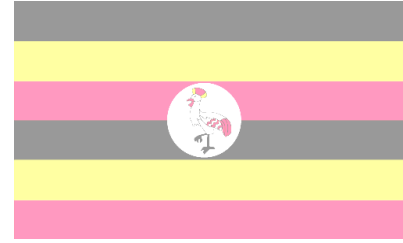


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# DRAFT REPORT FOR THE BASELINE SURVEY ON HIV/AIDS/STDs & ROAD SAFETY ALONG DOKOLO-LIRA ROAD

SEPTEMBER 2008

*Making performance happen*



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## **TABLE OF ACRONYMS**

ACP	AIDS Control Programme
AIC	AIDS Information Centre
AIDS	Acquired Immune Deficiency Syndrome
BDR	Blood Donor Recruiters
HIV	Human Immune Virus
KADO	Kagumu Development Organisation
NGO	Non Government Organisation
NRM	National Resistance Movement
PMCT	Prevention of Mother to Child Transition
STDs	Sexually Transmitted Diseases
TOR	Terms of Reference

## **1. CONSULTANCY OBJECTIVES**

### **1.1 Background**

As part of project implementation process, Kagumu Development Organisation (KADO) contracted Reflect Consultancy Ltd a Research, Management and Organisational Development consulting firm to carry out a baseline survey on the status of HIV/AIDS/STDs and Road safety along Dokolo – Lira road in order to enable the organisation deliver effective services.

The consultant's Terms of References (TOR) involve the following:

- (i) Administering the survey questioner to respondents in the study area as a means of assessment of the status of HIV/AIDS and the Road safety along Dokolo – Lira road;
- (ii) Verification of the IEC strategies that are being implemented in all the 3 sub counties in Dokolo and 6 sub counties in Lira (Aputi, Dokolo, Agwata sub – counties), and (Akalo, Amac, Amach, central division, Adekokwok and Emte) respectively that KADO operates in.
- (iii) Establish the level of community understanding of HIV/AIDS/STDs and the effectiveness of current service providers with a view to recommend improvements;
- (iv) Review of relevant documents like research reports, on HIV/AIDS/STDs situation in Uganda and particularly Northern region.
- (v) Verification that the financial management procedures in the funds flow process are being adhered to by the project;
- (vi) Assessment of the effectiveness of the signposts along the road.

### **1.2 Objectives of the research**

The purpose of the survey is to establish baseline information on HIV/AIDS /STDs and road safety among the people along Dokolo-Lira road so as to enable Kagumu Development Organisation (KADO) deliver effective services.

The purpose of the survey is also to evaluate the prevention and awareness on STDs among the people in Lira and Dokolo.

The baseline survey should also determine the existence of adequate resources, service providers and procedures that will ensure project implementation is completed within the stipulated project life.

Furthermore, the main objective of the baseline survey is to establish the status of HIV/AIDS /STDs awareness among the people along Dokolo-Lira road, relationship between HIV/AIDS and gender, and road safety awareness among the people along Dokolo-Lira road.

### **1.3 Scope of the Review**

The study focused on establishing baseline information and status of HIV/AIDS /STDs and road safety among the people along Dokolo-Lira road. And also the prevention and awareness on STDs among the people in Lira and Dokolo.

In terms of coverage, three Districts were targeted including Dokolo (Aputi, Dokolo, Agwata sub –counties), Lira (Akalo, Amac, Amach, central division, Adekokwok and Emte) and Apac (Nambyeso sub county). A total of 10 sub-counties were visited, 24 parishes, 61 villages and some trading centres were equally visited for data collection.

## **2. LAY OUT OF THE REPORT**

This report consists of six main sections.

Section 1	Consultancy objectives
Section 2	Lay out of the report
Section 3	Methodology
Section 4	Detailed findings and Analysis
Section 5	Key conclusions and recommendations
Section 6	Appendices

### **3. METHODOLOGY**

#### **3.1 Approach to the study.**

The initial steps in the research process are very vital but rarely are likely to be designed in a detailed research plan at the outset of a project (Sekaran, 2000). There are basically three approaches to research as described by Mugenda (2002) Causal, descriptive and exploratory. Exploratory research attempts to indentify and describe the real nature of the research problems, which may require the use of hypothesis testing at a later stage. Descriptive research however, stems from extensive prior knowledge of the research variables. This descriptive questions yield specific information resulting in a largely descriptive study. Causal research attempts to identify factors which underline certain behaviours. Mugenda (2002) however, caution that cause and effect relationships are quite difficult to evaluate in a realistic and objective way because there is attendance to jump to wrong conclusion. While this survey employed mainly descriptive approach, other approaches were also employed where necessary.

