

**THE INFLUENCE OF MEDIA CAMPAIGNS ON HIV/AIDS AWARENESS AMONG
ADOLESCENTS IN GOVERNMENT SECONDARY SCHOOLS. A CASE STUDY OF
TORORO MUNICIPALITY**

**ALOKAIT CATHERINE
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DECLARATION AND APPROVAL

I Catherine Alokait, declare that this dissertation is my own original work and that to the best of my knowledge it has not been presented to International Health Sciences University for a similar or any other degree award.

Signature.....Date.....

Supervisor: Professor Ndungutse David

Signature..... Date.....

DEDICATION.

This report is dedicated to my mother Mrs. Ikwam Lydia, my brother Mr. Orono John Paul and to all my sisters.

ACKNOWLEDGEMENT

I would begin by glorifying God's name for granting me wisdom, knowledge, protection and guidance throughout my study.

My sincere regards go to all the students and teachers (respondents) who accepted to participate in this research without which this study would not have been possible.

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Last but not the least, I express my deepest appreciation to my family members for their countless support and encouragement throughout my studies.

LIST OF ACRONYMS /ABBREVIATIONS

- AIDS - Acquired Immunodeficiency Syndrome
- aOR -adjusted odds ratio.
- ART -Anti-retrovirus Therapy
- ARVs -Anti-retrovirus Drugs
- cOR -crude odds ratio.
- HIV -Human Immune Virus
- IHPM -Institute of Health policies and Management
- IHSU -International Health Sciences University
- KII- Key informant interview.
- MoES - Ministry of Education and Sports, Uganda
- MoH -Ministry of Health
- ST - Straight Talk
- STDs -Sexually Transmitted Disease(s)
- STIs - Sexually Transmitted infection(s)
- TV -Television
- UAIC -Uganda Aids Information Center
- UBOS -Uganda Bureau of Statistics
- UHSBS - Uganda HIV Sero-Behavioural Survey
- UNAIDS -United Nations Program on Aids
- UNFPA -United Nations Population Fund
- UNICEF -United Nations Children’s Emergency Fund
- UTTA -Uganda Think Talk Aids
- WHO -World Health Organization.

OPERATIONAL DEFINITIONS

Adolescent: WHO identifies adolescence as the period in human growth and development that occurs after childhood and before adulthood, from ages 10 to 19 and for this study the WHO definition of adolescent is considered.

Awareness: is the ability to notice things or potential of having knowledge and understanding of a subject, issue and a situation as defined by the Macmillan dictionary.

Media: for the case of this study, business dictionary definition of media is considered which defines media as communication channels through which news, entertainment, education, data or promotional messages are disseminated in form of broadcasting or narrow casting medium such as newspapers, magazines, TV, radio, billboards, direct mail, telephones, fax, and Internet. The idea to carry out this study is to assess influence of media on HIV/AIDS prevention and awareness among the secondary school adolescent students and to assess this study, the radio, newspapers, Internet and TV will be preferred media channels used to assess how media is influential in the HIV prevention and awareness.

Young person: young person is someone who has lived for a short time and who behaviors or does things associated with someone who is not advanced in age (your dictionary definition of young person)

Youth: The United Nations, for statistical purposes, defines 'youth', as those between the ages of 15 and 24 years, without prejudice to other by Member States and Ugandan National Youth Policy defines youth as all young person's; female and male aged 12 to 30 years. Since definition of youth perhaps changes with circumstances, especially with the changes in demographic, financial, economic and social-cultural settings, the United Nations definition of youth is considered in this study.

Prevention: the epidemiological definition of Prevention is the inhibiting the introduction of disease into an area or individual. **Note:** Prevention of disease is divided into 3 levels. Primary prevention which aims at maintaining a healthy population that is to say, preventing the occurrence of disease. Secondary prevention (also called disease control) attempts to minimize resultant damage after disease has occurred after primary prevention has failed and tertiary prevention which consists of rehabilitation after primary and secondary prevention have failed. With this study, primary prevention is much considered because it aims at preventing the occurrence of diseases.

Teenager: A person between the ages of 13 and 19 years as defined by UNICEF and for this study; this definition is recommended and considered

Behavior: The way in which an animal or person acts in response to a particular situation or stimulus (oxford dictionary) or the way in which one acts or conducts oneself, especially towards others

Source: For the case of this study the Macmillan dictionary definition of source is taken which defines source as the point at which something is obtained from or place, person or thing that provides something you need or want for example media providing HIV/AIDS preventive messages to the young people.

Response: Response basing on this study is defined as the change in the behavior of young people after being exposed to the HIV/AIDS messages from the media.

Exposure: Taking the case of this study, exposure is defined as having heard or seen at least one of any HIV mass communication program such as radio, TV, Newspapers and internet in the past 12 months prior to the research study interview.

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ABSTRACT

Introduction: Levels of awareness and knowledge about, HIV/AIDS vary widely around the world. According to recent surveys from over 40 countries, more than half of young people most at risk—those aged 15–24—have serious misconceptions about how the virus is transmitted (UNAIDS, 2004) and in 21 countries in sub-Saharan Africa more than 60 % of young women have not heard of the virus and have a lot of misconceptions about how it is spread.

Objective: To determine influence of media campaign on HIV/AIDS awareness among adolescents in government secondary schools a case study of Tororo Municipality.

Method: This was a cross sectional descriptive and analytical study design that involved 406 respondents sampled from 4 government secondary schools in Tororo municipality. The study involved both qualitative and quantitative methods of data collection. The data collected was entered in epidata and exported to SPSS v16 for analysis. The study measured both exposure (media) and outcome (student response to the media information on awareness and HIV/AIDS prevention strategies). The dependent variable was measured on three outcomes; high, moderate and low level of HIV/AIDS awareness. For numerical variables, the outcome measurement (level of HIV/AIDS awareness) was nominal on three scales; high (coded “2”), moderate (coded “1”) and low (coded “0”). As a result, the multinomial logistic regression analysis was used to analyze the relationship between media sources and level of HIV/AIDS awareness. Results are expressed in odds ratios (OR) with the associated 95% confidence intervals and probability values (p-values). P-values less than 5% at bivariate analysis were considered statistically significant as well as at multivariate analysis. For qualitative data, content analysis was used and results formulated into quotations. The quotations were use to explain findings in the quantitative analysis.

Results: The main media sources used for HIV/AIDS information were radios (47.19%), newspapers (16.33%), television (20.41%) and the internet (16.07%). 18.58% of the adolescent students had high level of HIV/AIDS awareness, 52.42% had moderate level of HIV/AIDS awareness and 29.01% had low level of HIV/AIDS awareness. There was a significant association between media sources and level of HIV/AIDS awareness (Chi-squared test (DF=6, n=392), p=0.019).

Internet preference was associated with increased likelihood of low (aOR=4.97, 95%CI: 1.94-12.75, p=0.001) and moderate (aOR=2.38, 95%CI: 1.05-5.39, p=0.038) level of HIV/AIDS

awareness compared to radio. However, the use of school curriculum (aOR=0.25, 95%CI: 0.07-0.88, p=0.03) and medical education (aOR=0.32, 95%CI: 0.18-0.59, p=<0.001) were significantly associated with decreased moderate levels of HIV/AIDS awareness compared to peer education.

Conclusion: Level of HIV/AIDS awareness was acceptably good. Radios remain the commonest and preferred media source for HIV/AIDS awareness in secondary schools and it needs to be promoted over other media sources to promote and enhance HIV/AIDS awareness. The inclusion of HIV/AIDS in the curriculum remains another option for enhancing HIV/AIDS knowledge in secondary schools.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This chapter presents the background to the study, statement of the problem; research objectives, research questions, significance of the study and the conceptual framework.

1.1 Background to the study

Levels of awareness and knowledge about, HIV/AIDS vary widely around the world. According to recent surveys from over 40 countries, more than half of young people were most at risk—those aged 15–24—have serious misconceptions about how the virus is transmitted (UNAIDS 2004).

The burden of HIV/AIDS among young people underscores the urgent need to target for awareness efforts towards this age group and according to Oyo-Ita A. E. et al., (2005) studying Knowledge of HIV/AIDS among secondary school adolescents identified the adolescents to be bearing half the burden of HIV/AIDS worldwide. And according to (UNAIDS,2004),the media, peer education, workshops, printed materials and other communication tools are often being used to disseminate information about HIV prevention, testing, treatment, and care to young people. The media and entertainment industries also are seen to communicate safer sex messages when programs comprise of sexual content and stories about youth and HIV/AIDS.

In the United States, according to the UNAIDS(2004) report on the media and HIV/AIDS, it was found that 72% of Americans got information about HIV/AIDS through television, radio and newspapers and this was more than what was obtained from doctors, friends and family. Similar statistics have also been reported in the United Kingdom and elsewhere in the world.

In India according to the report published by the joint united nations program on HIV/AIDS (2004) the media was proved to be so influential in the fight against AIDS, basing on the survey carried out in India of which more than 70% of respondents said they had received their information about HIV/AIDS from television and also many media organizations are seen to be a rising in providing and promoting awareness of HIV/AIDS and educating listeners and viewers about the facts of the epidemic and how to stop it.

