

**MEN'S PERCEPTION OF THEIR OWN  
RISK EXPOSURE TO HIV  
INFECTION AND RESPONSIVE  
BEHAVIOUR: A Case study of Kibera  
Slums in Nairobi**



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FULFILMENT OF THE REQUIREMENT FOR THE  
MASTER OF ARTS DEGREE IN THE UNIVERSITY OF  
NAIROBI.**

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# DECLARATION

I, JOHN NDUNGO NDERITU, hereby declare that this project paper is my original work and has not been presented for a degree in any other University or any other award.

Signed



Date

30-10-03

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**John Ndungo Nderitu**

This project paper has been submitted for examination with our approval as University Supervisors.

Signed



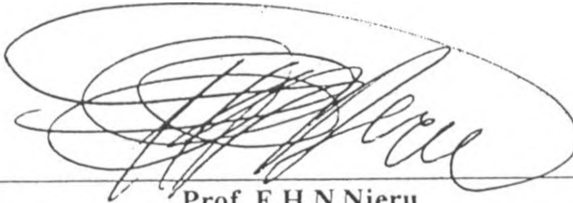
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# DEDICATION

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To all the kind persons I met in my life and to those who have been an inspiration in my life: my parents, my brothers and sisters, my supervisors

To my lovely wife Nyambura and my son Nderitu

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# **LIST OF ABBREVIATIONS**

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ABC	Abstinence, Being faithful and Use of condom
AIDS	Acquired Immuno Deficiency Syndrome
HIV	Human Immuno-deficiency Virus
FGM	Female Genital Mutilation
KANCO	Kenya Aids NGOs Consortium
KHDS	Kenya Health Demographic Survey
MOH	Ministry of Health
PLWA	People Living With AIDS
SPSS	Statistical Package for Social Scientist
STD	Sexually Transmitted Diseases
STI	Sexually transmitted infections
SSA	Sub Saharan Africa
UNAIDS	joint United Nations program on HIV/AIDS
UNDP	United Nation Development Program
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

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# ABSTRACT

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## Background

Acquired Immune Deficiency Syndrome (AIDS) is a serious public health problem in Africa with the most affected countries found in sub-Saharan Africa especially those located in the east, central, and southern part of the continent. In Kenya, one in 11 adults is infected with the virus that causes AIDS.

The aim of this study was to assess men's perception of their own risk exposure to HIV infection and responsive behaviours and in so doing explore ways in which men can be made to change their sexual behaviours in order to curb the high rates of HIV infections. Reasons specifically why this study was carried out was to gain men's understanding and meaning of risk of HIV infection, identify men's notion of vulnerability to HIV infection, understand how men rank risk (in terms of which behaviours they see being most likely to lead them to HIV infection), to determine how men negotiate and avoid these risks, and lastly to assess methods that men use to deal with these risk factors.

## Method

A survey using a questionnaire was conducted to select a sample using simple random sampling technique. Participants in the study were 199 men between the ages 17 – 45, both married and unmarried men residing in five villages in Kibera slums, Nairobi Kenya.

## Result

Two hundred questionnaires were distributed to the five interviewers for data collection. One hundred and ninety nine questionnaires were returned and one never returned. The results given in this study is from those respondents who answered various question and 199=100%

Respondents were categorized according to their age and social background like religion, education level, and-marital status. These four categories were used as the independent variables which others were dependent on.

The age categories were three, young (<25 year) represented 42.7%, middle age (26–35 years) represented 43.7% and lastly old age (>36 years) represented 13.5%.

Marital status– 105 respondents were single while the remaining 94 were married. For the married ones, 81.7 % had one wife and 18.3% had more than one wife. The main reason given by those in polygamous families why they married many wives was to have one in their urban and rural home and because first wife could not satisfy them sexually. Married men reported having other sexual partners other than their wife(s). Single men reported having sexual partners. In a period of 6 months before the study, these single men reported having between three and twelve sexual partners.

Knowledge about HIV/AIDS was 97.5% and the single most source of HIV/AIDS information was mass media contributing to 67.1% followed by personal observation with a percentage of 10.5.

Majority of respondents knew that AIDS kills (53%) while 40% of respondents knew that AIDS has no cure. Modes of transmission that most men reported to be familiar with were: through sexual intercourse and blood transfusion.