The study therefore was across-sectional and descriptive in nature. It collected both qualitative and quantitative data from men, women, and children from ages of 12-18 both girls and boys within the survey area.

Data collection involved interviews with key stakeholders along Dokolo-Lira Road in 8 sub-counties, 12 centres and review of the existing literature. The baseline survey was carried out using individual questionnaires. However, the data collected from the survey was supplemented by key documents reviewed like reports, publications, National data on HIV/AIDS and STDs including road safety.

#### **3.2 The scope and coverage of the study.**

The study focused on establishing baseline information and status of HIV/AIDS /STDs and road safety among the people along Dokolo-Lira road. And also the prevention and awareness on STDs among the people in Lira and Dokolo. In terms of coverage, three Districts were targeted including Dokolo (Aputi, Dokolo, Agwata sub –counties), Lira (Akalo, Amac, Amach, central division, Adekokwok and Emte) and Apac (Nambyeso sub county). A total of 10 sub-counties were visited, 24 parishes, 61 villages and some trading centres were equally visited for date collection.

#### **3.3 Sample selection.**

A random sample of 300 people (164 males and 136 females) was selected from the study areas of three Districts of Dokolo, Lira and Apac. Although Dokolo and Lira had been primarily selected for the study, some of the areas under the study were found to be in Apac like Nambyeso sub-county. The study area appeared to fall in both rural and trading centres and techniques employed ensured samples were drawn from villages and centres. However, respondents for key informants were randomly selected for Lira, Dokolo and Apac. This was due to the fact that the survey aimed at establishing baseline information along Dokolo-Lira road.

#### **3.4 Data collection.**

The following instruments were employed during the process of data collection.

- A questionnaire administered by the research assistants to randomly selected female and male respondents
- A review of secondary data source including report, publications and government records.

### **3.5 Documents review and analysis.**

The baseline survey involved review of relevant documents like research reports, on HIV/AIDS/STDs situation in Uganda and particularly Northern region. The HIV status and road safety in Uganda, HIV/AIDS intervention status report (2004). Workshop reports, police records on road accidents. The researcher also visited government institutions, civil society organisations, libraries, newspapers; AIDS support organisations and documents from Uganda Aids Commission. The documents reviewed helped to enrich the understanding of the research team on HIV/AIDS /STDs status, awareness of people about road safety and these were used in the development of survey tools to address the gaps in the level of awareness status of HIV/AIDS and road safety of people along Dokolo-Lira road.

### **3.6 Data analysis and interpretation.**

The research team checked questionnaires for completeness on daily basis and the data collected was later compiled before subjecting to statistical analysis using micro soft computer packages. Both qualitative and quantitative data was also compiled and analysed to provide feedback on the set objectives of the survey. The information generated from the interpretation of the analysed data formed a basis for compiling the survey report and the finding provided a basis for shared learning at the end of the project.



## 4. DETAILED FINDINGS AND ANALYSIS

### 4.1 Scope of work undertaken

We carried out a review of relevant documents, sample selection and carried out site visits to administer the questioners.

The survey focused on establishing baseline information and status of HIV/AIDS /STDs and road safety among the people along Dokolo-Lira road, and also the prevention and awareness on STDs among the people in Lira and Dokolo.

We made recommendations for improvement/effective service delivery by KADO along Dokolo-Lira road.

This chapter further outlines the analysis and interpretation of findings, presented in the following order:

- Awareness of STDs
- HIV/AIDS and other STDs service provision
- Road safety awareness
- Occurrence of road accidents

### 4.2 Awareness of STDs

Knowledge of STDs is nearly universal; the level of awareness on the forms of STDs was 91% of the respondents. The level of awareness was higher among men with 93% of the male respondents having knowledge of at least one form of STD as compared to 88% of the male respondents.