The study measuring a response to the statement “there is a cure for AIDS” in South Africa and sexual behavior among young South Africans according to the national survey conducted among the 15-24 years old found significant increases in disagreement with the statement post-intervention change from 79% pre-intervention to 89% post-intervention(Pettifor A,E., et al,2004).

A campaign in Côte d’Ivoire and Burkina Faso according to Babalola S,et al(2006) in the Journal of HIV/AIDS Prevention Education for Adolescents and Children, identified that in terms of consistent condom use those who were not exposed to prevention education only 58% used condoms consistently, those with low exposure to prevention education 70% while those who were highly exposed to prevention education 75% were using condoms consistently. This underscores the need to provide educational information to adolescents to enable them take precaution on HIV transmission.

In sub-Saharan Africa, about 21 countries have more than 60 % of young women have not heard of the virus and have a lot of misconceptions about how it is spread and in Lesotho only 2 of 10 girls have sufficient knowledge on HIV (UNAIDS, 2004, p 8).

In Zambia according to the “HEART” campaign study conducted by Underwood C et al (2006) on measuring knowledge of abstinence as a prevention technique, showed significantly higher knowledge among those who had seen the campaign compared with those who had not 66% of males exposed to the campaign versus 53% of males not exposed; 65% for females exposed versus 55% for females not exposed. According to UNAIDS (2004, p.9), only 2% of girls in Lesotho have sufficient knowledge about HIV/AIDS.

In Uganda, since 1993 when the liberation of airwaves was implemented, a number of communication channels through which public awareness campaign is being used for disseminating the information are now open and the major channels being radio newspapers and television according to Tumushabe, (2006:7) An evaluation report findings on straight talk mass media campaign program in 2007 since its implementation in Uganda in 1993 showed that much exposure to straight talk products was significantly associated with higher HIV/AIDS knowledge among the young people in primary schools and secondary schools or even those out of school according to Kiragu- Karusa et al (2007). Therefore, this study was to determine the influence of media campaign on HIV/AIDS awareness among adolescents in government secondary schools. A case study of Tororo Municipality.

1.2 Statement of the problem

In Uganda there is limited influence of the mass media in creating awareness on HIV/AIDS among the adolescents and according to UBOS report 2011, 34.8% of the young men and 38.1% of the women aged 15-19 years had low comprehensive knowledge of HIV/AIDS. The same report also indicated that in eastern Uganda, 27.1% of the women and 27.3% of men were knowledgeable on HIV transmission and prevention (UBOS, 2012, PP187-188). This contradicts the United Nations general assembly resolution on HIV/AIDS during the 2001 special session on HIV/AIDS in which countries pledged by 2010 to have 95% of the young people 15-24 years having adequate information to reduce their vulnerability to HIV infection.

This low knowledge on HIV has resulted into increased transmission rates from 6.3% in 2006 to 7.3% in 2011 with young people being sexually active having increased infection rates ranging from 3.0% in women aged 15-19 years and 1.7% in men aged 15-19 years (Uganda AIDS indicator survey, 2011 p, 118) and this could be due to limited information to HIV/AIDS, high costs of media facilities, limited publication of HIV information and poor reading culture of the adolescents.

Despite a number of the print and electronic media channels in Uganda, the HIV awareness is still low and HIV prevalence rate still continues to rise from 6.3% to 7.3% and therefore this study undertook to determine the influence of mass media campaign on HIV/AIDS awareness among adolescents in government secondary schools. A case study of Tororo municipality. This study will be useful in analyzing the role of the media in dissemination of HIV/AIDS information and as to inform an HIV/AIDS on dangers in the country.

1.3 Research Objectives

1.3.1 General objective

To determine influence of media campaign on HIV/AIDS awareness among adolescents in government secondary schools a case study of Tororo Municipality

1.3.2 Specific objectives

- i. To identify the media sources for HIV/AIDS information among adolescents in

government secondary schools a case study of Tororo Municipality.

- ii. To establish the level of HIV/AIDS awareness among secondary school adolescent students a case study of Tororo Municipality.
- iii. To establish the link between exposure to media sources and the level of HIV/AIDS awareness among adolescents in government secondary schools a case study of Tororo Municipality.
- iv. To identify other sources of HIV/AIDS information among adolescents in government secondary schools a case study of Tororo Municipality.

1.3 Research Questions

- i. What are the media sources for HIV/AIDS information among adolescents in government secondary schools a case study of Tororo Municipality?
- ii. What is the level of HIV/AIDS awareness among adolescents in government secondary schools a case study of Tororo Municipality?
- iii. What is the link between exposure to media sources and the level of HIV/AIDS awareness among adolescents in government secondary schools a case study of Tororo Municipality?
- iv. What are other sources for HIV/AIDS awareness among adolescents in government secondary schools a case study of Tororo Municipality?

1.4 Significance of the study

This research study on the influence of mass media campaign on HIV/AIDS awareness among the secondary school adolescent students can give clear evidence on the impact of mass media campaign on providing the adolescents with HIV/AIDS information which can back up the previous theories developed from qualitative research on the influence of mass media campaign on HIV/AIDS prevention in Uganda. It may also lead to the introduction of new HIV/AIDS prevention interventions through the identification of knowledge gaps in Uganda and analyzing the role of the media in dissemination of HIV/AIDS information.

1.5 Conceptual frame work

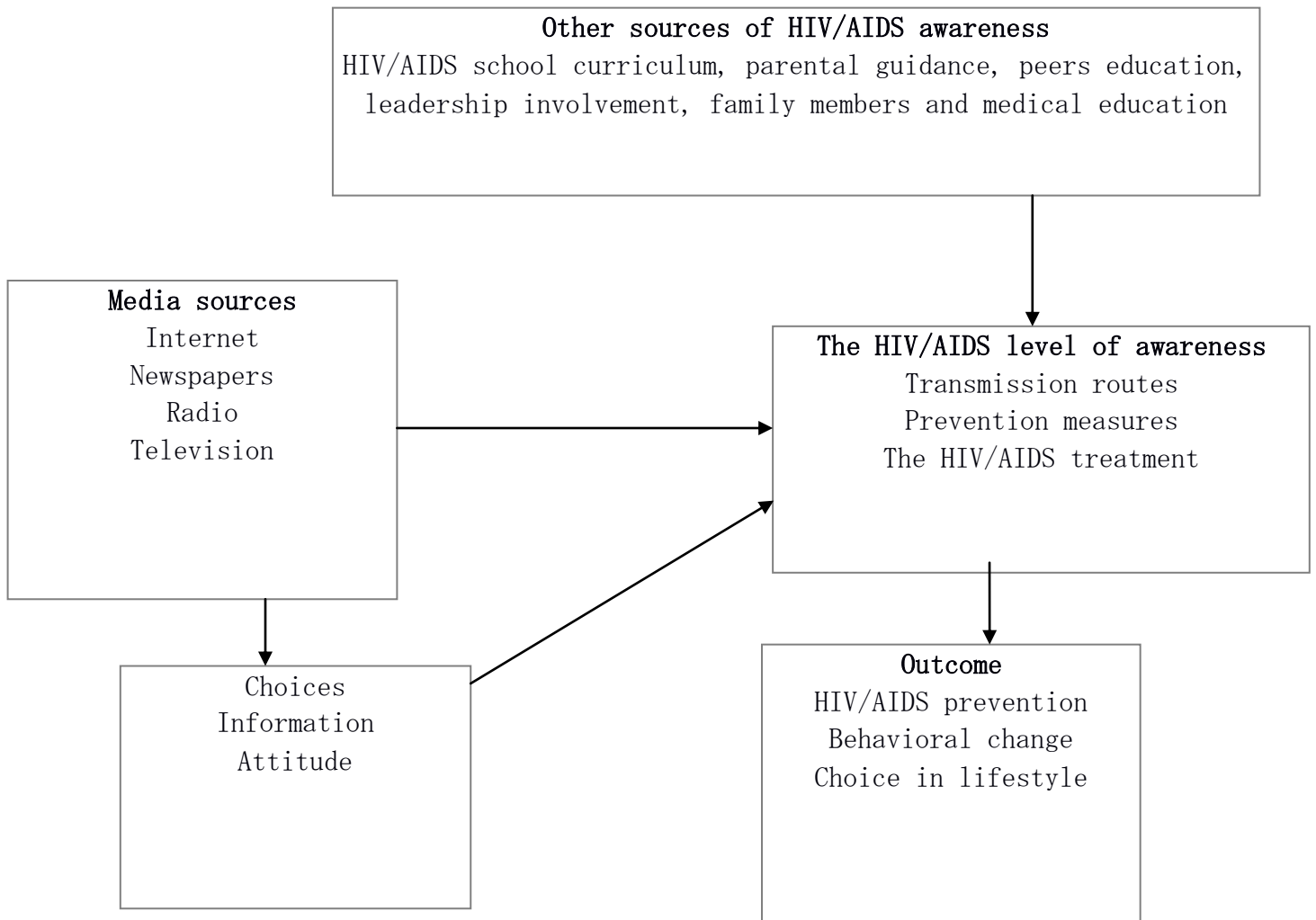


Figure 1: Conceptual frame work of the influence of the media in HIV/AIDS awareness among secondary school adolescents.

