then asked the boys to "blow it like a whistle" Homosexuality probably also exists to some extent in migrant labor camps, where few women are present.

These anecdotal accounts do not indicate widespread homosexuality like that which seems to occur in some societies. Nowhere in traditional African society is there the kind of sequential homosexual activity between men that is found in urban Western societies.

Daniel Hardy 2008 reported in his publication, young people and HIV/AIDS opportunity in crisis that:

This pattern seems to hold in urban areas of Africa. Most Africanists uniformly deny the presence of significant homosexual activity, as do Africans themselves. It was reportedly difficult to obtain African labor for railroad work in East Africa because Africans were revolted by the homosexual practices of Indian laborers that they refused to work with them. It is likely that, as elsewhere in the world, there are pockets of homosexuality in Africa, but homosexuality does not seem to be practiced as overtly and commonly as in other parts of the world.

The apparent lack of AIDS among homosexuals in Africa also supports the absence of significant homosexual activity. However, a caveat must be injected here: many field workers have noted that it is difficult to obtain accurate information on sexual practices that Africans perceive to be offensive to Westerners. In addition, homosexuality is illegal in many African countries. Moreover, there is a common desire for informants to answer any question with the answer that the questioner is perceived to want. An accurate survey of homosexuality in urban areas has probably never been conducted.

AIDS Information center Report 2012, showed that, another practice that is correlated with the acquisition of AIDS in Western societies is *anal intercourse*. There is less

information available on anal intercourse than on homosexuality. Again, this is a practice whose existence is denied by Africanists who specialize in Central African societies. The only significant reports of significant rates of anal intercourse are claims made by students of genital mutilation who state that:

Anal intercourse is used of necessity in cases of infibulations. However this practice is mostly limited to Arabic-influenced areas rather than Central Africa. It must be mentioned that societal disapproval of the practices of homosexuality and anal intercourse also exists as a result of the prevalence of Christianity in Central and East Africa. Catholicism, which is one of the strongest forces opposing homosexuality, is common in Central Africa, encompassing over 50% of the population in Rwanda and eastern Zaire.

Any study of the practice of anal intercourse would be limited by all of the factors mentioned above.

HIV and AIDS Commonly Asked Questions For Education Institutions by AIDS Information Center Uganda 2014, reported:

HIV transmission through kissing, this is a western culture however, though it may not be listed as one of the ways through which HIV is transmitted. while it is true that HIV/AIDS is found in saliva, in order for transmission to occur one would have to consume large amounts of saliva to be infected.

Hung, Conner et al (1991) in their publication AIDS and science society 2004 reported that, "Oral sex practiced with an HIV infected person has not been strongly associated with HIV transmission although there are some reported cases of HIV via this sexual practice."

## **Ways western culture practices adopted by the youth have increased on the spread of HIV/AIDS**

In traditional times, life was a continuous training. It was the duty of parents especially and all adults in the extended family to ensure that children grow to become responsible adults. It was also the responsibility of parents (and also uncles in matrilineal societies) to ensure that young people get themselves established in life (Patricia 2009)

According to Busia (1995) in a study in Sekondi-Takoradi a major feature of the arrangement was that parents looked for partners for their sons. In a few cases, young men could identify their partners but they were obliged to seek the approval of parents. But today, Young boys and girls are now kept longer in school thereby increasing the age at marriage for both of the sexes, There has emerged, as a result, an adolescent population again of both sexes.

Education has also freed youngsters from traditional restrictions, bringing them together and giving them more opportunity to develop some intimacy – boyfriend and girlfriend relationships. Busia continues to argue that:

Western education has given young men the opportunity to develop their own careers and, thereby, accumulate money and other resources to be able to secure a wife. This in turn has freed young men from the control of parents in the choice of marriage partners. Young men now inform their parents of their intention to marry only as a sign of respect. Western education has expanded the information sphere of young people. They now have access to numerous sources of information. Increasingly, they are becoming able now to contain the extended period between menarche and marriage through the use of contraceptives.

The expanded sphere also means that young men now have a wider range of partners to choose from well beyond their tribal areas.

In the same study, Busia found out that, nearly one-third of the samples surveyed were in inter-tribal marriages (Busia 1995). Although people still prefer to marry from their tribe, public opinion encourages inter-tribal marriages, which has become a permanent feature of modern Uganda. The study notices the following cultures adopted by the youth that accelerate the spread of HIV/AIDS:

### **Substance abuse**

Though rarely investigated, substance abuse, an influence of the western culture, is not uncommon in Uganda; instead it is on the increase. It is common among street children and urban city secondary schools. The most commonly used is Marijuana (*cannabis Sativa*). There appears to be a close relationship between drug abuse and violence and HIV/AIDS. Habituation and drug addiction is a problem that has multiple devastating impacts on the youth, their health and social structure MoH, (Ministry of health 1999). Drug abuse, violence and reckless sexual behavior have a close relationship with consequences of unwanted pregnancies STDs and HIV/AIDS. This practice often takes place in their social gatherings often in organized dances and night clubs. Sometimes, this consumption is forced upon them (peer group influence) by their contemporaries. (Sengendo and Sekatawa, 1999) reported that, Alcohol drinking impairs judgment and loss of control among individuals with the likely possibility of engaging in unintended and unprotected sex leading to HIV/AIDS a month the youth.

### **Video shows of pornographic content**

There has been a proliferation of unregistered and uncensored video centers around the country to the extent that the

government is cracking down on them. The postal for advertisement often depict nudity to the full view of the public. Adolescent boys and girls and often children between theages of 10-12 years are seen milling around the vicinity.

Amos (2009).argued that these boys and girls often see sex at work and because of their experimental nature may take part in often, unprotected sex. And as a result this increases their exposure to HIV/AIDS.

### **Tattooing**

According to Nakazibwe (2010):

Tattooing has become a very common social practice for both boys and girls. Beautiful inscriptions and floral marks on the body can go with a price. The implements used can incise the skin and sometimes these implements are used on more than one client, thereby exposing them to a possible HIV infection.

### **The Media**

According to Ibarra(2011) HIV infections are "increasing at an alarming rate" especially among adolescents and this has been attributed to their increasing use of social media, according to the latest report of the Department of Health (DOH).There is a strong connection between the increasing use of social media among the adolescents in the 15-24 age group and the change of mode of transmission that started in 2007 of the HIV/AIDS epidemic,Tayag(2011)adds that they have a relationship because the wider the social media network of an infected person who engages in unsafe sex, the faster the rate of spread of HIV infection within the network of an infected person.



The western culture through the media influence has led to the increased sexual practices among the adolescents, and as result the sexual behavior of adolescents has led to increasing rates of STDs, AIDS, pregnancy, abortion, and high rates of maternal and child mortality among youth in Uganda (Bohmer and Kirumira, 1997; Busulwa and Neema 1999) among the adolescents.

### **Female sex workers (FSW)**

Uganda's government has no clear outline of HIV service provision for FSWs. A *TASO and MILDMAY2009* study found that: Three quarters of their FSW participants claimed no access to family planning services or contraception. Sex work is illegal, and therefore FSW are reluctant to attend clinics where they may have to reveal the nature of their work."