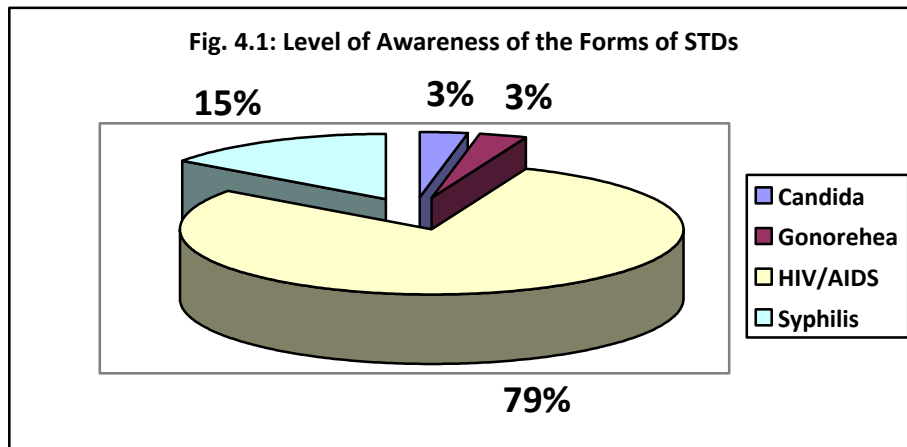
It was also established that the awareness levels are higher in Lira at 94% as compared to Dokolo at 88% of the respondents in the respective Districts.

#### 4.2.1 Forms of STDs.

The survey found out that the most common type of STD in the study area is HIV/AIDS. In the study area HIV/AIDS was found to be the most known at 79% of all the respondents. This was mostly well known to women in relationship/marriage and married men. Other forms of Sexually Transmitted Diseases included; Gonorrhoea, Syphilis and Candidiasis.

The **table 4.1** below shows the various forms of STDs that were found to be known in the study area. The table also indicates the extent each of the forms of STD was reported.

Form of STD	Frequency	Percentage
Candida	9	3%
Gonorehea	7	3%
HIV/AIDS	216	79%
Syphilis	41	15%



4.2.2 Awareness by Location/District of origin.

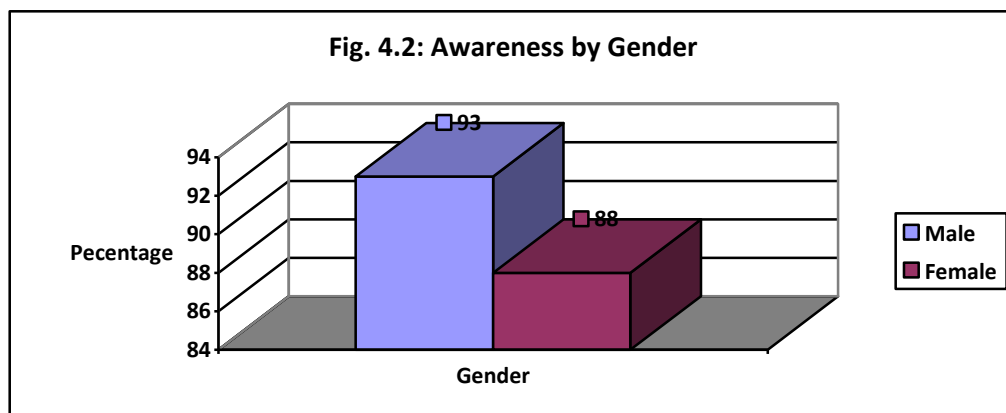
Out of the 300 respondents interviewed in the 2 Districts of Lira and Dokolo, 146 were from Lira and 154 from Dokolo, 94% of the respondents in Lira, 88% in Dokolo District had knowledge on at least one STD. This indicates high level of awareness of STDs in the area of study with Lira having a bigger percentage. This could be attributed to the fact that more people from Lira have access to information on STDs.

The **table 4.2** below shows Awareness of STDs by Location/District of origin of the respondents.

Awareness:	Yes		No		Totals
sex:	Male	Female	male	Female	
Lira	71	66	4	5	<b>146</b>
Dokolo	82	54	7	11	<b>154</b>
<b>TOTAL</b>	<b>153</b>	<b>120</b>	<b>11</b>	<b>16</b>	<b>300</b>

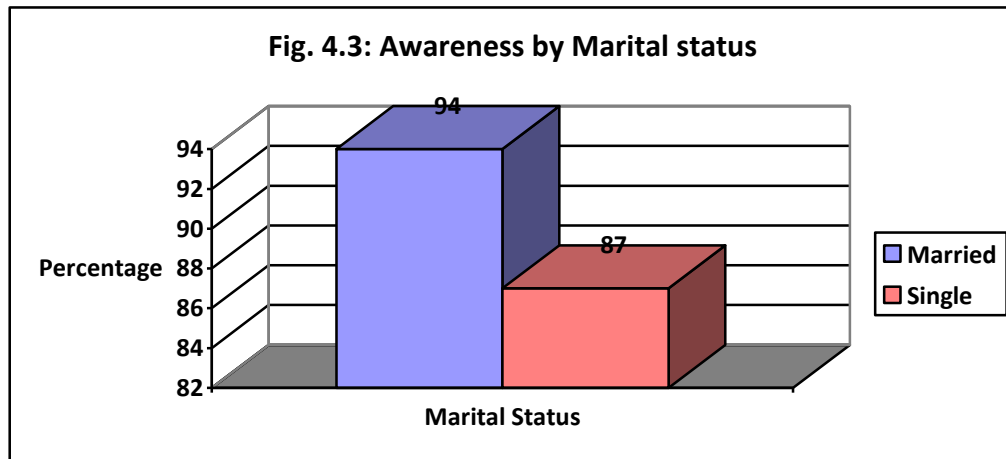
4.2.3 Awareness by Gender and marital status.