Description of the conceptual frame work.

In the conceptual framework, the independent variable; media sources for HIV/AIDS information which is viewed to influence the dependent variables; the level of HIV/AIDS awareness among the secondary school adolescent students, as well as the link between exposure to media sources and the level of HIV/AIDS awareness among the secondary school adolescent students and the other factors responsible for raising awareness on HIV/AIDS among the secondary school adolescent students are well depicted

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents a review of literature in accordance with the research objectives: the media sources of HIV awareness among adolescents; the level of awareness of HIV/AIDS among adolescents; the link between Media sources and HIV awareness; and other sources of HIV/AIDS awareness are addressed in this chapter.

2.2 The media sources for HIV/AIDS awareness used by adolescents

The studies have showed that the majority of people globally do acquire information through radio and televisions. In the United States, according to the UNAIDS (2004) report on the media and HIV/AIDS it was found that 72% of Americans got information about HIV/AIDS through television, radio and newspapers and this was more than what was obtained from doctors, friends and family. Similar statistics have also been reported in the United Kingdom and elsewhere in the world.

Strasburger., (2004) noted that adolescents in the US however spend most of their time in watching TV and surfing on the Internet.

In India according to the report published by the joint united nations program on HIV/AIDS (2004), more than 70% of respondents said they had received their information about HIV/AIDS from television and also many media organizations are seen to be a rising in providing and promoting awareness of HIV/AIDS and educating listeners and viewers about the facts of the epidemic and how to stop it.

Tumushabe., (2006:7) identified radio, newspapers and television as the most preferred form of mass media in Uganda and Kiragu, Karusa et al., (2007) of straight talk foundation Uganda notes that school adolescents can acquire HIV/AIDS information through the print media like straight talk magazines in supplementation to other forms of media. Therefore, this study was to determine the influence of media campaign on HIV/AIDS awareness among adolescent in government secondary schools. A case study of Tororo Municipality.

2.3 The level of HIV/AIDS awareness among adolescents

Escobar-Chaves et al., (2009) observed that most adolescents had acquired knowledge of unhealthy sexual behaviors like involvement in teenage sex in the US which was as the result of watching explicit pornographic movies on TV and Internet.

A survey to assess the long term exposure of young people on the sexual content on TV, movies and magazines used by the adolescents aged 12-14 years predicted undesired sexual behaviors in the middle adolescence according to Brown, et al., (2005) and he also reported that in the same survey which involved 1017 black and white adolescents in central north Carolina, white adolescents aged 12-14 years were 2.2 times more likely to involve in the sexual intercourse at the age of 14-16 years due to the exposure to the explicit sexual content on TV, Movies and Magazines. Therefore this creates a huge gap on the level of HIV/AIDS awareness among the adolescents of developed and developing countries because for instance;

In sub-Saharan Africa, about 21 countries have more than 60 % of young women have not heard of the virus and have a lot of misconceptions about how it is spread and in Lesotho only 2 of 10 girls have sufficient knowledge on HIV (UNAIDS, 2004, p 8).

In Zambia according to the “HEART” campaign study conducted by Underwood C et al (2006) on measuring knowledge of abstinence as a prevention technique, showed significantly higher knowledge among those who had the seen the campaign compared with those who had not, 66% of males exposed to the campaign versus 53% of males not exposed; 65% for females exposed versus 55% for females not exposed. According to UNAIDS (2004, p.9), only 2% of girls in Lesotho have sufficient knowledge about HIV/AIDS

A campaign in Côte d’Ivoire and Burkina fuso according to Babalola S, et al., (2006) in the Journal of HIV/AIDS Prevention Education for Adolescents and Children, identified that in terms of consistent condom use those who were not exposed to prevention education only 58% used condoms consistently, those with low exposure to prevention education 70% while those who were highly exposed to prevention education 75% were using condoms consistently. This underscores the need to provide educational information to adolescents to enable them take precaution on HIV transmission.

In Uganda, according to Kiragu-Karusa et al., (2007) evaluation report findings on straight talk mass media campaign program in 2007 in Uganda showed that much exposure to

straight talk products was significantly associated with higher HIV/AIDS knowledge among the young people in primary schools and secondary schools or even those out of school. Therefore, this study was to determine the influence of media campaign on HIV/AIDS awareness among adolescents in government secondary schools. a case study of Tororo Municipality.

2.4 The link between media sources and HIV/AIDS awareness

Media has been identified to be playing the significance role in the fight against AIDS. Since education is said to be the vaccine against HIV. Many media organizations have risen in promoting awareness of HIV/AIDS and educating people about the facts of the epidemic and how to prevent it.

In USA the media has been found to be imposing undesired influence on adolescents' sexual behaviors. Escobar-Chaves et al., (2009) observed that most unhealthy sexual behaviors like involvement in teenage sex in the US are attributed to watching explicit pornographic movies on TV and Internet.

A survey to assess the long term exposure of young people on the sexual content on TV, Movies and magazines used by the adolescents aged 12-14 years predicted undesired sexual behaviors in the middle adolescence according to Brown,et al.,(2005) reported that in the same survey which involved 1017 black and white adolescents in central north Carolina, white adolescents aged 12-14 years were 2.2 times more likely to involve in the sexual intercourse at the age of 14-16 years due to the exposure to the explicit sexual content on TV, Movies and Magazines.

Whereas report findings showed the undesired media influence for the case of the developed nation like USA, the situation may be different for the case of Ghana, India, Côte d'Ivoire and Burkina fuso and Uganda.

In India, according to the report published by the joint united nations program on HIV/AIDS (2004) the media is proved to be so influential in the fight against AIDS, basing on the survey carried out in India of which more than 70% of respondents said they had received their information about HIV/AIDS from television and also many media organizations are seen to be a rising in providing and promoting awareness of HIV/AIDS and educating listeners and viewers about the facts of the epidemic and how to stop it.

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In Uganda, according to the Kiragu-Karusa et al., (2007) evaluation report findings on straight talk mass media campaign program since its implementation in Uganda in 1993 showed that much exposure to straight talk products like straight talk radio and newspapers was significantly associated with higher HIV/AIDS knowledge specifically on the preventive measures like abstinence and mode of HIV transmission among the young people in primary schools and secondary schools or even those out of school. Therefore, this study was to determine the influence of media campaign on HIV/AIDS awareness among adolescents in government secondary schools. a case study of Tororo Municipality.

2.5. Other sources of HIV/AIDS information among secondary school adolescents.

Apart from media campaign in providing awareness on HIV/AIDS to the adolescents, other interventions such as peer education, medical education, school curriculum and leadership involvement were also the other sources of HIV/AIDS information has been discussed below.

In Bangkok metropolitan, Thailand, the study was conducted on the performance of peer educators on HIV/AIDS prevention among high school students by kaori saito in 2009 and the result found that 50.96 percent of the respondents had high performance for peer education on HIV/AIDS prevention and similar percentage of them (49.04%) had low performance.

While in South Africa according to the study conducted by Maretha J.Visser on HIV/AIDS prevention through peer education and support in secondary in 2007, the results of this research suggest that peer education can contribute to the delay in onset of sexually activity in secondary school learners. Peer education and support can be regarded as an appropriate strategy to deal with HIV prevention, especially for young people, since they discuss personal issues, have informal relationships and speak a common language.

As per discussion above, not all peer education programs have been proved to be effective to change the behavior of targets and prevent HIV/AIDS infection.

School curriculum as one of the primary interventions for the HIV/AIDS prevention

as per the study being conducted on the Effectiveness of School-based Education on HIV/AIDS Knowledge, Attitude, and Behavior among Secondary School Students in Wuhan, China by Xiaohui Gao equal contributor, Yu Wu equal contributor, Yu Zhang, Naixing Zhang, Jie Tang, Jun Qiu, Xiaofang Lin, Yukai Du mail and Published in September 07, 2012 study suggested that educational programs on HIV/AIDS prevention are effective and beneficial to secondary school students. The relevant curricula were recommended at every beginning of the term with different on HIV/AIDS topics in middle school.

In Uganda according to the Social Policy and Development Programme Paper which was published by Joseph Tumushabe on the Politics of HIV/AIDS in Uganda showed that in 2006 the HIV/AIDS prevalence rate lowered to 6.3% since President Yoweri Kaguta Museveni engage himself in the fight against HIV/AIDS.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter presents the methodology and research procedures which was used in the research study and includes study design used, sources of data, study population, sample size calculation, study variables, data collection tools, data collection techniques, plan for data analysis, quality control issues, plan for dissemination, ethical issues, limitation of the study and procedures which were used to assure validity and reliability with the course of the research study.

3.1 Study design

This was a cross sectional study because a sample of secondary school adolescent students in Tororo municipality were studied at one time period. The study measured both exposure (media) and outcome (student response to the media information on awareness and HIV/AIDS prevention strategies) at a single point in time and no follow up was made.

The study involved both qualitative and quantitative methods of data collection and analysis so as to make the study to be both descriptive and analytical in nature.