The study continues to say that Female sex workers are offered more money for unprotected sex, than protected sex, perhaps explaining why only 80 percent use condoms. This fuels transmission of HIV from client to worker, and from worker to client as many still work after knowing they are HIV positive. The lack of FSWs seeking HIV services makes it hard to monitor the prevalence and rates of transmission which can make it difficult to design and implement effective prevention initiatives.

According to Hardy (2006) says that:

Western cultural practices that contributes to HIV/AIDS as follows: sexual practices that have been associated with increased risk of transmission of AIDS virus (homosexuality and anal intercourse), cultural practices that are possibly connected with increased virus transmission (female "circumcision" and infibulations).

Other nonsexual cultural practices that do not fit the age distribution pattern of AIDS but may expose individuals to HIV

include: practices resulting in exposure to blood (medicinal bloodletting, rituals establishing "blood brotherhood," and possibly ritual and medicinal enemas); (2) practices involving the use of shared instruments (injection of medicines, ritual scarification, group circumcision, genital tattooing, and shaving of body hair); and (3) contact with nonhuman primates. (Hardy, 2006)

### **Strategies to reduce on the influence of Western culture on the spread of HIV/AIDS**

Over the past five to seven years the focus has shifted from approaches targeted specifically to segments of the population from a health perspective to multi-sectoral plans and strategies, which seek to involve a wide variety of government and non-governmental agencies (Coombe, 2002). The rationale for a multi-sectoral approach arises from the recognition that HIV/AIDS requires an integrated response to break the cycle of poverty and gender inequality that is at the center of its spread (UNESCO, 2002). The education sector figures prominently within this newly emerging multi-sectoral approach (Coombe, 2002; UNESCO 2002). There are various reasons for this.

According to UNAIDS, 1997 it realized that, children between the ages of 5 and 14 years have the lowest HIV prevalence rate of all population age groups, since they did not get infected at birth and are generally not yet sexually active. This means that focusing on forming/changing the attitudes, skills and behavior of these children can have a potential pay-off. Secondly, children in this age group are still in the formative stages of their lives, which mean that their health and social behavior can still be influenced.

IBRD/WB, (2002), shows that School-age children thus constitute the "window of hope" (IBRD/WB, 2002) for many countries, and

the education system provides a privileged opportunity for working with this age group since, in many of the countries, most children spend at least a few years of their lives in school. As the World Bank notes that: "Education offers a readymade infrastructure for delivering HIV/AIDS prevention efforts to large number of uninfected population"

The focus on the education system also makes sense from a cost-benefit perspective. It is widely recognized that basic education is one of the most effective means of making a difference in economic terms since it becomes possible to reach large numbers of children at a time. And finally, there is ample evidence that: "A good basic education ranks among the most effective - and cost-effective - means of HIV/AIDS prevention"

(IBRD/WB, 2002,p.xv), because there is a strong inverse relationship between vulnerability to diseases such as HIV, malaria and others, and level of education (Vandemoortele and Delamonica, 2000).

Kelly, 2003 argues that, the focus on education makes sense objectively and intuitively when one considers that the education system reaches the majority of people in most countries and that almost every prevention effort depends on education and communication in some way or another (UNAIDS, 1997).

UNESCO (2002), report on AIDS showed that, Education is also necessary to combat the culture of silence, the stigmatization, and the discrimination that is associated with HIV/AIDS and in this way, people will be able to take their medicine very well and even they will be free from any stress because they will be seeing themselves others other people.

However, the World Bank, 2002 noted that, from a gender specific perspective that:

There is an additional benefit to be gained, since research has shown that girls who stay in school longer will start sexual activity later, as well as being more likely to require male partners to use condoms later on in life. The responsibility of promoting change through the education system falls on the shoulders of teachers.

UNESCO Report on HIV and AIDS 2002 states that, Policy and program documents analyzed for the purpose of this study consistently suggest that the role of teachers in combating HIV/AIDS should involve at least the following three key elements:

Creating preventive awareness of the disease by generating knowledge/understanding; Promoting attitude development and change; and, ensuring that children develop skills that will allow them to be competent and assertive in managing relationships and sexual issues.

Action Aid, 2003, noted that:

Knowledge about HIV and AIDS is centered on disseminating information about the modes of transmission, means of prevention, and behaviors that enhance susceptibility. Attitudes typically concern not only the overall attitude toward the disease, but also encourage tolerance and understanding of those that have been affected by HIV.

The skills that children will need are frequently formulated very broadly (and are therefore often termed life skills) in terms of communication, critical thinking, self-efficacy, among others. In practice, however, a lot of the teaching about HIV/AIDS in schools still focuses only on the knowledge dimension of HIV/AIDS.

The task for teachers is, however, daunting from various perspectives.

Malambo and Kelly, 2003; suggested Teachers often lack the curricular time and orientation to adequately address the issue within schools (Kelly, 2002). In addition, studies have also shown that most teachers routinely do not even get the information, training or support that they need in order to be able to implement their work.

Both reports of UNESCO 2002; Action Aid 2003 on health education in sub-Saharan pointed out the fact that:

Teachers often rely on notes learning, which promotes an academic/overly scientific interpretation of the subject without ensuring that students have a true understanding of the factors that affect transmission of the disease and which still leaves them relatively unequipped to prevent becoming infected.

An additional complicating factor is that teaching children about HIV/AIDS goes against the predominant view in most societies in which sex is a taboo topic that should not be discussed at any cost.

There still remains hope for researcher to come up with a cure for this disease, however most of the researchers and practitioners stick to adjacent to sexual behaviors in humans to reduce and control this virus thus governments and stakeholders should emphasize on the behavior of people by being faithful, sticking to one partner and use of condoms.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.0 Introduction**

Chapter three presents the methodology through which the researcher obtained data from the field. It presents a description of the research design the researcher used, the area of the study, the study population, sampling procedures and sample size, sampling techniques, sources of data, quality control methods, data management and processing, data analysis, ethical considerations and limitations and delimitations of the study.

#### **3.1 Research Design**

Odiya (2009) noted that the research design is an arrangement that aid conceptualizing of variables, handling of research methods, sampling of respondents, and handling of data analysis technique; Burns and Grove (2001) state that a research design guides the researcher in planning and implementing the study with the aim of solving the research problem. The research design adopted in this study was a case study one because it places more emphasis on the full analysis of a limited number of events or conditions and their interrelations (Kothari 2004). In this particular study, the researcher predominantly used qualitative approach. Marshall and Rossman (1995) observed that qualitative research aims to get a better understanding through first-hand experience, truthful reporting, and quotation of actual conservation. This approach was used to qualify results while at the same time augmenting them with quality data. Thus, qualitative research has the ability to permit the research to go beyond the statistical results that are reported in quantitative research.

Although the research was mainly qualitative, the researcher chose to apply quantitative method as well for the reason of complementarily and elaboration. Talking about contemporary research in the social sciences, Hentschel (2003:75) affirms that "the desirability and usefulness to combine qualitative and quantitative methods to analyze social realities is pretty accepted in the literature today".