Of the 300 respondents interviewed, 164 were Male and 136 were Female, 93% of the male respondents and 88% of the female respondents had knowledge on at least one STD. This indicates high level of awareness of STDs among the men in the area of study.



It was further established that the married persons in the study area are more informed on the STDs as compared to the unmarried persons. During the study, 94% of the married respondents reported having knowledge of at least one STD. On the other hand, 87% of the

single/unmarried respondents said they had knowledge of at least one STD. This could be attributed to the fact that the married people are more exposed to information on STDs.

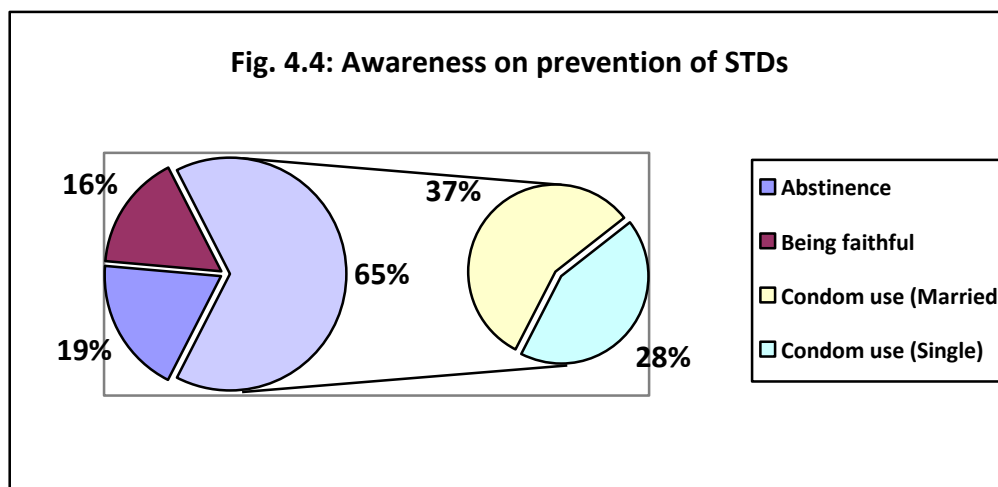


#### 4.2.4 Awareness on prevention of STDs.

During the survey it was established that 82% of the respondent know at least one method of preventing STDs. The respondents are aware of the methods of prevention of STDs and during the survey, they mentioned of the different methods that included the following:

- Abstinence
- Use of condoms&
- Being faithful

The team also found out that the most known/common method of prevention of STDs in the study area is condom use with 65% of the respondents having knowledge about this preventive measure



##### 4.2.4.1 a) Condom use/Protected sex

Proper use of condoms helps ensure safer sex. In Uganda, use of condoms is high compared to other methods of STD prevention and in the study area, 38% of the respondents having knowledge about preventive measures use condoms. However the issue of proper use of condoms in most cases is not taken care of thus exposing the different partner.

Of the 112 respondents who had sexual intercourse with more than one partner in the past one year, 68 respondents had unprotected sex. This means over 60% of the people in the area of study go in for unprotected sex thus increasing the risk.

The study established that condom use in recent sexual intercourse was 28% among sexually active girls and 33% among sexually active boys, higher percentages than reported in adults.

b) Gender aspect:

During the survey, it was found that condom use is mostly practiced by men. 69% of the respondents who practice condom use in the study area were men, whereas only 31% were women. This could be attributed to squid sensitisation, culture, fear factor and the fact that it's male condoms that easily accessible as compared to the female condoms. It was also established that 35% of unmarried as compared to 29% of married respondents practice condom use.