Perception of risk– majority of men thought that anybody is vulnerable of being infected with HIV but when it comes down to individual perception to vulnerability, men underestimate the risk they are in that can lead to HIV infection. In this study group, 25 % of respondents considered themselves to be at no risk of HIV infection, 52% said they were at low risk, 20% were at high risk of getting HIV while 3% were already infected with HIV.

Behaviours that these men considered high-risk behaviours were promiscuity and drug / alcohol abuse. On the other hand having multiple sex partners, unprotected sex and alcohol abuse were seen as the major risk factors that would increase the chances of a man being infected with HIV.

Condom use: married men reported that they use condoms with their wife(s) to protect themselves from contracting STI's (75%). When going out for extramarital sex, 29 respondents reported that they used a condom last time they had sex out while 14 reported that they had unprotected sex last time they had an extramarital sex.

These men when asked if they thought whether they could get infected with HIV when having sex with non-steady partners, 19% of them said that there was no possibility of being infected.

Protective measures or responsive behaviours to counteract HIV risk factors that men reported to use were: being faithful to one partner, abstinence for single men, being “saved” and prayers, and reducing number of sexual partners.

### **Conclusion**

Men underestimate their risk of HIV infection despite engaging in behaviour they consider risky. Many of them continue having multiple sex partners, having unprotected sex with unsteady partners and married men engaging in extramarital affairs, behaviours these men reported to be the most risky and which increase chances of one getting AIDS. Social backgrounds like education level, marital status do not seem to influence sexual behaviours. Majority of men in this study exhibited similar sexual behaviours despite coming from different social background.

Sexual desire and recognition by peers drives men into behaviours that put their lives in danger. Sex and masculinity are instilled by society as a whole and reinforced by peer pressure. Hence men hang around public places where they engage in sex talk with their peers and they encourage each other on how one can have the best sex encounter, these talks accompanied by alcohol and other drugs mostly end up in unprotected sexual encounters with unfamiliar partners.

Hence comprehensive sex education indicating consequences of unprotected sex and risk of HIV need to be taught to men so that they can change their sexual behaviours as this would change the course of HIV infection in Kenya and Africa as a whole.

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In life, there are three groups of people, those who make things happen, those who wait for things to happen, and those who wonder how things happen. During my times of carrying out this study, I came across many people but there are those who made things happen and I was able to complete my work.

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# CHAPTER ONE

## INTRODUCTION

### 1.1 Introduction

The spread of HIV/AIDS has exceeded the worst projections by far. Over 34.6 million people in the world are currently living with HIV/AIDS and one-third of these are young people between the age of ages of 10 and 24 (World Bank 2000). The epidemic continues to grow as 16,000 people worldwide become infected each day. Fourteen million adults and children have already lost their lives to this devastating disease and the death toll rises each year (World Bank 2000). Despite these alarming figures, AIDS is still an emerging and growing epidemic.

The cost of inaction in African countries has led to millions of new infections and unnecessary deaths. In 1982, there was only one country in Africa, Uganda, with an adult prevalence rate higher than 2 percent. Today there are 21 countries in Africa with prevalence higher than 7 percent. (World Bank 2000) and this could have been as a result of delay by the African government and people to take action against the spread of this deadly disease. The cost of delaying an intensified response is monumental. More than 4 million people in Sub-Saharan Africa (SSA) were newly infected in 1998 and the numbers have continued to grow since then. Most of these people will die within the next decade, leaving millions of orphans. The resulting social decay and breakdown could threaten socio-economic development for decades to come.

Despite the mounting crisis, there is still hope in Africa. Though HIV prevalence rates are high, more than 200 million adults in Africa are not yet infected. However many are vulnerable and will be infected and die unless action is taken now. Three main intervention strategies for reducing heterosexual HIV transmission in sub-Saharan Africa include promoting condom use, encouraging such behaviour as the number of sexual partner, and seeking prompt and appropriate care for sexually transmitted

diseases (STDs) (Kenguya-Kayondo *et al.*, 1999). These strategies rely mainly on modification of behaviour, a major component of which is the individual belief that he or she is genuinely at risk. This concept of personal risk or vulnerability underlies the theoretical and practical aspect of behaviour change programmes for HIV/AIDS prevention but has been little studied (Kenguya-Kayondo *et al.*, 1999). It is against this background that this study is launched.