3.2 Source of data

For the case of this research study, data was obtained from both the primary and secondary sources which are termed as triangulation or dual methodology.

Primary data was obtained from the students and key informants during interview and it was vital in this study since it provided the researcher with results where the conclusions about the study were drawn from and such sources included; interviews, and self administered questionnaires.

Secondary sources of data included review of literature and documents from relevant scholars which were useful in making comparison between the study and already done studies and of the same problem and sources used included: Previous research, Official statistics, Mass media products, Diaries, Letters, Government reports, Web information and Historical data and information

3.3 Study population

The study was only carried out on secondary school adolescent students enrolled and attending classes in government schools from S.1- S.6 in the sampled secondary schools in Tororo Municipality. For the case of key informant interviews, the study captured the school administrators for instance the head teacher, deputy head teachers and two teachers both male and female in each sampled government secondary schools in Tororo Municipality.

3.4 Sample size calculation

The keish and Leslie (Wayne at al., 1997) standard formula was used to determine the sample size (n) of the student respondents.

$$n= Z^2PQ/D^2$$

Where:

Z =1.96 (standard at confident interval 95%)

P= estimated proportion of secondary school adolescents in Tororo municipality who have been exposed to media with information on HIV/AIDS awareness and prevention.

Q=different of P from 100%

D= maximum error the research will allow between the estimated prevalence (D=0.05 or 5%)

Note; to cater for non response, addition of 10-15% will be provided.

$$n= Z^2PQ/D^2$$

$$n=1.96^2 \times 0.3 \times 0.7 / 0.05^2$$

$$n=3.8416 \times 0.24 / 0.0025$$

$$n=0.921984 / 0.0025$$

$$n=368.79$$

$$n=369 \text{ respondents} + 10\% \text{ of } 369 = 36.9 = 37$$

Total sample size = 406 respondents.

3.5 Sampling procedure:

Stratified sampling technique was used in the selection of four (strata) categories of schools. From each stratum, a school was randomly selected on the basis of being a mixed boarding government school, mixed day government school, a single boy boarding government school and a single girls boarding government school. From each randomly selected school, a total number of 102 students were selected from all classes of S.1- S.6 in order to come up with the sample of 406 respondents. To come up with the total sample of 102 students from each school, random sampling was applied where 17 students will be selected from each class of S.1- S.6. The names of all students in the class were written on a small piece of paper for each student and placed in a box which was then shaken. From the box 17 pieces of paper containing students' names were picked/ drawn minus replacing them back. The names were read out and these students were the ones who participated in the study.

NOTE: The procedure was repeated for the rest of the three remaining sampled schools.

3.6 Study variables

Key variable	Measures
Independent variable Mass media campaign on HIV/AIDS.	Frequency. Duration. Access. Preference. Sources.
Dependant variable Level of HIV/AIDS awareness	Satisfaction. True/false facts of HIV/AIDS. Range. HIV/AIDS prevention measures.

3.7 Measurement of dependent variables

The dependent variable was measured on three outcomes; high, moderate and low level of HIV/AIDS awareness. To have high level of HIV/AIDS awareness, the respondent had to give correct responses to what HIV and AIDS stands for, whether AIDS has got cure, the incubation period of HIV, the prevention strategies of HIV, transmission modes, myths surrounding transmissions of HIV, the use of ARVs, diagnosis of HIV by sight and risks of infection in the rich verses the poor.

If a respondent gave correct responses to 8-10 of the above variables, he/she was classified as having moderate level of HIV/AIDS awareness.

Meanwhile, a respondent that gave correct response to less than or equal to 7 of the above variables was classified as having a low level of HIV/AIDS awareness.

3.8 Data collection techniques

Data was collected through face to face interviews and key informant interviews.

3.9 Data collection tools

Data was collected using interviewer administered questionnaires and key informant interview guides.

3.10 Plan for data analysis

Data entry was done in epidata and was exported to SPSS for analysis.

Analysis was done at three levels; Descriptive (univariate) analysis where numerical data was summarized into means, medians and standard deviation and categorical variables were analyzed and presented using tables. At bivariate analysis the relationship between factors and levels of HIV awareness was assessed using chi square test and variables with (p-values less than or equal to 0.05) was considered to be significantly associated with levels of HIV awareness. The variables that showed statistical significance in the bivariate analysis were included in the multi-variate logistic regression to determine the factors independently associated with level of awareness on HIV.

For numerical variables, the outcome measurement (level of HIV/AIDS awareness) was nominal on three scales; high (coded "2"), moderate (coded "1") and low (coded "0"). As a result, the multinomial logistic regression analysis was used to analyze the relationship between media sources and level of HIV/AIDS awareness. Results were expressed in odds ratios (OR)

with the subsequent 95% confidence intervals and probability values (p-values). P-values less than 5% at bivariate analysis were considered statistically significant for multivariate analysis. For qualitative data, content analysis was used and results formulated into quotations. The quotations were used to explain findings in the quantitative analysis.

3.11 Quality control issues

The researcher took much care during the course of the research study in order to maintain the high quality results by considering the following:

Reliability/ Repeatability

- Training was carried out for the research assistants on data collection techniques especially for those who assisted the researcher in administering the questionnaires to the students.
- Each page of the questionnaire was given serial number before issuing in order to reduce on the rate of page or paper losses.

Validity

- The pre-testing of the research tools was done to in order to maintain validity of the results.
- Checking of the administered questionnaires for completeness before leaving the field to have errors corrected.
- Subjecting the research report to turnitin for plagiarism assessment.

3.12 Plan for dissemination

- The findings of the research study will be presented to the institute of health policy and management of international health Sciences University, the sampled secondary schools in Tororo municipality. If the results meet the publication standards then they will be published in the various media channels.

3.13 Ethical issue

- **Informed consent** was obtained from the respondents before commencing with the interview; the permission was also obtained from international health sciences university and from the head teachers of the sampled secondary schools in order let the researcher carry data collection.

- **Privacy-during the interview process was maintained.**
- **Confidentiality** –this was observed throughout the study by not disclosing any information about the participant without his/her express permission.
- **Non-discrimination**-This was made possible by ensuring that no one was discriminated on the basis of religion, tribe, gender and /or level of class and type of school.
- **Ethnographic detachment** The researcher made sure that the data during collection, analysis and on the process of report writing was not interfered with in order to ensure that data remained neutral with limited bias.

3.14 Limitations of the study

- Recall bias is one of the limitations which can be incurred by the researcher especially if the questions asked about issues far back in time.
- Representativeness is also another study limitation that the researcher faced during the study especially if the sampled population was not truly randomly sampled to represent whole population hence having the potential of not being representative.

CHAPTER FOUR

DATA ANALYSIS, INTERPRETATION AND PRESENTATION

4.1 Socio-demographic characteristics.

The mean age of respondents (students) was 16.12 ± 1.71 years and, the media age was 16 years (Inter quartile range: 15-17).

On sex of the respondents (students) 52.55 % (206/393) were females and 47.45 % (186/393) were males. On the type of school, 48.6 % (191/393) were from mixed boys and girls school, 26.46 % (104/393) were from girls only school while 24.94 % (98/393) were from boys only school.

On the form of study 73.47 % (288/393) of the respondents (students) were from boarding school whereas 26.53 % (104/393) were from day school. 43.62 % (171/393) of the respondents were from S.1-S.2, 32.91 % (129/393) were from S.3-S.4 and 23.47 % (92/393) were from S.5 – S.6.

Of the respondents (students) 38.46% (150/393) were of the protestant religion, 37.44 % (146/393) were catholic, 15.90% (62/393) were from other religious sects, 5.13 % (20/393) were Muslims and 3.08% (12/393) were the seventh day Adventists (SDA).

59.79 % (232/393) of the respondents (students) were from the urban setting while 40.21 % (156/393) were from the rural setting. On the respondents leadership role at school a majority 61.03% (238/393) had no responsibilities, 17.18 % (67/393) were prefects, and 13.33% (52/393) were club leaders while 8.46% (33/393) were religious leaders.

Table 1: Socio-demographic characteristics of respondents

Sex	No (n= 406)	%
Male	206	52.55
Female	186	47.45
Type of school		
Single (Boys only)	98	24.94
Single (Girls only)	104	26.46
Mixed (Both boys and girls)	191	48.6
Form of study		
Boarding only	288	73.47
Day only	98	25.00
Mixed (Both boarding and day)	6	1.53
Class		
S.1-S2	171	43.62
S.3-S.4	129	32.91
S.5-S.6	92	23.47
Religion		
Catholic	146	37.44
Protestant	150	38.46
Muslim	20	5.13
SDA	12	3.08
Others	62	15.90
Residence		
Rural	156	40.21
Urban	232	59.79
Leadership role at school		
Prefect	67	17.18
Club leader	52	13.33
Religious leader	33	8.46
None	238	61.03

4.2 Media sources mostly used and accessed by adolescent students

The most commonly used media source was a radio (47.19%), then television (20.41%), newspaper (16.33%) and the internet (15.78%). When Key informants were asked to disclose whether their schools allow the use of radios, these were what they had to say;

“Yes, so that students have access to news and educational program” (Key informant interviews, Manjasi senior secondary school). Also “Yes, students are allowed to have radios.....especially the small ones (radios)” (Key informant interviews, St Peters College senior secondary school and KII, Tororo Girls senior secondary school). Similarly, a Key informants in Rock High senior secondary school stated that “Yes, small radios are always owned by the students”. In terms of access to media source, still, the most widely accessed was a radio (51.40%) and the least was the internet at 15.78% (Table 1).