### **3.2 Area of the study**

The study was conducted in Kyazanga Sub County, Lwengo District. Lwengo District consists of five Sub-counties that are: Kyazanga, Malongo, Kisseka, Lwengo and Ndagwe. Kyazanga Sub County as my case study consists of five parishes that is, Katuulo, Bijjaba, Kitooro, Kakoma and Lyakibirizi. And it has only sixty villages.

Lwengo District is bordered by Sembabule District to the North, Bukomansimbi District to the Northeast, Masaka District to the east, Rakai District to the south, and Lyantonde District to the west. The coordinates of the district are: 00 24S, 31 25E.

### **3.3 Study Population**

A research population is known as a well-defined collection of individuals or objects known to have similar characteristics that are of interest of in a particular investigation (Amin, 2005). Odiya (2009) observed that research population is the total number of potential units for observation or an entire group of people, objects, or event having at least one characteristic in common. The study was conducted basing on the community of Kyazanga Sub County in Lwengo District. The study population included both male and female that is: heads of non-government organizations, religious leaders, parents and guardians, and youth.

### 3.4 Sample size

A sample can be described as a set of respondents selected from a large population for a purpose of a survey when dealing with people (Sekeran, 2003). The data that I used in this research was based on a sample size from the population; the study was a sample of 50 respondents, both men and women from Kyazanga Sub County in Lwengo District. The sample includes the NGOs, Religious leaders, parents and guardians, as well as the youth. Of the 50 participants taking part in the research, some respondents were asked to fill in questionnaires and the others to be interviewed or observed.

**Table 1: Showing the categories and numbers of the sampled population**

s/no	Category of Respondents	Number of Respondents	Sampling technique
01	Non-government organizations	02	Purposive sampling technique
02	Parents and guardians	20	Simple random technique
03	Youth	20	Simple random technique
04	Religious heads	02	Purposive sampling technique
05	Elders	03	Simple random technique
06	Students	03	Simple random technique
07	Total	50	Simple random technique

Source: Field data 2016

### 3.5 Sampling Techniques

Bloor and Wood (2006) define sampling as the selection of cases from wider populations stating that the units of a sample may be individuals, institutions and communities. The



study employed simple random sampling, and purposive sampling to the select the sample.

### **3.5.1 Simple Random Sampling**

Simple random sampling was used because it gives all the units of the targeted population. An equal chance was to be given to everyone to participate in the research.

In this research, the informants were chosen from Kyazanga Sub-county and more specifically from Kyakanyenya, central Bijjaba, Rwempazzi and Katuulo villages, which were chosen out of the 60 villages in Kyazanga Sub County. Although the sampled villages seem many, the sample areas in these villages are not far from each other. Throughout the research, there was easy accessibility to the sample areas and there are no language barrier bottlenecks as either Luganda and English was used in all the sample areas.

### **3.5.2 Purposive sampling**

According to Crossman, (2014) purposive (judgmental) sampling is when a researcher chooses specific people within the population to use for a particular study or research project. In this technique the sample is selected based on the knowledge of a population and the purpose of the study. While Trochim, (2006) states that purposive sampling, is referred to as judgment, selective or subjective sampling is a non-probability sampling method that is characterized by a deliberate effort to gain representative samples by including groups or typical areas in a sample. The researcher relies on his/her own judgments to select sample group members; purposive sampling is mainly popular in qualitative studies.

Unlike random sampling, which deliberately includes a diverse cross section of ages, backgrounds and cultures, the idea behind purposive sampling is to concentrate on people with

particular characteristics who will better be able to assist with the relevant research (Crossman, 2014). The researcher used purposive sampling because it has a wide range of techniques due to several different types of purposive sampling (e.g. homogenous sampling, expert sampling, critical case sampling, etc.), which led to ability to gather large amounts of information by using a range of different techniques. This variety, in turn, gave a better cross-section of information.

### **3.6 Data collection methods and instruments**

The researcher used both primary and secondary data collections methods.

#### **3.6.1 Primary sources**

The researcher used Interviews, Questionnaire, Observation and Focus Group Discussion as research methods. The selection of these methods had been guided by the nature of the data to be collected, the time available as well as the objectives of the study.

While interviews and observation were flexible research tools, the questionnaires were mainly administered to the respondents who know how to read and write like the NGOs and the religious heads while interviews to the local people.

##### **3.6.1.1 Interviews**

Zina (2004) writes: interview refers to a method of data collection that involves the researcher asking respondents mainly open ended questions. This involves face to face exchange of ideas with the respondents. Sarantakos (n.d) says that interviewing is a form of questioning characterized by the fact that it employs verbal questioning as its principle technique of data collection. This method was used by the researcher to collect information from the respondents that

had busy schedules as well as those that did not know how to read and write like the parents and guardians. This was preferable because it helped collect focused information. The researcher used an interview guide as a tool for interview method while conducting interviews. Accordingly, Non-Governmental Organization staff, Religious Heads elders and students were administered this tool.

### **3.6.1.2 Questionnaires**

The questionnaire is a carefully designed instrument for collecting data in accordance with the specifications of the research questions (Amin, 2005). The researcher administered questionnaires that were semi-structured which were designed to serve as instruments that would enable the researcher to get as much information as possible. The questionnaires were mainly administered to the youth. This was used so that sensitive questions would be answered with ease by the mentioned respondents.

### **3.6.1.3 Observation**

Marshall and Rossman (1989:79) define observation as "the systematic description of events, behaviors and artifacts in the social setting chosen for the study." Observation enables the researcher to describe existing situations using the five senses, providing a "written photograph" of the situation under study (Erlandson; Harris; Skipper; and Allan, 1993). The researcher observed pretty a number of events without the informants' knowledge and this showed the researcher what actually happens on the ground. It provided the basis to check for non-verbal expression of feelings, gain first-hand experience in its reality. The tools used here was observation guide for the researcher to follow.

### **3.6.2 Secondary sources**

Secondary data was an assessment of the existing literature sources from scholarly works, journals, reports, and topical essays, text books, newspapers, and official records relating to the study. This was done in order to understand the analysis, the context and the gravity of the problem under investigation.

### **3.7 Quality Control Methods**

To control quality, the researcher endeavored to maintain validity and reliability coefficient of at least 70%. As Kathuri and Pal (1993) confirm that coefficient of at least 0.70 are acceptable as valid and reliable in research. Therefore, the researcher endeavored to design tools; the interview guide, the questionnaire guide, observation checklist and the focus group discussion guides related to the study and link them to the research objectives in order to enable a free flow of the research topic.

#### **3.7.1 Validity**

Polite et al (2001) define validity as the degree to which an instrument measures what it is supposed to measure. It has got three important aspects: content, criterion-referenced and construct validity (Oso and Onen). Content related validity is the extent the method of measurement includes all the major elements relevant to the concept being measured (Burns and Grove, 2001). To establish validity, the instruments were designed in accordance to the research objectives. The instruments were then given to two experts: my research supervisor and my academic supervisor to evaluate the relevance of each item in the instruments of the research, who then judged, accepted and guided the researcher on how to proceed.