## 1.2 Problem Statement:

Much research on the control of HIV/AIDS and HIV transmission has focused on evaluation of the degree on which individual actions conform to scientific guidelines for HIV transmission (Nzioka., 1996). But this approach fails to account for the persistence of high-risk sexual behaviour by over looking the importance of factors such as past sexual behaviour, type of relationships and self-efficacy. The approach further ignores the emotional and situational framework within which sexual activity takes place (Nzioka., 1996).

Most studies have focused on women and children leaving out men who play a bigger role in sexual activities. And despite the public awareness that have been created and the high level of awareness that people have on the preventive measures against HIV infection, many people in Kenya are being infected with the virus and AIDS has become a major killer disease in Kenya today. Hence, there is a need to focus on men. As partners in reproductive health, men may be decision-makers, promoters and/or providers. Improving male participation in reproductive health entails strengthening their role at various levels:

At the family level as holders of economic power; Men as husbands and fathers are responsible for the health of the family, which includes protection of the family from HIV/AIDS and other STDs. They also play a role in child upbringing.

At the community level, men exercise their authority as opinion leaders to counter unfavourable cultural practices such as wife inheritance and cleansing, Female Genital Mutilation (FGM), which promotes the spread of the AIDS virus.

Fighting HIV/AIDS especially in Africa may require men to take responsibility for what was often thought as a woman's disease. This can be achieved by taking the following measures.

Change of sexual behaviour: men have the power to decide to engage in sex with only one partner as this would minimise the spread of HIV in case of an infected man, and it also prevents the contraction of the virus by uninfected partner. This will only work well if both partners know their serostatus before engaging into sex.

The use of condoms greatly reduces the chance of spread of the AIDS virus.



General education about the HIV/AIDS epidemic and advocacy for VCT for HIV and other STDs creates awareness and greatly reduces the chances of spread of HIV.

### 1.3 Objectives of the study

The aim of this study is to find out how men perceive their vulnerability to STDs/HIV infection and their responsive behaviour. The study is designed to accomplish the following:

- To gain men's understanding and meaning of risk to HIV infection
- To identify men's notion of vulnerability to HIV infection
- How they rank risk
- How men negotiate and avoid risk
- To assess methods that men use to deal with these risk factors

# CHAPTER TWO

## 2.0 Literature Review

Acquired Immune Deficiency Syndrome (AIDS) is a serious public health problem in much of the world, with the most affected countries found in Sub-Saharan Africa, especially those located in the east, central and southern part of the continent (Michael, M, George, B 1999). In Kenya, one in 11 adult is infected with HIV, the virus that causes AIDS. It is estimated that over 240,000 people in Kenya have already developed AIDS since 1984 when the first AIDS case was reported although officially only about 80,000 cases of AIDS had been reported to the ministry of health as of June 1997. In 1985 the government established the National AIDS committee to advise the Ministry of Health (MOH) on the matters related to HIV/AIDS. Since then, there has been a steady increase of the number of People Living With Aids (PLWA) with an accompanying increase in the number of deaths resulting from HIV. In November 1999, the President of the Republic declared AIDS to be a national emergency. Currently it is estimated that about 1,325,000 adults and 90,000 children are HIV infected (Michael, M, George, B 1999).

Although the National HIV prevalence in 2000 was estimated at 13-14 percent, it was 17-18 percent in rural areas. Over 80 percent of Kenyans live in rural areas. Thus, of estimated 2.2 million infected adults three quarters or 1 million live outside major cities and towns (Michael, M, George, B 1999). About 75 percent of all HIV cases occur among people in the most economically productive age group 20-45 years. The deaths of these individuals constitute a serious economic and social tragedy in the

lives of family, friends and employers.

The cost it imposes force countries to make heartbreaking choices between today's and future lives and between health and dozens of other vital investment for development. (World Bank 2000)