Table 2: Media sources mostly used and accessed by adolescent students

Media sources mostly used	No (n= 406)	%
Radio	185	47.19
Newspaper	64	16.33
Television	80	20.41
Internet	63	15.78
Media source mostly accessed		
Radio	202	51.40
Newspaper	63	16.03
Television	66	16.79
Internet	62	15.78

4.3 Most preferred media sources for HIV/AIDS awareness among adolescent students

Students mainly preferred radio (47.19%) followed by television (20.41%). Internet (16.07) and newspapers (16.33) are preferred in almost equal proportions. Radios and televisions were highly recommended by key informants.

For example, KI in Rock High Secondary School actually recommended radios and

magazines..... “Magazines and radios” (KII, Rock High senior secondary school). Meanwhile, a KI in Saint Peters College recommended Televisions....”Television” (KII, St. Peter’s College Boarding School).

Magazines (KII, St. Peter’s College Boarding School

“Newspapers, newsletters and periodicals (KII, Manjasi Boarding school).

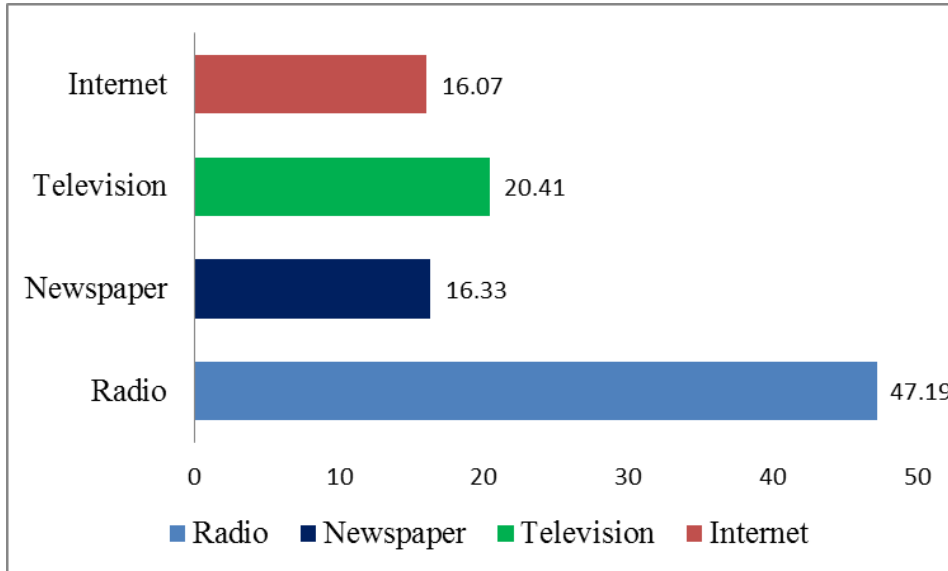


Figure 2: Most preferred media sources

4.4 Place of access of preferred media source

The home represented the hugest point of access to media at 58.35% followed by the school at 34.45%. Other places for media access such as church and public library were least used to access information (Figure 3).

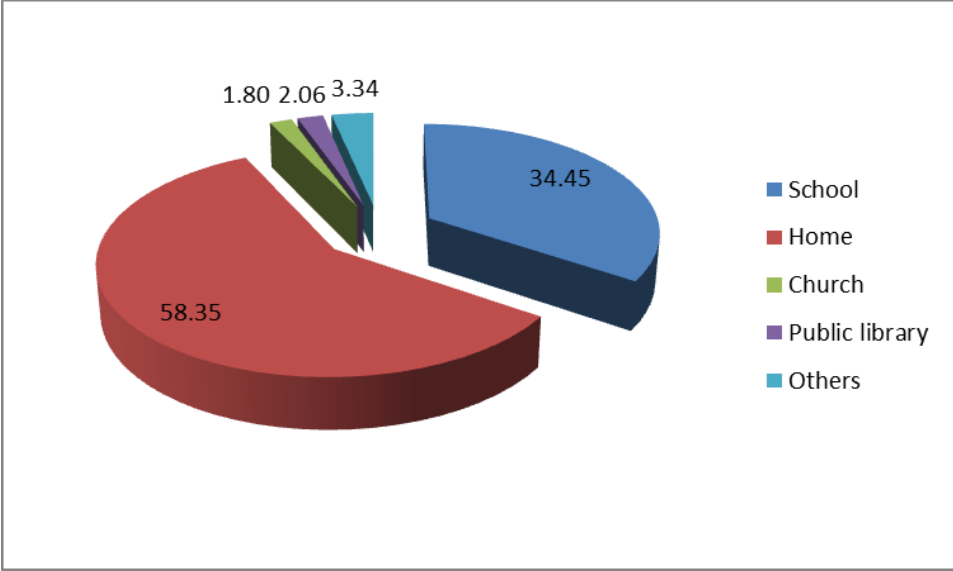


Figure 3: Percentage of media access per source

4.5 Commonly heard HIV/AIDS information from the media

The most commonly heard HIV information was HIV prevention (53.85%), then HIV risk factors (22.05%), HIV transmission (18.72%) and HIV treatment (5.38%)(Figure 4).

When KIs were asked what kind of HIV information newspapers pass onto the students, they said “Information on the prevention measures and other literature on HIV/AIDS” (KII, St. Peter’s College Boarding School), “Preventive measures” (KII, St. Peter’s College Boarding School) and, “Prevention, protection and counseling information” (KII, Manjasi Boarding school).

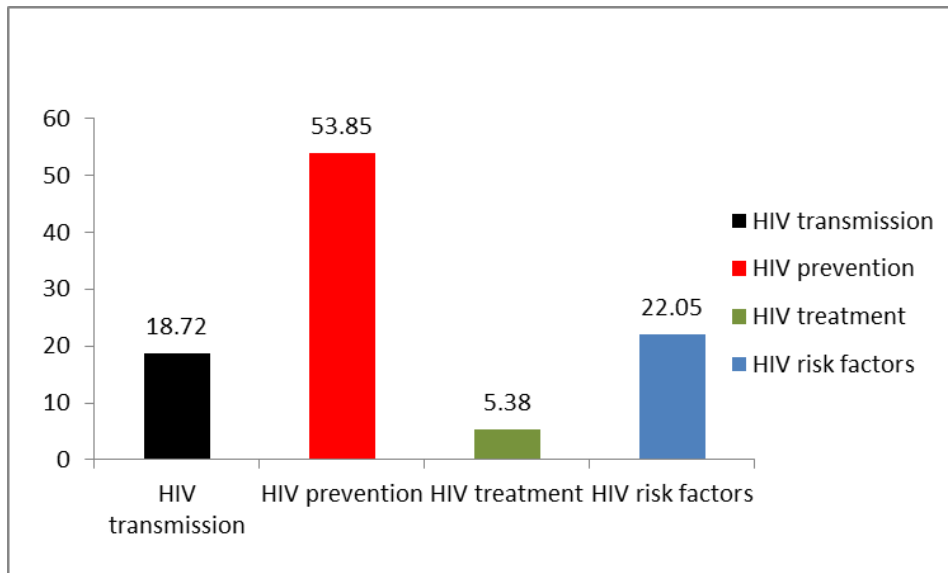


Figure 4: Proportions of HIV information heard from various media sources

4.6 HIV/AIDS awareness among adolescents

HIV/AIDS awareness was measured by a set of 11 questions. Results indicated that 94% of the students knew the correct definition of HIV, 95% knew the correct definition of AIDS. 94% of the students knew that HIV has got no cure; 28% knew that the incubation period for HIV is 3 months while approximately 36% either did not agree or did not know that the incubation period for HIV is 3 months.

Approximately 95% of the students knew the preventive measures that can be useful in the prevention of HIV and close 96% knew the modes of transmission of HIV. 75% of the students knew that HIV/AIDS cannot be transmitted through handshakes with infected person, sharing meals, playing and insect bites and 90% of the students knew that ARVs are drugs used to treat but not to cure HIV.

42% of the students said that you can tell someone with HIV and approximately 42% said that you cannot tell someone infected with HIV, 91% of the students disagreed that rich people cannot acquire HIV and close to 66% disagreed that poor people suffer most from the effects of HIV than the rich.