***If I have never seen a female condom, then how would I have used it? (Dokolo, Female respondent)***

c) Sensitisation on condom use:

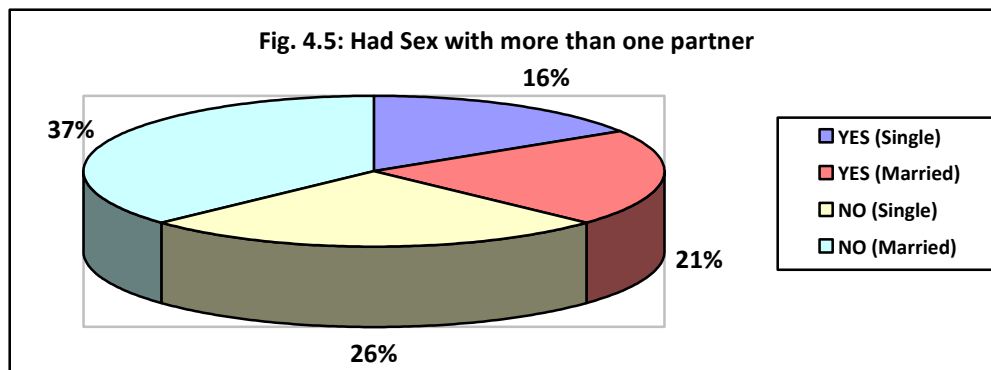
Results from the survey indicate that sensitisation on condom use is 53% in the area of study. Findings further indicate that 54% of all the respondents in Lira and 52% of all respondents in Dokolo have ever been sensitised on condom use

d) Condom preference:

In Uganda there are several types of condoms both at commercial and non commercial supply points. Survey findings indicate that **Protector** is highly desired.

4.2.4.2 Being Faithful

The survey found out that in the past one year, 37% of all the respondents had sex with more than one partner and of these 57% are married thus increasing chances of infection on STDs.



4.2.4.3 Abstinence/Never had Sex

The survey found out that in the past one year, 71% of all the respondents had sexual intercourse. With as low as 29% of the respondents abstaining, it implies that abstinence is not highly observed or practiced among the people in the study area

4.2.3 Source of information on STDs.

The survey found out that most people in Lira and Dokolo get information on STDs more frequently from Family & Peers followed by Health Centres and Schools. Findings indicate that 43% of the respondents get information on STDs from the family and peers. It further indicates that of the 43% respondents, 22% are from Lira and 21% from Dokolo (See Table below)

The **table 4.3** below shows Sources of information on STDs by District of origin, marital status and sex of the respondents.

		Married		Single		Frequency	Percentage
sex:		Male	Female	Male	Female		
<b>Radio talkshow</b>	Lira	0	5	7	3	<b>15</b>	6%
	Dokolo	12	0	0	0	<b>12</b>	5%
<b>Family &amp; peers</b>	Lira	15	16	11	12	<b>54</b>	22%
	Dokolo	19	15	9	10	<b>53</b>	21%
<b>Health Facility</b>	Lira	13	10	7	7	<b>37</b>	15%
	Dokolo	11	6	2	3	<b>22</b>	9%
<b>NGO</b>	Lira	0	2	0	0	<b>2</b>	1%
	Dokolo	0	0	0	0	<b>0</b>	0%
<b>Church</b>	Lira	2	1	0	0	<b>3</b>	1%
	Dokolo	0	0	0	0	<b>0</b>	0%
<b>Family Plan unit</b>	Lira	0	0	0	0	<b>0</b>	0%
	Dokolo	3	1	0	0	<b>4</b>	1%
<b>Straighttalk show</b>	Lira	0	0	0	4	<b>4</b>	1%
	Dokolo	0	0	2	0	<b>2</b>	2%
<b>School</b>	Lira	0	2	0	20	<b>22</b>	9%
	Dokolo	6	0	11	0	<b>17</b>	7%
<b>TOTAL</b>		<b>81</b>	<b>58</b>	<b>49</b>	<b>59</b>	<b>247</b>	100%

### 4.3 HIV/AIDS and other STDs service provision

AIDS in Uganda was first described in rural Rakai District in 1982. It is worthy noting that Uganda was the first developing country to publicly recognise the AIDS epidemic and define a national policy. In 1986, the new NRM Government established the National AIDS Control Programme (ACP) in the Ministry of Health with support from the World Health Organisation. The ACP was to be responsible for overseeing AIDS education, home care, counselling, research and monitoring of the epidemic. In 1992, the Uganda AIDS Commission was established with a multisectoral mandate, acknowledging that AIDS will affect all sectors of society, including health, education, agriculture, economics and development. The multisectoral approach also recognises that different sectors have unique and varying capabilities to contribute to the effort for prevention and control.