### **3.7.2 Reliability**

Reliability refers to the consistency with which an instrument measures the attribute (Polite et al, 2001). To establish reliability, the researcher used the ethical standards in the due process when the research was carried out. Therefore, the interview guide, questionnaire guide, observation guide and focus group discussion guide were tested and retested in order to assess their consistence.

### **3.8 Data Analysis Techniques**

Qualitative methods of analyzing and presenting data were employed as well as quantitative method for the purpose of statistical information. Data from the field was analyzed for accuracy and completeness basing on the research objectives. Data from open-ended interviews, questionnaires and group discussions was grouped under broad themes and converted into frequency accounts. The results of this study were presented and discussed in the form of narrative, tables were also used, SPSS (Statistical Package for Social Sciences) version 16.0 and Microsoft Excel were used to analyze data and to illustrate field data using relevant figures.

### **3.9 Ethical Consideration**

Despite the high value of knowledge gained through research, knowledge cannot be pursued at the expense of human dignity. As Kung (1991) noted, development must flow from and lead to a world ethic that is felt at all levels of human society.

Therefore, the researcher ensured that the respondents had an informed consent on the adequate knowledge of the study. The researcher explained to the respondents the purpose of the research, the duration, any benefits and consequences such that the respondents had the free will to choose to be part of the research.

While carrying out the study, the researcher ensured voluntary participation of the respondents. The researcher ensured that the participants were free to withdraw from participation if they want.

The researcher also made sure that there was privacy and confidentiality in the data collected. Obtaining information entailed access to specific issues which in itself is an infringement on the privacy and confidentiality of the respondents. However, the respondents had the freedom to ignore items that they did not wish to respond to.

The researcher as well was respectful and sensitive to dignity of the respondents. The researcher did not do anything that could cause physical or emotional discomfort to the respondents. The researcher was careful with the word selection during the interviews and focus group discussions.

The researcher ensured objectivity such that her personal opinions do not get in the way in research but rather give both sides fair consideration.

### **3.10 Limitations of the study**

Finance resources to enable the smooth facilitation of the required trips to the field and related items for research like travels and stationery for printing was a challenge. This was thought to hinder exhaustive data collection as Lwengo District has few public transport means. The researcher mobilized financial resources from family and made appointments with the respondents on same particular days but different time so as to reduce the number of trips in the field study.

Talking to hungry people who are hacking for a living was indeed a challenge, because they often asked for 'tea'. Often

times the researcher had to dig into the pocket and get them a token of appreciation after the discussions.

Some of my questioners will not be returned by the respondents and my research questions will be sensitive to some of the respondents which will make some of them fail to answer the question that will be asked to them.

### **3.11 Conclusion**

Chapter three above was a presentation of the research design the researcher used, the area of the study, the study population, sampling procedures and sample size, sampling techniques, sources of data, quality control methods, data management and processing, data analysis, ethical considerations and limitations during the study.

## CHAPTER FOUR

### PRESENTATION, ANALYSIS AND INTERPRETATION OF THE FINDINGS

#### 4.0 Introduction

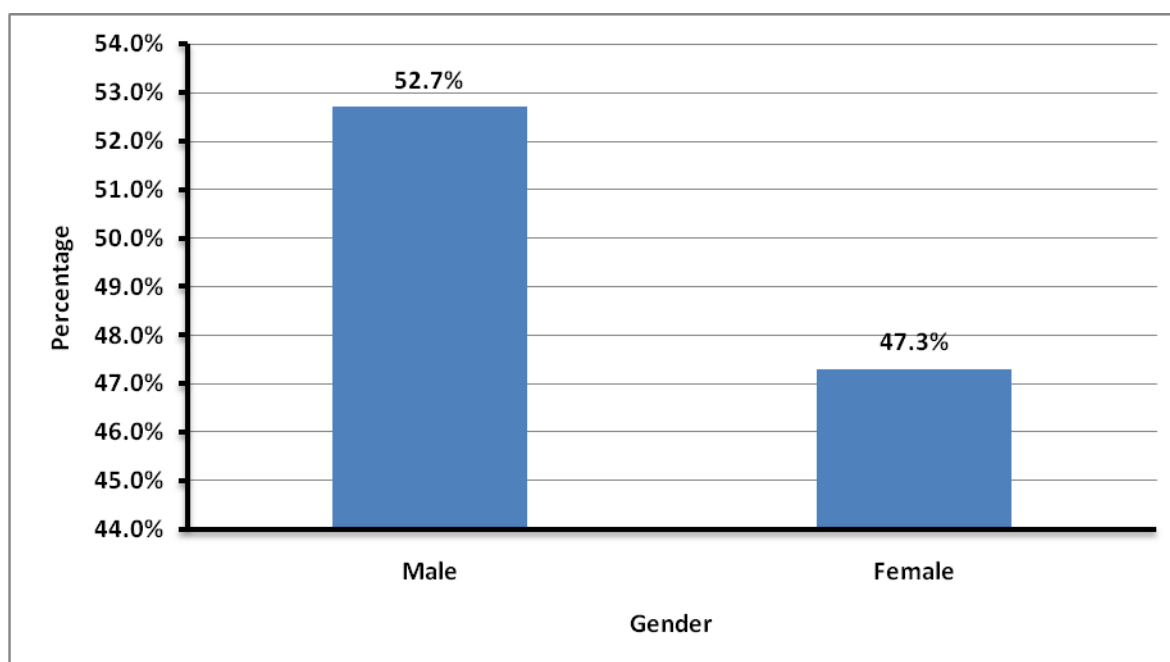
This chapter presents the findings of this study. It highlights the characteristics of the respondents and presents the findings that were generated from interactions the findings on impact of western culture on the spread of HIV/AIDS among the youth in Uganda. The study was based on the objectives and the following results were established;

#### 4.1 General information

General characteristics of the respondents were explored as shown in tables and figures below. They included Gender, Age group, marital status, and Education qualification.

##### 4.1.1 Gender of the Respondents

Figure 3: Showing the Gender of the Respondents



Source: Primary data



**Table 2: Showing the Gender of the Respondents**

<b>Gender</b>	<b>Frequency</b>	<b>Percentage</b>
Male	23	52.7%
Female	20	47.3%
Total	43	100.0%

Results from figure 3 presented that the majority 23, (52.7%) of the respondents were males while the minority 20, (47.3%) of the respondents were females. This implied that the percentage of male was greater than for the female though the researcher tried to ensure gender equality, but still male dominated observed from the percentage of men involved compared to the percentage of women involved. This also assisted the study to obtain information from distinct sides thus acquiring unbiased data.