Table 3: Variables measuring HIV/AIDS awareness among adolescents

HIV/AIDS statements	True	False	Don't know
	No. (%)	No. (%)	No. (%)
HIV stands for human immune virus	365 (94.07)	23 (5.93)	0 (0.00)
AIDS means acquired immune deficiency syndrome.	370 (95.12)	14 (3.60)	5 (1.29)
HIV/AIDS has got no cure.	366 (94.33)	16 (4.12)	3 (1.55)
HIV/AIDS incubation period is 3 months	110 (28.72)	136 (35.51)	137 (35.77)
HIV/AIDS can be prevented through abstinence, condom use, being faithful to one's sexual partner and voluntary counseling and testing.	371 (95.13)	15 (3.85)	4 (1.03)
HIV/AIDS can be transmitted through unprotected sex with an infected person, from the infected mother to the child, blood transfusion from an infected blood donor.	372 (95.88)	12 (3.09)	4 (1.03)
HIV/AIDS cannot be transmitted through handshakes with infected person, sharing meals, playing and insect bites.	292 (75.45)	91 (23.51)	4 (1.03)
ARVS are drugs used to treat HIV but not to cure HIV/AIDS.	350 (90.44)	30 (7.75)	7 (1.81)
Can you tell someone with HIV/AIDS	162 (42.41)	160 (41.88)	60 (15.71)
Rich people cannot acquire HIV/AIDS	16 (4.15)	355 (91.97)	15 (3.89)
Poor people suffer most from HIV/AIDS than the rich	98 (25.45)	253 (65.71)	34 (8.83)

4.7 Level of HIV/AIDS awareness among secondary school adolescents

Of the 393 students, 52.42% (95%CI: 47.35-57.45) had moderate level of HIV/AIDS awareness, 29.01% (95%CI: 24.57-33.77) had low level of HIV/AIDS awareness meanwhile, 18.58% (95%CI: 14.85-22.78) had high level of HIV/AIDS awareness.

There was reduced level of low HIV/AIDS awareness among adolescent students because within schools, the students are exposed to various media. When KIs were questioned on what sort of

media were students in their schools exposed to, they stated that;

“Mainly newspapers/ letters, TV broadcast, magazines from AIC and TASO, Red Cross, internet, radio broadcast” (KII, Manjasi Boarding school)

“Newspapers and Television (KII, St. Peter’s College Boarding School).

“Television, newspapers, internet (social media)” (KII, Tororo Girls SENIOR SECONDARY SCHOOL)

“Television, newspapers, internet and radio (KII, Rock High SENIOR SECONDARY SCHOOL).

Table 4: Level of HIV/AIDS awareness among secondary school adolescents

Level of HIV/AIDS awareness	N= 393	% (95%CI)
High	73	18.58 (14.85-22.78)
Moderate	206	52.42 (47.35-57.45)
Low	114	29.01 (24.57-33.77)
Total	393	100.00

4.8 Relationship between exposure to media sources and level of HIV/AIDS awareness among school adolescents

Among adolescent students that used radio as media source, 16.23% had low level of HIV/AIDS awareness compared to 27.23% and 7.89 with moderate and high level of HIV/AIDS awareness respectively. Similarly, among students that used newspapers, 8.91% had moderate level of HIV/AIDS awareness whilst, 1.53% and 5.60% had high and low levels of HIV/AIDS awareness respectively.

Of the 16.79% students that used internet as a media source, equal proportions (4.33%) had high and low levels of HIV/AIDS awareness respectively in contrast to 8.14% that had moderate level of HIV/AIDS awareness. However, among internet users, 2.80% had low level of HIV/AIDS awareness compared to 4.83% and 8.14% that had high and moderate levels of HIV/AIDS awareness respectively.

In general, there was a statistically significant association between level of HIV/AIDS awareness and the type of media sources (Chi-squared test (df = 6, n = 393) = 15.15, p=0.019) (Table 4).

When KIs were questioned how they think the students’ behaviors are affected by

exposure to media, they explicitly stated that “

“It ought to be a positive since.... all information provided is meant to educate the masses” (KII, Manjasi Boarding school).

And *“Their behaviors have changed positively towards prevention” (KII, St. Peter’s College Boarding School)*

Besides, *“When they see and read about AIDS, they live careful life in order to avoid infections, stigma and the HIV positive learn to live positively” (KII, St. Peter’s College Boarding School)*

However, a KI in Rock High senior secondary school said *“The relationship is great because the students are aware of the preventive and protective measures since they are always educated through the media to live consciously”.*

Table 5: Relationship between exposure to media sources and level of HIV/AIDS awareness among school adolescents

Characteristics	Level of HIV/AIDS awareness			Total	P-value
	High	moderate	Low		
Media source					0.02*
Radio	31 (7.89)	107 (27.23)	64 (16.23)	202 (51.4)	
Newspaper	6 (1.53)	35 (8.91)	22 (5.60)	62 (16.03)	
Television	17 (4.33)	32 (8.14)	17 (4.33)	66 (16.79)	
Internet	19 (4.83)	32 (8.14)	11 (2.80)	62 (15.78)	
Total	73 (18.58)	206 (52.42)	114 (29.01)	393 (100.00)	

**p<0.05*

Via multinomial logistic regression analysis (Table 5), the relationship between media source and level of HIV/AIDS awareness was analyzed.

Comparing low relative to high level of HIV/AIDS awareness, students that read newspapers were insignificantly less likely to remain at low level of HIV/AIDS awareness level than radio

(cOR=0.56, 95%ci: 0.21-1.53, p=0.26). Students that watch television are more likely to have low level of HIV/AIDS awareness than radio listeners (cOR=2.06, 95%CI: 0.93-4.58, p=0.075) and internet users are significantly more likely to have low level of HIV/AIDS awareness than radio listeners (cOR= 3.57, 95%CI: 1.51-8.41, p=0.04). In comparing Moderate relative to

high level of HIV/AIDS awareness, reading of newspapers was insignificantly associated with less likelihood of having low level of HIV/AIDS awareness than listening to radio (cOR=0.95, 95%CI:0.51-1.76, p=0.875).

Meanwhile, the use of television (cOR=1.13, 95%CI: 0.58-2.919, p=0.727) and internet (cOR=1.74, 95%CI: 0.82-3.69, p=0.149) were associated with increased probability of having moderate level of HIV/AIDS awareness compared to listening to radios. However, the relationships were all not significant.

Table 6: Multivariate logistic regression analysis of the association between media exposure and level of HIV/AIDS awareness

Characteristic	Level of HIV/AIDS awareness			
	Low versus High (cOR, 95%CI)	P-value	Moderate versus High (cOR, 95%CI)	P-value
Radio	1.0		1.0	
Newspaper	0.56 (0.21-1.53)	0.26	0.95 (0.51-1.76)	0.875
Television	2.06 (0.93-4.53)	0.075	1.13 (0.58-2.19)	0.729
Internet	3.57 (1.51-8.41)	0.004*	1.74 (0.82-3.69)	0.149

*1=reference, *p<0.05*

Chi-squared analysis of other factors responsible for HIV/AIDS awareness among secondary school adolescents

Apart from exposure to media, other factors that influence level of HIV/AIDS awareness were analyzed using cross tabulations. It emerged that media preferences such as radios, newspapers, television and the internet was significantly associated with the level of HIV/AIDS awareness (Chi-squared test (df=6, n=392)=15.2, p=0.019). In fact, 15.05% of students that preferred radio as a media of information had high level of HIV/AIDS awareness compared to 5.61%, 6.12% and 2.30% that preferred newspaper, television and the internet respectively.

Other forms of health education such as peer education, medical education, parental

guidance and school curriculum was associated with level of HIV/AIDS awareness (Fisher's exact test, $p=0.002$).

Actually, 12.89% of the students that reported medical education as one form of health education that increases HIV/AIDS awareness had high level of HIV/AIDS knowledge compared to 5.93% of peer education, 5.67% of parental guidance and 4.64% of school curriculum.

Table 7: Chi-squared results of other factors responsible for HIV/AIDS awareness among secondary school adolescents

Characteristic	Low	Moderate	High	Total	p-value
Media preference	No. (%)	No. (%)	No.(%)	No(%)	0.011*
Radio	25(6.38)	101(25.77)	59(15.05)	185(47.19)	
Newspaper	9(2.30)	33(8.42)	22(5.61)	64(16.33)	
Television	20(5.10)	36(9.18)	24(6.12)	80(20.41)	
Internet	19(4.85)	35(8.93)	9(2.30)	63(16.07)	
Total	73(18.62)	205(52.30)	114(29.08)	392	
Factors that increase HIV/AIDS awareness					0.002*
Peer education	20(5.15)	80(20.62)	23(5.93)	123(5.93)	
Medical education	25(6.44)	60(15.46)	50(12.89)	135(34.79)	
Parental guidance	22(5.67)	46(11.86)	22(5.67)	90(23.20)	
School curriculum	4(1.03)	18(4.64)	18(4.64)	40(10.31)	
Total	71(18.30)	204(52.58)	113(29.12)	388	

** $p<0.05$*

Unadjusted multivariate logistic regression analysis of other factors responsible for HIV/AIDS awareness among secondary school adolescents

The above factors were analyzed using multinomial logistic regression to determine the independent associations with level of HIV/AIDS awareness. Results indicated that students that

preferred the internet were almost five times more likely to have low level of HIV/AIDS awareness compared to those that preferred the radio (cOR=4.98, 95%CI: 1.98-12.51, p=0.001).