Today, nearly all Ugandans have heard of HIV/AIDS. The most common source of information being Family & Peers, Health Centres followed by Schools.

The groups identified as most susceptible to acquiring HIV/AIDS are women, girls and adolescent. Sexual practices, cultural norms and sometimes unarticulated social expectations all contribute to the high risk behaviours which make these groups particularly vulnerable.

Medical staff in the study area expressed concern that the linkage between alcohol and high risk sexual behaviour has not yet been addressed sufficiently. They also perceive that AIDS is still stigmatized, which affects the willingness of patients to seek assistance and the quality of support availed to persons who manifest symptoms of AIDS.

#### 4.3.1 Women and AIDS.

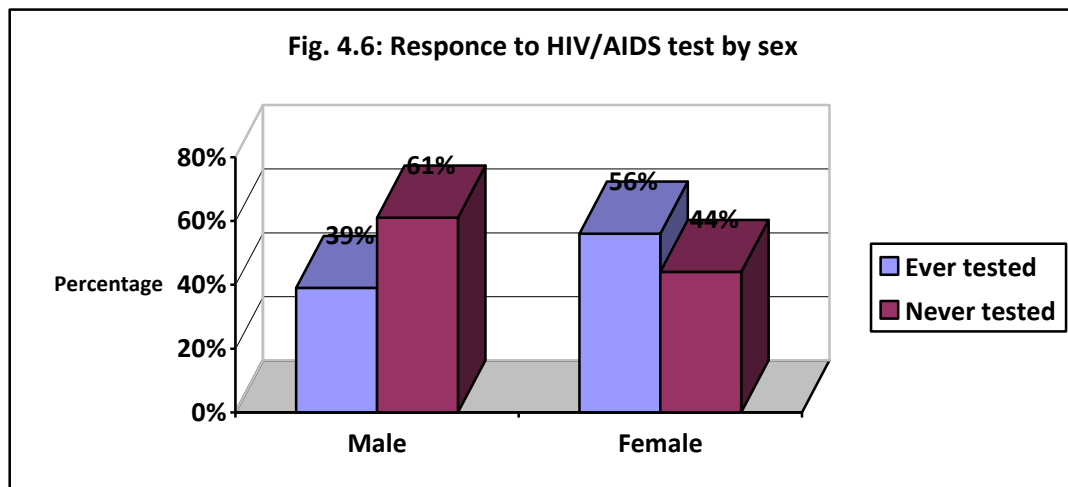
Slightly more than half of reported AIDS cases have occurred among girls and women. Women are at greater biological risk than men for infection through sexual contact, probably because of the greater mucosal surface lining the vagina and the prolonged period of contact with the male partner's sexual fluids after intercourse. Widespread cultural practices such as formal and informal polygamy, inheritance of widows and lack of property inheritance for women tend to deprive women of independent decision that they will be infertile, a very great threat in this pro-natal culture (Asera et al, 2004)

*“Some cultures here allow men to marry any number of women they feel like marrying. Women have no say as to whether the husband can marry again or not; this puts them at risk of acquiring AIDS.” (Lira, Female & Married Respondent)*

*“Widow inheritance still exists. You are a wife of the family and, if the husband dies, you can still be taken over by one of his brothers, exposing you to AIDS.” (Dokolo, Female & Married Respondent)*

During the survey, it was established that women (and men) are driven into economic strategies by poverty, this exposes them to high risk sexual behaviour. For women along the road and in the trading centres, this includes not only commercial ‘prostitution’ but also ‘transaction sex’ or ‘sex for exchange’ where sex is traded for presents, goods or financial assistance.

Women have taken an influential step in the fight against HIV/AIDS by visiting service provision centres and experts. Findings from the survey further indicate that 56% of the female respondents have undertaken an HIV/AIDS test as compared to 39% among the male respondents.



#### 4.3.2 Men as partners for change

Engaging men as partners in fighting AIDS can help change the course of the epidemic. Cultural beliefs and expectations about ‘manhood’ may encourage risky sexual behaviour in men. This puts them – and their partners – at heightened risk. (UNAIDS, December 2006)

Men and boys along Dokolo-Lira road can make a difference when they practise safer sexual behaviour. Involving men in action to prevent HIV infection complements longstanding efforts to improve the sexual and reproductive health of men as well as women.

#### 4.3.3 Adolescents/Youth and AIDS.

Youth face special risks. Survey findings put the average age of first sexual intercourse about 15 years in the area of study. Being an average figure, this means that youth today are starting earlier, even as early as 10, 11, and 12 years. Out-of-school youth, both boys and girls, are more vulnerable; non-school attenders have reported first sex at a younger age, on average at 13.6 years.