#### **4.1.2 Age group of the Respondents**

**Table 3: Age group of the Respondents**

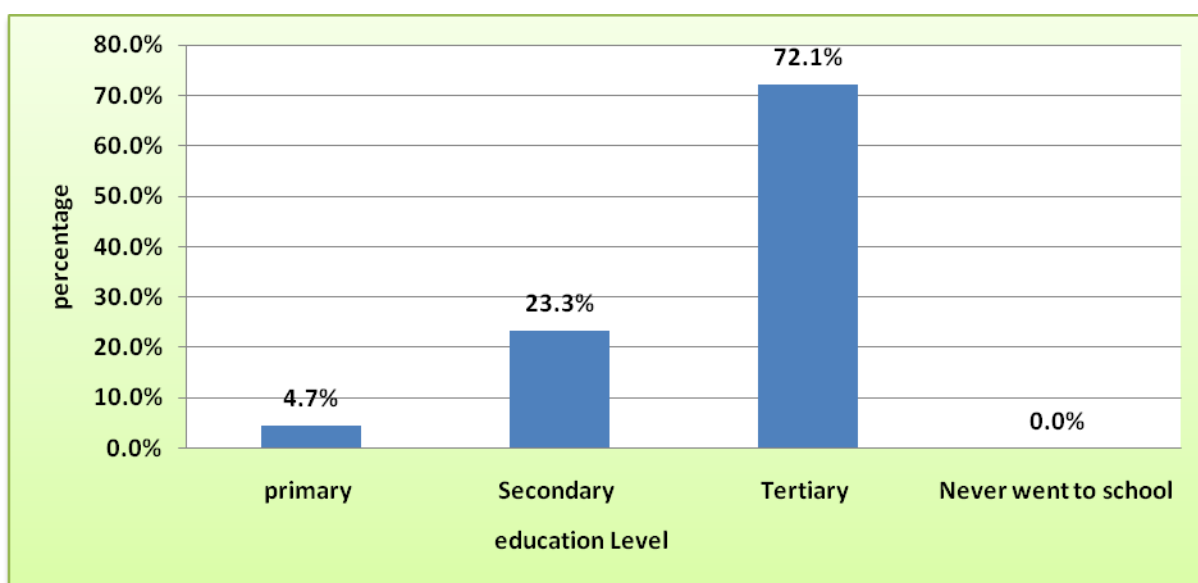
<b>Age Group</b>	<b>Frequency (F)</b>	<b>Percentage (%)</b>
below 20	1	2.3%
20 - 30	30	69.8%
above 30	12	27.9%
Total	43	100.0%

**Source: Primary data**

Results from table 3 showed that the majority 30, (69.8%) of the respondents had 20-30 years, these were followed by 12, (27.9%) whose age was above 30 years, whereas one person (2.3%) of the respondents had years below 20. This implied that the largest portion of the respondents were still at youth stage. This also assisted the researcher to acquire varying views from distinct age groups.

### 4.1.3 Education Qualification of Respondents

Figure 4: Education Qualification of Respondents



Source: Primary data

Table 4: Education Qualification of Respondents

Education	Percentage	Frequency
Primary	4.7%	2
Secondary	23.3%	10
Tertiary	72.1%	31
Never went to school	0.0%	0
<b>Total</b>	<b>100.0%</b>	<b>43</b>

According to the results from figure 4 above, it is presented that the most respondents that is 31, (72.1%) has attained tertiary qualifications, these were followed by 10, (23.3%) of them who had attained up to secondary level and 2, (4.7%) had stopped at primary level. The educational attainment of respondents is an important indicator of their knowledge about the impact of western culture on the spread of HIV/AIDS among the youth in Uganda. Therefore, the different levels of education were so prominent to this study in order to gather

all these different views about the impact of western culture on the spread of HIV/AIDS among the youth in Uganda.

#### 4.1.4 Marital status of Respondents

**Table 5: Marital Status of Respondents**

<b>Marital status</b>	<b>Frequency (F)</b>	<b>Percentage (%)</b>
Single	20	46.5%
Married	22	51.2%
Divorced	1	2.3%
Separated	0	0.0%
<b>Total</b>	<b>43</b>	<b>100.0%</b>

**Source: Primary data**

From table 5 above, results indicated that the majority 22, (51.2%) of the respondents were married, those were followed by 20, (46.5%) who were single, while one person, (2.3%) were divorced. These results imply that married respondents were more involved in study. This could be because most youth in the study are above the age of 18, which is a prime age for marriage in Uganda hence the statistics were right to confirm that they are more married respondents than any other marital status.

#### 4.2 The Aspect of Western cultures that enable the spread of HIV/AIDS?

The first objective of the study was to find out the Aspect of Western cultures that enable the spread of HIV/AIDS. The findings were presented, analysed and interpreted in percentages and frequencies as indicated below. The results are categorized on how the respondents strongly agree, (5), agree (4), not sure (3), disagree (2) and strongly disagree (1) and Standard Deviation (STD).

**Table 6: The Aspect of Western cultures that enable the spread of HIV/AIDS?**

The Aspect of Western cultures that enable the spread of HIV/AIDS?	5		4		3		2		1		Mean F	STD %
	F	%	F	%	F	%	F	%	F	%		
codes of conduct	21	48.8%	14	32.6%	5	11.6%	2	4.7%	1	2.3%	3.55	1.23
Homosexuality and Anal Intercourse	18	41.9%	23	53.5%	0	0.0%	2	4.7%	0	0.0%	4.25	0.784
language	27	62.8%	12	27.9%	2	4.7%	1	2.3%	1	2.3%	4.24	0.927
Norms of behavior	14	32.6%	18	41.9%	8	18.6%	3	7.0%	0	0.0%	3.35	1.203
Western religions	29	67.4%	10	23.3%	3	7.0%	0	0.0%	1	2.3%	4.21	0.674
Western music and literature	23	53.5%	17	39.5%	3	7.0%	0	0.0%	0	0.0%	4.11	0.012
Systems of belief	22	51.2%	21	48.8%	0	0.0%	0	0.0%	0	0.0%	4.09	0.912

**Source: Primary data**

Results from the findings provided in Table 6 show that the majority 21, (48.8%) strongly agreed that codes of conduct of the Western cultures that enable the spread of HIV/AIDS, 14, (32.6%) agreed 5, (11.6%) of the respondents were not sure while 2, (4.7%) and one person (2.3%) disagreed and strongly disagreed respectively. The mean of 3.55 and standard deviation of 1.230 presented the (48.8%) of the respondents

who strongly agreed. This was in agreement with Williams, (1983) who noted Culture thus includes codes of conduct, norms of behavior (e.g., law and morality), dress, language, religion, and systems of belief, rituals and is visible in a society's music, literature, painting, sculptures, theatre, et cetera.

According to the study findings, it was also found that the majority 23, (53.5%) agreed that Homosexuality and Anal Intercourse have been as a result of western cultures, **18**, (41.7%) strongly agreed whereas the minority 2, (4.7%) of the respondents disagreed. The mean of 4.25 and standard deviation of 0.784 presented the (53.5%) of the respondents who agreed. This was supported by the interview findings with one Interviewee in Kyazanga Sub County on 10<sup>th</sup> June 2016 where this respondent mentioned that:

Homosexuality is illegal in Uganda but it is being influenced and spread by the western cultures.