Similarly, students that perceived that school curriculum increases their level of HIV/AIDS awareness were less likely to have low level of HIV/AIDS awareness compared to those that thought peer education would do so (cOR=0.26, 05%CI: 0.13-0.64, p=0.031).

Also, internet use was associated with more likelihood of having moderate than high level of HIV/AIDS awareness compared to radio (COR=2.27, 95%CI: 1.02-5.05, p=0.044), medical education (COR=0.35, 95%CI: 0.19-0.63, p<0.01) and school curriculum (COR=0.29, 95%CI: 0.13-0.64, p=0.002) was significantly associated with less likelihood of having moderate than high level of HIV/AIDS compared to peer education.

Table 8: Results of unadjusted multivariate logistic regression analysis of other factors responsible for HIV/AIDS awareness among secondary school adolescents

Characteristic	Level of HIV/AIDS awareness			
	Low versus High (cOR, 95%CI)	P-value	Moderate versus High (cOR, 95%CI)	P-value
Radio	1.0		1.0	
Newspaper	0.97(0.39-2.39)	0.939	0.88(0.47-1.64)	0.680
Television	1.97(0.92-4.19)	0.079	0.88(0.48-1.61)	0.670
Internet	4.98(1.98-12.51)	0.001*	2.27(1.02-5.05)	0.044*
Factors that increase HIV/AIDS awareness				
Peer education	1.0		1.0	
Medical education	0.58(0.27-1.24)	0.158	0.35(0.19-0.63)	<.001*
Parental guidance	1.15(0.50-2.67)	0.745	0.60(0.30-1.20)	0.147
School curriculum	0.26(0.13-0.64)	0.031*	0.29(0.13-0.64)	0.002*

*I=reference, *p<0.05*

Adjusted multivariate logistic regression analysis of other factors responsible for HIV/AIDS awareness among secondary school adolescents

After adjusting for both media preference and forms of education that was perceived by adolescent students to increase HIV/AIDS awareness, internet preference was associated with

increased likelihood of low level of HIV/AIDS awareness (aOR=4.97, 95%CI: 1.94-12.75, p=0.001) and increased likelihood of moderate level of HIV/AIDS awareness compared to radio (aOR=2.38, 95%CI: 1.05-5.39, p=0.038).

However, school curriculum was associated with decreased low levels of HIV/AIDS awareness in contrast to peer education (aOR=0.25, 95%CI: 0.07-0.88, p=0.03). Medical education was similarly associated with decreased moderate levels of HIV/AIDS awareness compared to peer education (aOR=0.32, 95%CI: 0.18-0.59, p=<0.001). School curriculum was as well associated with less likelihood of moderate HIV/AIDS awareness compared to peer education (aOR=0.29, 95%CI: 0.13-0.66, p=0.003).

Table 9: Results of adjusted multivariate logistic regression analysis of other factors responsible for HIV/AIDS awareness among secondary school adolescents

Characteristic	Level of HIV/AIDS awareness			
	Low versus High (aOR, 95%CI)	P-value	Moderate versus High (aOR, 95%CI)	P-value
Radio	1.0		1.0	
Newspaper	1.09(0.43-2.76)	0.845	0.94(0.49-1.81)	0.864
Television	2.03(0.93-4.42)	0.076	0.86(0.46-1.62)	0.643
Internet	4.97(1.94-12.75)	0.001*	2.38(1.05-5.39)	0.038*
Factors that increase HIV/AIDS knowledge				
Peer education	1.0		1.0	
Medical education	0.54(0.25-1.18)	0.12	0.32(0.18-0.59)	<0.001*
Parental guidance	1.16(0.49-2.75)	0.723	0.58(0.29-1.17)	0.129
School curriculum	0.25(0.07-0.88)	0.003*	0.29(0.13-0.66)	0.003*

*1=reference, *p<0.05*

CHAPTER FIVE

DISCUSSION

5.1 Introduction:

This chapter discusses the research findings in relation to the research objectives. From this conclusions and recommendations will be drawn.

5.2 The media sources for HIV/AIDS information used by adolescents.

The study findings from this study reveal that the most common media source for HIV/AIDS awareness used and preferred by adolescents is the radio (47.2%) and the report from key informant interviews also recommend the use of the radios by the students. This is because the radios are quite affordable, are small enough for the adolescents to carry and offer a wide range of other benefits such as musical entertainment which is a desire of the adolescents. These findings agree with the 2004 UNAIDS report in which it was reported that in the united states about 72% of Americans got information on HIV/AIDS through the television and the radio. It also corroborates with the findings of Tumushabe., (2006) in Uganda which reported that the radio is the most preferred form of mass media in Uganda.

5.3 Level of HIV/AIDS awareness.

The results of this study indicate that there was a moderate level of HIV/AIDS awareness (52%) among the adolescent students. This might be due to the fact that students are exposed to different forms of media which give varying forms of information on HIV/AIDS. These study findings corroborate with the findings of Underwood et al (2006) in the HEART campaign in Zambia which reported that there was a significantly higher knowledge among the students who had seen the campaign than among those who had not seen the campaign. The study results however do contrast with the UNAIDS (2004) findings in which over 60% of young women in 21 sub-Saharan countries have not heard of HIV and not knowledgeable on the mode of spread.

5.3 Link between level of HIV/AIDS awareness and media sources.

The study findings showed that students who watched television and used the internet were most likely to have moderate level of awareness on HIV/AIDS (OR=1.74 and 1.13 respectively) than those who listened to radios and read newspapers (OR=1and 0.95 respectively) . This is possible because students tend to see live images of the broadcast during

the airing of the information. The findings do corroborate with the 2004 survey findings of joint United Nations program in India in which over 70% of the respondents said that they had obtained information on HIV/AIDS through the television. The finding however contradicts that of kiragu-karusa et al (2007) evaluation report on the straight talk mass media campaign programme which showed that exposure to straight talk products such as straight talk radio and newspapers was significantly associated with higher HIV/AIDS knowledge on prevention and modes of transmission among primary and secondary school students including those out of school.

5.4 Other sources of HIV/AIDS information.

The study finding has shown that peer education is significantly associated with increased levels of HIV/AIDS awareness compared to parental guidance and school based curriculum. This is due to the fact that adolescents identify much with their peers and tend to learn these positive attitudes from their colleagues which in turn reinforce their behavior and understanding of HIV/AIDS. This finding agrees with findings of the study that was done in South Africa by Maretha J.Visser on HIV/AIDS prevention through peer education and support in secondary in 2007, where the results suggested that peer education can contribute to the delay in onset of sexually activity in secondary school learners and can be regarded as an appropriate strategy to deal with HIV prevention, especially for young people, since they discuss personal issues, have informal relationships and speak a common language.

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS.

6.0 Introduction.

This chapter gives the conclusions and recommendations are per the study findings.

6.1 Conclusions.

- The commonest source of information on HIV/AIDS was the radio.
- School based teaching on HIV enhances better understanding of HIV among students.
- Unguided use of the internet does not provide the students with the right knowledge on HIV.
- There was moderate level of HIV awareness among secondary school adolescents.
- Peer education and medical education are other non media sources of HIV/AIDS information.

6.2 Recommendations.

- Since radios remain the commonest and preferred media source for HIV/AIDS awareness in secondary schools, it needs to be promoted over other media sources to promote and enhance HIV/AIDS awareness. Schools should allow students have radios for information needs.
- HIV/AIDS topics need to be included in the normal school curriculum as an option for enhancing HIV/AIDS knowledge among students in secondary schools.
- Schools with computer and internet services need to guide students on what information they need to read especially on HIV topics.

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APPENDICES

APPENDIX I

CONSENT TO PARTICIPATE IN THE STUDY.

**“THE INFLUENCE OF MEDIA CAMPAIGN ON THE HIV/AIDS AWARENESS
AMONG ADOLESCENTS IN GOVERNMENT SECONDARY SCHOOLS A CASE
STUDY OF TORORO MUNICIPALITY”**

Dear participant,

you have been selected to participate in this study titled “ *the influence of media campaign on the HIV/AIDS awareness among adolescents in government secondary schools a case study of Tororo Municipality*”.. The main aim of this study is to seek vital information on the type of HIV/AIDS preventive and awareness information the media passes on to the adolescents and the forms of media students are much exposed to. The information you give will be kept confidential and it will be only used for the research purpose. The result /findings of this study will be used in updating the media on how influential they are in prevention of the HIV/AIDS and on better ways of passing the HIV/AIDS prevention messages to the secondary school adolescent’s students.

Participation in this study is voluntary and you are free to withdraw your participation at any time. Accepting to participate in this study will not attract any benefits and refusal to participate will not have any penalties.

Your responses will be treated anonymous throughout the study and therefore your name is not required.

For any information on this study please feel free to contact the researcher on Telephone 0774655532/ 0705021763 or E-mail oronocatheryne@gmail.com

Please indicate below with a tick if you agree to participate or not.

I agree to participate I do not agree to participate

APPENDIX II
QUESTIONNAIRE.

The influence of media campaign on the HIV/AIDS awareness among adolescents in government secondary schools: A case study of Tororo Municipality

Instructions:

Please circle your response or write where necessary for the corresponding questions.