Girls are particularly vulnerable to pressures for early sex. A long-standing pattern of older men engaging in sex with younger girls seems to have been exacerbated by the AIDS epidemic: more men are seeking adolescent girls and school age girls in an attempt to avoid contact with HIV.

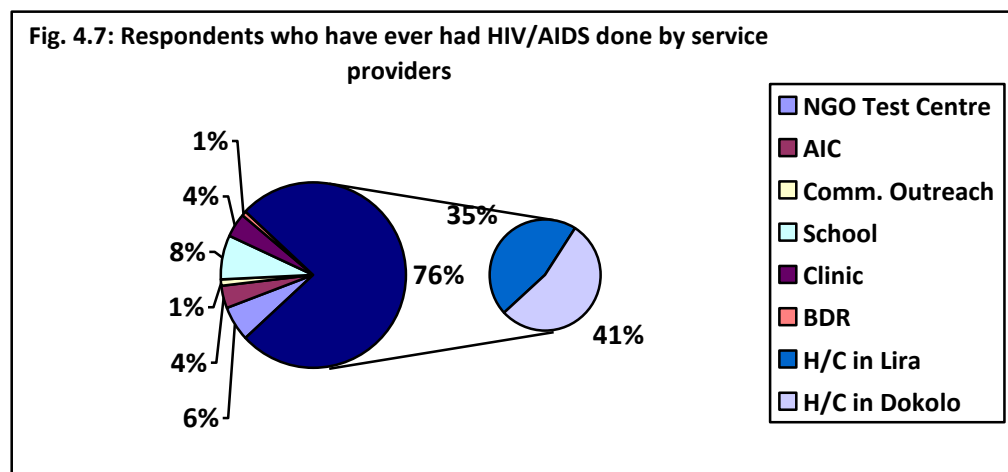
***“Girls get involved in love affairs with sugar daddies, not because they enjoy misbehaving, but from lacking financial support. Parents, in most cases, do not satisfy their daughters’ financial needs which forces them to go out and expose themselves to risk.”***  
(Lira Respondent)

#### 4.3.4 Service providers in the study area.

During the study, it was established that some STD service providers exist in the area and have been offering services to the people. Some of the services offered include: Information, Communication & Education, Voluntary testing, Treatment of some STDs, Counselling, Home based care, Condom distribution/sale, and PMCT.

Service providers include: Health Centres, NGOs, AIDS Information Centre (AIC), Community Outreach, Schools, BDR, Clinics, HIV/AIDS Resource person, Family & Peers, Churches and Family Planning Units.

Health Centres are the leading service providers in the area of study. According to the study findings, most of the tests for HIV/AIDS are done at Health centres. The study findings further show that 47% of the respondents have ever taken a test for HIV/AIDS and of those who have tested, 76% did it at a health centre (See Fig. 4.7 Below)

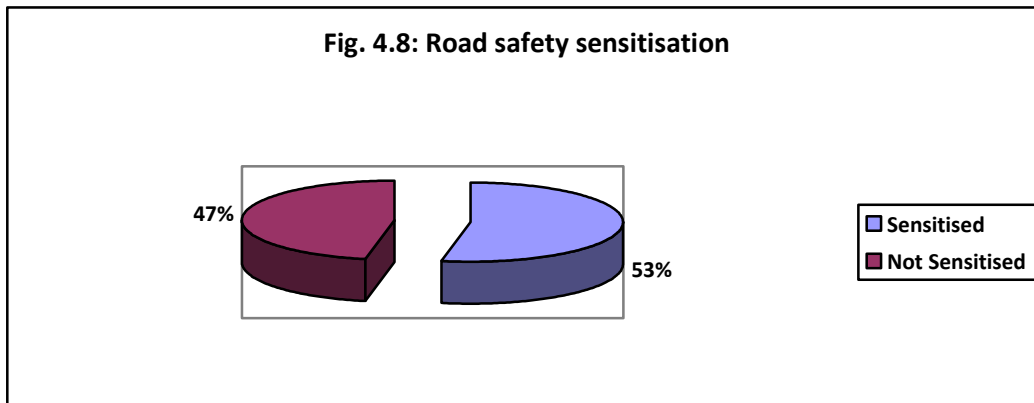


#### 4.4 Road safety awareness

While most people feel that improving / upgrading roads leads to economic development of a given area, there are some ill threats attached and it is the safety of the road users and the people who stay near the road.