With consideration to the aspect of language, study findings revealed that the majority 27, (62.8%) strongly agreed that it has been influenced by the western culture, **12**, (27.9%) agreed, 2, (4.7%) were not sure while one person (2.3%) and one person (2.3%) disagreed and strongly disagreed respectively. The mean of 4.24 and standard deviation of 0.927 represented the majority (62.8%) of the respondents who strongly agreed. This implies that the language of the youth is now more of western languages were the youth are now fond of using obscene words and foul language.

In relation to the study findings, it was presented that the majority 18, (41.9%) agreed with Norms of behavior, **14**, (32.6%) strongly agreed, 8, (18.6%) were not sure about the effect on Norms of behavior while the minority 3, (7.0%) disagreed. The mean of 3.35 and standard deviation of 1.203 represented the majority (41.9%) of the respondents who agreed. This was in line with Loosli (2004) who stated that the western cultures

have been incorporated in language, values, assumptions, norms of behavior, ideas about illness and health etc.

In relation to the study findings provided in table 4.3, it was found that the majority 29, (67.4%) strongly agreed that Western religions have contributed to prevalence of HIV among the youth, 10, (23.3%) agreed, 3, (7.0%) were not sure, while one person (2.3%) strongly disagreed respectively. The mean of 4.21 and standard deviation of 0.674 represented the majority (67.4%) of the respondents who strongly agreed. Results from the findings also provided in Table 4.3 show that the majority 23, (53.5%) strongly agreed that Western music and literature has influenced the youth, 17, (39.5%) agreed, 3, (7.0%) of the respondents were not sure. The mean of 4.11 and standard deviation of 0.012 implies that most of the respondents strongly agreed. This was supported by the interview findings where a respondent mentioned that:

As culture influences the day-today activities and decisions of individuals, the Western music and literature has influenced the youth (Interview in Kyazanga Sub County on 10th June 2016)

According to the study findings, it was also found that the majority 22, (51.2%) strongly agreed that Systems of belief is an aspect that has been affected by western cultures, **21**, (48.8%) agreed. The mean of 4.09 and standard deviation of 0.912 presented the (51.2%) of the respondents who strongly agreed. Mkhize, (2004), noted out that the western cultures practices that lead to the spread and increase of HIV/AIDS prevalence in among the youth Western have a number of presuppositions about the individual and the world. More so, systems of belief are an aspect that has been affected by western cultures.

#### **4.3 Ways in which the western cultural practices adopted by the youth contribute to the increase of HIV/AIDS prevalence**

The second objective of the study was to find out ways in which the western cultural practices adopted by the youth contribute to the increase the HIV/AIDS prevalence. The findings were presented, analysed and interpreted in percentages and frequencies as indicated below. They are categorized on how the respondents strongly agree, (5), agree (4), not sure (3), disagree (2) and strongly disagree (1) and Standard Deviation (STD).

**Table 7: Ways in which the western cultural practices adopted by the youth contribute to the increase of HIV/AIDS prevalence**

Ways	5		4		3		2		1		Mean	STD
	(F)	(%)	(F)	(%)	(F)	(%)	(F)	(%)	(F)	(%)		
Education has freed youngsters from traditional restrictions	22	51.2%	19	44.2%	1	2.3%	0	0.0%	1	2.3%	3.99	0.592
Increased substance abuse which is an influence of the western culture	19	44.2%	17	39.5%	2	4.7%	4	9.3%	1	2.3%	4.01	0.773
Video shows of pornographic content	21	48.8%	18	41.9%	1	2.3%	2	4.7%	1	2.3%	4.23	1.31
western cultures have increased indecent dressing which contributes to HIV/AIDS Preference	21	48.8%	17	39.5%	2	4.7%	3	7.0%	0	0.0%	4.28	1.025
there are increased use of social media to transfers pornographic material	16	37.2%	27	62.8%	0	0.0%	0	0.0%	0	0.0%	4.25	0.926
there are increased youth sleeping in disco cinemas which has increased number of female sex workers	24	55.8%	18	41.9%	1	2.3%	0	0.0%	0	0.0%	4.11	0.592

**Source: Primary data**



Results from the findings provided in table 7 shows that the majority 22, (51.2%) strongly agreed that Education has freed youngsters from traditional restrictions, 19, (44.2%) agreed one person (2.3%) of the respondents were not sure and disagreed. The mean of 3.99 and standard deviation of 0.592 presented the (51.2%) of the respondents who strongly agreed. This means that

This was supported by the interview findings where respondents noted that:

Western education expands the information sphere of young people. They now have access to numerous sources of information, (Interview in Kyazanga Sub County on 11<sup>th</sup> June 2016)

Another respondent also said that:

I think education has given young men the opportunity to develop their own careers and, thereby, accumulate money and other resources to be able to secure a wife (Interview in Kyazanga Sub County on 11<sup>th</sup> June 2016).

According to the study findings, it was revealed that 19, (44.2%) strongly agreed that increased substance abuse which is an influence of the western culture 17, (39.5%) agreed, 2, (4.7%) were not sure about this 4, (9.3%) disagreed whereas one person (2.3%) of the respondents strongly disagreed. The mean of 4.01 and standard deviation of 0.773 implied that increased substance abuse which is an influence of the western culture. In line with the findings, Ministry of health (1999) pointed out that substance abuse, an influence of the western culture, is not uncommon in Uganda; instead it is on the increase. It is common among street children and urban city secondary schools. The most commonly used is Marijuana (cannabis Sativa).

With consideration to the study findings, it was indicated that the majority 21, (48.8%) strongly agreed that Video shows of pornographic content have been influenced by western cultures, **18**, (41.9%) agreed, one person (2.3%) were not sure while the 2, (4.7%) and one person (2.3%) disagreed and strongly disagreed respectively. The mean of 4.23 and standard deviation of 1.310 represented the majority (48.8%) of the respondents who strongly agreed. Amos (2009) argued that there has been a proliferation of unregistered and uncensored video centers around many towns to the extent that the responsible authorities have to crack down on them.

In relation to the study findings, it was presented that the majority 21, (48.8%) strongly agreed that western cultures have increased indecent dressing which contributes to HIV/AIDS Preference, **17**, (39.5%) agreed, 3, (7.0%) disagreed whereas 2, (4.7%) of the respondents were not sure about this. The mean of 4.28 and standard deviation of 1.025 represented the majority (48.8%) of the respondents who agreed. This was supported by the interview findings where respondents noted that;

The body revealing dressing incites inappropriate sexual perceptions thus contributing to HIV/AIDS spread (Interview in Kyazanga Sub County on 11<sup>th</sup> June 2016)

This was in agreement with McArthur (2009) argues that the change in dressing styles; from traditional African dressing like gomesi and long back cloth to skimpy dressing has highly contributed to the spread of HIV/AIDS.

In relation to the study findings, it was presented that the majority 27, (62.8%) agreed that there are increased use of social media to transfers pornographic material while the minority 16, (37.2%) of the respondents agreed. The mean of 4.25 and standard deviation of 0.926 represented the majority (62.8%) of the respondents who agreed. Results from the

findings provided in table 4.4 shows that the majority 24, (55.8%) strongly agreed that there are increased youth sleeping in disco cinemas which has increased number of female sex workers, 18, (41.9%) agreed and one person (2.3%) of the respondents were not sure and. The mean of 4.11 and standard deviation of 0.592 presented the (55.8%) of the respondents who strongly agreed. This is because female sex workers are offered more money for unprotected sex, than protected sex, perhaps explaining why only 80 percent use condoms.