Where the following terms are mentioned in this study questionnaire, please refer to their meaning as below

1. Media: in this case is used to mean radio stations, TV channels, newspapers and the Internet
2. HIV/AIDS awareness information: information on abstinence, condom use, faithfulness, HIV/AIDS transmission routes, HIV/AIDS treatment and cure, voluntary counseling and testing
3. Outcome: this can be defined as any observed action that adolescents are taking with the aim of preventing the transmission and acquisition of HIV/AIDS after getting the information through the media and this action could be abstaining, using condom and being faithful and seeking for HIV testing.

Questionnaire No

PART ONE: BIO DATA

1. What is your Age in years _____ Years
2. Sex: (1) Male (2) Female

School information

3. Type of school
1. Single (Boys only) 2. Single (Girls only) 3. Mixed (Both boys and girls)
4. Form of schooling/study
1. Boarding only 2. Day only 3. Mixed (Both day and boarding)
5. Class in School (1)S.1-S.2 (2) S.3-S.4 (3) S.5-S6
6. What is your religion?
(1) Catholic (2) Protestant (3) Muslim (4) SDA (5) Others- please

specify....

7. Place of residence (1) Rural (2) Urban

8. What leadership role do you hold in the school?

(1) Prefect (2) Club leader (3) Religious leader (4) None

PART TWO: THE SOURCES OF MEDIA FOR HIV/AIDS INFORMATION

9. Which of the media sources below do you mostly prefer for obtaining HIV/AIDS information?

(1) Radio (2) Newspapers (3) Television (4) Internet.

10. Which of the media sources do you most easily access?(*Circle/Tick/Select one answer*)

a. Radio (*Go to Qn11a*)

b. Newspapers (*Go to Qn11b*)

c. Television (*Go to Qn11c*)

d. Internet(*Go to Qn11d*)

11. How frequently do you use the media source to obtain information on HIV/AIDS?

No.	Media source	Frequency of use				Go to.....
		Daily (1)	Weekly(2)	Monthly(3)	Yearly(4)	
Qn11a	Radio					Qn12a
Qn11b	Newspaper					Qn12b
Qn11c	Television					Qn12c
Qn11d	Internet					Qn12d

12. When did you last use the media source?

No.	Media source	Frequency of use			
		Yesterday (1)	Last week(2)	Last month(3)	Last year(4)
Qn12a	Radio				
Qn12b	Newspaper				
Qn12c	Television				
Qn12d	Internet				

13. Where do you mostly access the preferred media? (1) at school (2) at home (3) in church (4) public library (5) Others please specify.

14. Which factors mostly hinder your access to various media sources of HIV awareness?
 (1) Cost of media sources (2) Restriction by school authorities (3) Place of residence
 (4) Peer influence.

15. Which HIV/AIDS information do you mostly access from the media?
 (1) HIV transmission (2) HIV prevention (3) HIV treatment (4) The cause of HIV/AIDS.

PART THREE: THE LEVEL OF HIV AWARENESS AMONG ADOLESCENTS.

16. In the table tick either true or false against the statement.

HIV/AIDS statements	(1)True	(2)False	(3) Don't know
a) HIV stands for human immune virus			
b) AIDS stands for acquired immune deficiency syndrome.			
c) c) HIV/AIDS has got no cure.			

<p>d) d) HIV/AIDS incubation period is 3 months</p>			
<p>e) HIV/AIDS can be prevented through abstinence, condom use, being faithful to one's sexual partner and voluntary counseling and testing.</p>			
<p>f) HIV/AIDS can be transmitted through unprotected sex with an infected person, from the infected mother to the child, blood transfusion from an infected blood donor.</p>			
<p>g) HIV/AIDS cannot be transmitted through handshakes with infected person, sharing meals, playing and insect bites.</p>			
<p>h) ARVS are drugs</p>			

used to treat HIV but not to cure HIV/AIDS.			
i) Can you tell someone with HIV/AIDS			
j) Rich people cannot acquire HIV/AIDS			
k) Poor people suffer most from HIV/AIDS than the rich			

17. What are some of your personal experiences on HIV/AIDS?

- (1) Have someone in the family with HIV/AIDS (2) Lost someone due HIV/AIDS
 (3) Have HIV myself (4) None (Go to Qn. 19)

18. When did you experience the above?(1) Last 1 yr.(2) last 2 yrs. (3) Last 5 yrs.(4) Last 10 yrs.

PART FOUR: OTHER SOURCES OF HIV/AIDS INFORMATION.

19. Which of the following factors is most likely to increase your level of HIV/AIDS awareness?

- (1) Peer education (2) medical education (3) parental guidance (4) school curriculum.

20. Which of the factors below is most likely to reduce your level of HIV/AIDS awareness?

- (1) Peer education (2) Poor medical education (3) Lack of parental guidance (4) school curriculum.

APPENDIX III:

INTERVIEW GUIDE FOR KEY INFORMANTS IN SCHOOLS.

THE INFLUENCE OF MEDIA CAMPAIGN ON HIV/AIDS AWARENESS AMONG ADOLESCENT IN GOVERNMENT SECONDARY SCHOOLS. A CASE STUDY OF TORORO MUNICIPALITY

Instructions:

Please provide your responses as per the questions below.

Part one: Biodata.

1. sex (1)male (2) female
2. Age in years.....
3. Marital status (1) single (2) married (3) divorced (4) widowed.
4. Religion. (1) Catholic (2) protestant (3) Muslim (4) others please specify.....
5. What is your position in this school?
(1)Head teacher (2) deputy head teacher (3) religious leader (4) patron / matron (5) others specify.....
6. Type of school
1. Single (Boys only) 2. Single (Girls only) 3. Mixed (Both boys and girls)
7. Form of schooling/study
1. Boarding only 2. Day only 3. Mixed (Both day and boarding)

PART TWO: THE MEDIA AS SOURCE OF HIV/AIDS INFORMATION, IT'S INFLUENCE ON ADOLESCENTS AND OUTCOME

1. The rate to which the adolescents in secondary schools are exposed to media of all forms it's of the rise, as for you
 - a) Which form of media are students in this school exposed to?
 - b) Why should adolescents in secondary schools be exposed to HIV/AIDS information through the media?
 - c) Which of the above mentioned media contains more information on HIV/AIDS?
 - d) Which media form can you recommend for the adolescents to use in order to access more HIV/AIDS information

- 2 a) which newspapers does the school provide to the students?
- b) Which newspapers would you recommend for the adolescents to use in order to access more HIV/AIDS information?
- c) What kind of the HIV/AIDS information do the newspapers pass on to the students?
- 3a) Does the school have the television services for the students? If yes why does the school provide them?
- b) How do you regulate what the students watch?
- 4 a) Does the school have the Internet services in place for students? If yes why does the school provide them?
- b) How do you regulate what student surf from the Internet?
- 5 a) Does the school allow students to own radios when at school? If no why not?
6. The exposure of student to HIV/AIDS information through the media can influence student behavior, how do you think student's behaviors are affected? (Do they tend to have positive attitude towards prevention of HIV/AIDS or not?)
7. What could be the relationship between student's exposure to HIV/AIDS information through the media and their behavioral responses

APPENDIX IV:

MAP OF UGANDA SHOWING THE LOCATION OF TORORO DISTRICT.



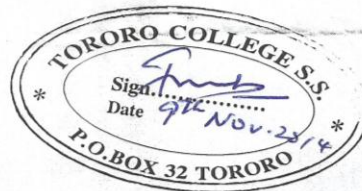
APPENDIX V:
INTRODUCTORY LETTER



Office of the Dean, Institute of Health Policy & Management

Kampala, ~~20th October 2014~~
31/10/2014

TO THE HEADTEACHERS, MANJAJI HIGH SCHOOL,
TORORO COLLEGE, ROYAL MOUNTAIN SCHOOL AND
TORORO GIRLS' SECONDARY SCHOOL



Dear Sir/Madam,

RE: ASSISTANCE FOR RESEARCH

Greetings from International Health Sciences University.

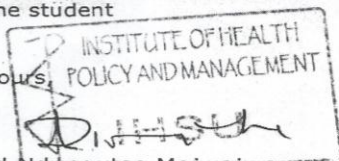
This is to introduce to you **Alokait Catherine, Reg. No. 2011-BSCPH-FT-023** who is a student of our University. As part of the requirements for the award of a Bachelors Degree of Public Health of our University, the student is required to carry out field research for the submission of a Research Project.

Alokait would like to carry out research on issues related to: **The Influence of Media Campaigns on HIV/AIDS Awareness among Adolescents in Government Secondary Schools; A Case study of Tororo Municipality**

I therefore request you to render the student such assistance as may be necessary for her research

I, and indeed the entire University are thanking you in anticipation for the assistance you will render to the student

Sincerely Yours,



Prof. David Ntungutse Majwejwe
Dean, Institute of Health Policy & Management

MAKING A DIFFERENCE IN HEALTH CARE

International Health Sciences University
P.O. Box 7782 Kampala | Uganda | East Africa
Tel: (+256) 0312 307 403 | E-mail: info@ihsu.ac.ug | web: www.ihsu.ac.ug