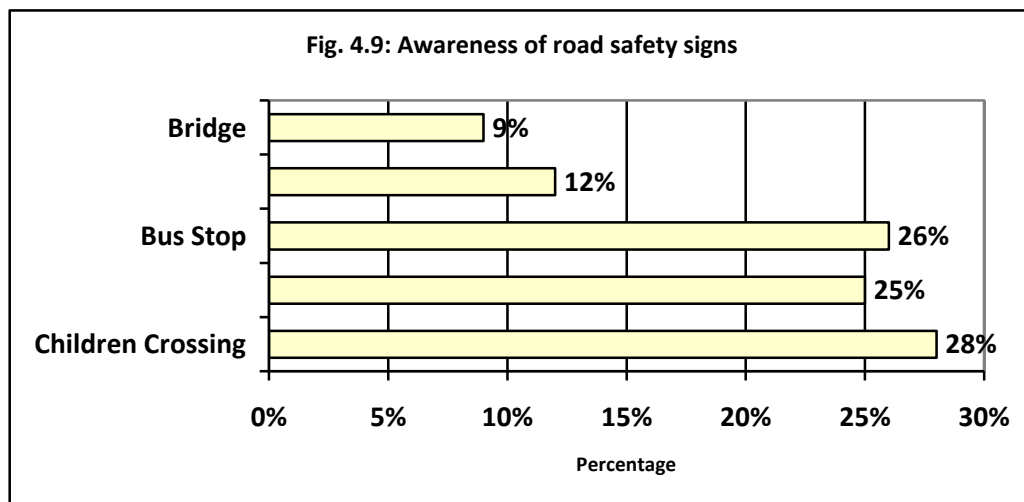
##### 4.4.1 Road safety sensitisation.

Sensitization is a mode of information dissemination as such getting the populace informed. Findings from the study indicate that, 53% of the respondents have ever been sensitised on road safety (See Fig. 4.8 Below)



##### 4.4.2 Awareness of Road safety signs

The survey results indicate that 63% of all respondents are aware of at least one road safety sign. The survey also reveals that Children crossing is the most known road safety sign. (See Fig. 4.9 Below)



##### 4.4.3 Sources of Road safety information

The survey found out that most people in Lira and Dokolo get information on Road safety more frequently from Police followed closely by Schools. Findings indicate that 40% of the respondents aware of road safety get information on road safety from the police. (See Table below)



The **table 4.4** below shows Sources of information on Road Safety by District of origin and sex of the respondents.

Source		Male	Female	Frequency	Percentage
Radio	Lira	14	4	18	12%
	Dokolo	16	8	24	15%
Police	Lira	19	5	24	15%
	Dokolo	28	11	39	24%
School	Lira	12	17	29	18%
	Dokolo	10	14	24	15%
<b>TOTAL</b>		<b>99</b>	<b>59</b>	<b>158</b>	<b>100%</b>

#### 4.5 Occurrence of road accidents

Road accidents have continued to occur on most of the roads in Uganda. These accidents have caused permanent injuries or death to the victims yet according to the study only 4 respondents are insured against road accidents.

The **table 4.5** below shows respondents' involvement in road accidents by District of origin and sex of the respondents.

Had accidents	Yes		No		Totals
sex:	male	Female	male	Female	
<b>Lira</b>	12	16	63	55	<b>146</b>
<b>Dokolo</b>	18	13	71	52	<b>154</b>
<b>TOTAL</b>	<b>30</b>	<b>29</b>	<b>134</b>	<b>107</b>	<b>300</b>

##### 4.5.1 Factor that lead to road accident

The survey established the factors that lead to road accidents along Dokolo-Lira road. They are as listed below:

1. Careless driving
2. Careless road crossing
3. Over speeding
4. Failure to study road signs
5. Driving under the influence of alcohol
6. Over loading
7. Poor mechanical status of the vehicles
8. Bad roads
9. Failure to follow traffic rules and regulation
10. Lack of road signs in some area

##### 4.5.2 How to prevent road accidents

The survey established the measures to be under taken so as to prevent road accidents in the area of study/along Dokolo-Lira road. They are as listed below:

1. Employing traffic highway patrol police
2. Enforce speed limit
3. Avoid over loading
4. Avoid driving when drunk
5. Sensitisation of people to follow traffic rules
6. Careful Cycling and driving
7. Repair/maintainance of roads
8. Erecting road safety drive signs
9. Constructing humps especially at Trading Centres

## **5. KEY CONCLUSIONS AND RECOMMENDATIONS**