#### **4.4 Possible measures that can be put in place to mitigate HIV/AIDS infection**

The third objective of the study was to determine the possible measures that can be put in place to mitigate HIV/AIDS infection. The findings were presented, analysed and interpreted in percentages and frequencies as indicated below. They are categorized on how the respondents strongly agree, (5), agree (4), not sure (3), disagree (2) and strongly disagree (1).

**Table 8: Possible measures that can be put in place to mitigate HIV/AIDS infection**

Possible measures	5		4		3		2		1		Mean	STD
	F	%	F	%	F	%	F	%	F	%		
There is need to focus on the education system equipping the students on how to control HIV/AIDS	23	53.5%	17	39.5%	2	4.7%	0	0.0%	1	2.3%	4.36	0.792
Creating preventive awareness of HIV/AIDS by generating knowledge/understanding	16	37.2%	21	48.8%	1	2.3%	3	7.0%	2	4.7%	3.45	0.619
Ensuring skills development in youth for competence in managing relationships and sexual issues.	16	37.2%	21	48.8%	3	7.0%	2	4.7%	1	2.3%	3.41	1.312
Teachers should create curricular time and orientation to adequately address the prevalence of HIV/AIDS within school	25	58.1%	18	41.9%	0	0.0%	0	0.0%	0	0.0%	4.55	1.043
Enhancing strict policies and regulations against sexual immorality and pornography	21	48.8%	19	44.2%	2	4.7%	1	2.3%	0	0.0%	3.65	0.957
Encouraging the youth to change their attitude and change their indecent behaviors that promote spread of HIV/AIDS	23	53.5%	20	46.5%	0	0.0%	0	0.0%	0	0.0%	4.12	0.019

**Source: Primary data**

Results from the findings show that the majority 23, (53.5%) strongly agreed that there is need to focus on the education system equipping the students on how to control HIV/AIDS, 17, (39.5%) agreed, 2, (4.7%) of the respondents were not sure whether there is need to focus on the education system equipping the students on how to control HIV/AIDS while one

person (2.3%) strongly disagreed respectively. The mean of 4.36 and standard deviation of 0.792 presented the (53.5%) of the respondents who strongly agreed. This in line with IBRD/WB, (2002) who noted that focus on the education system also makes sense from a cost-benefit perspective. It is widely recognized that basic education is one of the most effective means of making a difference in economic terms since it becomes possible to reach large numbers of children at a time.

According to the study findings, it was show that 21,(48.8%) agreed creating preventive awareness of HIV/AIDS by generating knowledge/understanding, 16,(37.2%) strongly agreed, one person (2.3%) were not sure about this 3,(7.0%) disagreed, whereas 2,(4.7%) strongly disagreed. The mean of 3.45 and standard deviation of 0.619 represented the majority (48.8%) agreed. This is in line with Action Aid, (2003) which noted that, Knowledge about HIV and AIDS is centered on disseminating information about the modes of transmission, means of prevention, and behaviors that enhance susceptibility.

With consideration to the study findings, it was indicated that the majority 21,(48.8%) agreed that Ensuring skills development in youth for competence in managing relationships and sexual issues, **16**, (37.2%) strongly agreed, 3, (7.0%) were not sure about this while the 2, (4.7%) and one person (2.3%) disagreed and strongly disagreed respectively. The mean of 3.41 and standard deviation of 1.312 represented the majority (48.8%) of the respondents who strongly agreed. This shows that. One of the interviewed respondents said that:

Ensuring that children develop skills that will allow them to be competent and assertive in managing relationships and sexual issues (Interview in Kyazanga Sub County on 11<sup>th</sup> June 2016)

In relation to the study findings, it was presented that the majority 25, (58.1%) strongly agreed that teachers should create curricular time and orientation to adequately address the prevalence of HIV/AIDS within school whereas the minority 18, (41.9%) of the respondents agreed. The mean of 4.55 and standard deviation of 1.043 represented the majority (58.1%) of the respondents who agreed. This was in agreement with Malambo and Kelly, (2003) who suggested that teachers often lack the curricular time and orientation to adequately address the issue within schools. Additionally, most teachers routinely do not even get the information, training or support that they need in order to be able to implement their work.

In relation to the study findings, it was presented that the majority 21, (48.8%) strongly agreed with enhancing strict policies and regulations against sexual immorality and pornography while the minority 19, (44.2%) of the respondents agreed, 2, (4.7%) were not sure about this while one person, (2.3%) of the respondents disagreed. The mean of 3.65 and standard deviation of 0.957 represented the majority (48.8%) of the respondents who agreed.

According to the study findings, it was show that 23, (53.5%) strongly agreed Encouraging the youth to change their attitude and change their indecent behaviors that promote spread of HIV/AIDS, 20, (46.5%) agreed with it. The mean of 4.12 and standard deviation of 0.019 represented the majority (53.5%) strongly agreed. This implies that the youth can be able to acquire good and responsible behaviors that can deter them from engaging in sexual activities.

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.0 Introduction**

This chapter draws the summary of the findings and conclusions from the study based on the findings presented in data analysis in relation to the study objectives. The chapter also advances the recommendations, as well as identifying the areas for further studies.

#### **5.1 Summary of the findings**

##### **5.1.1 The Aspect of Western cultures that enable the spread of HIV/AIDS**

The findings revealed that the majority of the respondents agreed that the aspect of Western cultures that have enabled the spread of HIV/AIDS include codes of conduct, homosexuality and anal intercourse, language and norms of behavior.

The findings also revealed that the majority of the respondents agreed the Western religions, Western music and literature and Systems of belief are aspects of western cultures that have contributed to the prevalence of HIV/AIDS. Systems of Belief are structures of norms that are interrelated and that vary mainly in the degree in which they are systemic. The beliefs of any such system can be classified as religious, philosophical, ideological, or a combination of these and are prone to be affected by the western cultures which contributes to the prevalence of HIV.

##### **5.1.2 Ways in which the western cultural practices adopted by the youth contribute to the increase of HIV/AIDS prevalence**

The study revealed that majority of the respondents strongly agreed that education has freed youngsters from traditional restrictions and that there is increased substance abuse which

is an influence of the western culture in addition to the Video shows of pornographic content.

In addition to the above the study also indicated that majority of the respondents agreed that western cultures have increased indecent dressing which contributes to HIV/AIDS Preference and that there are increased use of social media to transfers pornographic material. It was also noted that there are increased youth sleeping in disco cinemas which has increased number of female sex workers.

### **5.1.3 Possible measures that can be put in place to mitigate HIV/AIDS infection**

The study revealed that the majority of the respondents strongly agreed that there is need to focus on the education system equipping the students on how to control HIV/AIDS and that it is important to create preventive awareness of HIV/AIDS by generating knowledge/understanding.

Ensuring skills development in youth for competence in managing relationships and sexual issues and Teachers creating curricular time and orientation to adequately address the prevalence of HIV/AIDS within school were pointed out as possible measures that can be put in place to mitigate HIV/AIDS infection.

Additionally, the study revealed that the majority of the respondents strongly agreed that HIV can be mitigated by enhancing strict policies and regulations against sexual immorality and pornography and also by encouraging the youth to change their attitude and change their indecent behaviors that promote spread of HIV/AIDS.



## **5.2 Conclusions**

Conclusively, the Aspect of Western cultures that have enable the spread of HIV/AIDS include codes of conduct, Homosexuality and Anal Intercourse, language and Norms of behavior, Western religions, Western music and literature and Systems of belief have also contributed to the preference of HIV/AIDS.

More so, education has freed youngsters from traditional restrictions and that there is increased substance abuse which is an influence of the western culture in addition to the Video shows of pornographic content. Western cultures have increased indecent dressing which contributes to HIV/AIDS Preference and that there are increased use of social media to transfers pornographic material.

It is also important to note that there is need to focus on the education system equipping the students on how to control HIV/AIDS, creating preventive awareness of HIV/AIDS by generating knowledge/understanding, ensuring skills development in youth for competence in managing relationships and sexual issues.

## **5.3 Recommendations**

Based on this study, the researcher made the following recommendations;

It is recommended that Information, education activities and services need to be more humane and youth friendly in approach, and facilities must cater for other vulnerable groups including the girl child, orphans, street children, youth with disabilities, young refugees and youth in children headed households.

The increased exposure of youth to pornographic materials that have a direct impact of on their sexual behavior; It was suggested that youth involvement in mass media such as radio

programs and TV documentaries and the use of youth recommended effective channels of communication be increased.

The sufficiency of ABC approach, and the frailty and inconsistencies of other advocacy approaches. It was suggested that this should be overcome through unique and comprehensive curriculum expansion of peer education activities including peer counseling, and mainstreaming HIV/AIDS into all youth programmes and activities.

#### **5.4 Areas for further study**

Due to the limitation of time the same study could be conducted a few years from now in order to establish if there are any changes in the impact of western culture on the spread of HIV/AIDS among the youth in Uganda within this environment.

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## Appendices

### Appendix I: Questionnaire for Students, Parents and guardians and Youth

Dear respondent, I am called **KYARIMPA SPECIOUS**, a student of Uganda Martyrs University undertaking a Bachelors Of Arts In Ethics and Development Studies of Uganda Martyrs University. I am carrying out a research study on the topic of **THE IMPACT OF WESTERN CULTURE ON THE SPREAD OF HIV/AIDS AMONG THE YOUTH IN UGANDA** using a case study of **YOUTH IN KYAZANGA SUB COUNTY, LWENGO DISTRICT**: This questionnaire is therefore intended to seek information on the above subject matter. The information is purely for academic purposes and all the answers will be handled with utmost confidentiality. I therefore humbly request that you complete this questionnaire correctly in the spaces provided or options given.

#### SECTION A: GENERAL INFORMATION

(Please, tick the appropriate answers where options are given).

1. Gender

(a) Male  (b) Female

2. Age Group (years)

(a) Below 20  (b) 20 - 30  (c) Above 30

3. Level of education attained

(a) Primary  (b) Secondary  (c) Tertiary

(d) Never went to school

5. Marital Status?

a) Single  b) Married  c) Separated  d) widowed

**SECTION B: the Aspect of Western cultures that enable the spread of HIV/AIDS?**

Please use the scale below to tick under the appropriate box your view on the following statements below;

5	4	3	2	1
strongly agree	Agree	Not sure	disagree	strongly disagree

5 Do you agree with the following statements as the Aspect of Western cultures that enable the spread of HIV/AIDS??

	<b>Aspect of Western cultures that enable the spread of HIV/AIDS?</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
a	codes of conduct					
b	Homosexuality and Anal Intercourse					
c	Language					
e	Norms and behavior					
f	Western religions					
g	Western music and literature					
h	Systems of belief					

**SECTION C: ways in which the western cultural practices adopted by the youth contribute to the increase the HIV/AIDS prevalence**

6. To what extent do you agree with the following statements with regards to ways in which the western cultural practices adopted by the youth contribute to the increase the HIV/AIDS prevalence?

	<b>ways in which the western cultural practices adopted by the youth contribute to the increase the HIV/AIDS prevalence</b>	<b>SA</b>	<b>A</b>	<b>N</b>	<b>D</b>	<b>SD</b>
a	Education has freed youngsters from traditional restrictions					
b	Increased substance abuse which is an influence of the western culture					
c	Video shows of pornographic content have increased the desire for sex to those who see them					
d	western cultures have increased indecent dressing which contributes to HIV/AIDS Preference					
e	there are increased use of social media to transfers pornographic material					
f	there are increased youth sleeping in disco cinemas which has increased number of female sex workers					

**SECTION D: possible measures that can be put in place to mitigate HIV/AIDS infection**

7. Do you agree with the following possible measures that can be put in place to mitigate HIV/AIDS infection?

	<b>Possible Measures</b>	<b>SA</b>	<b>A</b>	<b>N</b>	<b>D</b>	<b>SD</b>
a	There is need to focus on the education system equipping the students on how to control HIV/AIDS					
b	Creating preventive awareness of HIV/AIDS by generating knowledge/understanding					
c	Ensuring skills development in youth for competence in managing relationships and sexual issues.					
d	Teachers should create curricular time and orientation to adequately address the prevalence of HIV/AIDS within school					
e	Enhancing strict policies and regulations against sexual immorality and pornography					
f	Encouraging the youth to change their attitude and change their indecent behaviors that promote spread of HIV/AIDS					

***Thanks very much for your cooperation***

**Appendix II: Interview Guide for Religious heads, Elders and NGOs**

Dear Respondent

Dear respondent, I am called **KYARIMPA SPECIOUS**, a student of Uganda Martyrs University undertaking a Bachelors of Arts in Ethics and Development Studies of Uganda Martyrs University. I am carrying out a research study on the topic of **THE IMPACT OF WESTERN CULTURE ON THE SPREAD OF HIV/AIDS AMONG THE YOUTH IN UGANDA** using a case study of **YOUTH IN KYAZANGA SUB COUNTY, LWENGO DISTRICT**: You have been selected to share with us your experience and make this study successful. The Interview I am conducting is basically aimed at obtaining qualitative information to compliment the quantitative information. Information given will be treated with utmost confidentiality.

1. What are some of the western cultures that have enabled the spread of HIV/AIDS?

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2. In what ways have the western cultural practices adopted by the youth increase the HIV/AIDS prevalence?

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3. In your view, how has homosexuality and Anal sexual intercourse contributed to the spread of HIV/AIDS?

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4. What youth sensitization programs can be encouraged to control the spread of HIV/AIDS?

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5. What possible measures can be used to mitigate the influence of western culture on the spread of HIV/AIDS?

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6. What recommendations would you give in regard to this topic under investigation?

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**THANKS FOR YOUR TIME**