In most sub-Saharan countries, adults and children are acquiring HIV at a higher rate than ever before the number of new infections in the region during 1999 was 4.0 Million (UNAIDS 2000). This acceleration effect is yet another challenge posed by long standing epidemics. As the rate of HIV infection in general population rises the same patterns of sexual risk result in more new infections simply because the chances of encountering an infected partner become higher (UNAIDS 2000). There are countries in which more than one-tenth of the adult population aged between 15-49 is infected with HIV (UNAIDS 2000). In seven countries, all in the southern cone of the continent, at least one adult in five is living with the virus (UNAIDS 2000). In Botswana, a shocking 35.8 percent of adults are now infected with HIV; while in South Africa 19.9 percent are infected, up from 12.9 percent in 1998 (UNAIDS 2000). With 4.2 Million infected people, South Africa has the largest number of people with HIV/AIDS in the world. While West Africa is relatively less affected by HIV infection, the prevalence rates in some large countries are creeping up cote d'Ivoire is already among the worst affected countries in the world (UNAIDS 2000). In Nigeria, by far the most populace country in Sub-Saharan Africa, over 5 percent of adults has HIV. The prevalence rate in other West African countries remains below 3 percent. Infection rates in East Africa are the highest on the continent but the rates have been exceeded by those now being seen in Southern cone of the continent (UNAIDS 2000). The prevalence rate in Ethiopia and Kenya has reached double digits figures and

continues to rise (UNAIDS 2000). The rises are not inexorable. Uganda has brought its estimate prevalence rate down to around 8 percent from a peak of close to 14 percent in the early 1990s with strong prevention campaigns and there are encouraging signs that Zambia's epidemic may be following the course charted by Uganda.

In Kenya, like other countries, gender plays a crucial role in the HIV/AIDS epidemic. Gender means the beliefs in a society about the roles and responsibilities that are appropriate for women and men. It refers to the widely shared ideas and expectations (norms) about women and men. Typically, feminine and masculine characteristics and abilities, and expectations about how women and men should behave in various situations characterise gender. These ideas and expectations are learned from families, society, opinion leaders, religious and culture institutions, schools, friends, workplaces and the media. They influence and reflect the different roles, social status, and economic and political power of men and women in society. Risk taking and vulnerability in women is increased by norms that make it inappropriate for them to be knowledgeable about sexuality or to suggest condom use by their male partners. For men, risk and vulnerability are heightened by norms that make it hard for them to acknowledge gaps in their knowledge about sexuality; socialising and alcohol use, drug abuse, and predominantly male occupations such as truck driving.

Studies have shown that most women perceive themselves to be at risk of being infected with HIV due to their partner's sexual behaviour. A study done by Kengeya-Kayondo *et al* (1999) in Uganda showed that among women, 54 percent thought that they were at risk because of their partner's sexual behaviour whereas 42 percent of

men thought so because of their own sexual behaviour.

Women's subordinate position within the homes is deeply entrenched in both the traditional and current legal, religious and social structures. Economic discrimination limits the opportunities for women to gain financial independence from their partners. These inequalities have been intensified by the current economic difficulties facing many sub-Saharan Africa, and increasing the burden that HIV/AIDS is placing on communities and families. In Kenya, men and women roles within the family are clearly defined. The man is obliged to feed, house, and cloth his family, and the woman is expected to cook and bear children for the man. She must also please her husband (including sexually) and bring up the children in a way deemed appropriate and in accordance with their culture (KANCO, 2000). While men in African culture are expected to need and enjoy sex regularly, women are thought not to enjoy sex. Consequently, pleasing a woman sexually is generally not considered important particularly after marriage (KANCO, 2000). Gender roles have a significant influence on the course and impact of the HIV/AIDS epidemic. Gender role definition influences the way men mitigate the impact of living with HIV/AIDS. These roles have been passed on through generation through culture.

Culture, which is defined as the collective consciousness of people, and is shaped by a sense of shared history, language, and psychology and is often seen as static set of never-changing values and norms. Beliefs are often a product of culture but not the reverse. The beliefs and knowledge about the HIV becomes the focus of culturally appropriated knowledge. All people belong to a culture, some might even belong to more than one culture thus making it crucial for prevention and support programmes

to thoroughly examine both negative behaviours and contextual and values in a culture in order to effectively address the HIV/AIDS scare.

Research has shown that gender-based imbalance in power found in economic and social sphere of life is reflected in sexual behaviours. Women usually have less control over the nature and timing of sex and the practice of protective behaviour. Belief about masculinity and femininity often encourage men to have multiple sex partners and women to be passive and ignorant about matters of sexuality and reproduction. Gender hence affects both women and men's risk to HIV infection and other STDs. Gender relations reflect not only the development of the epidemic but the manner in which individuals, groups and communities respond to it. Unequal gender relations can be seen in many ways but are particularly visible in the vulnerability of women to HIV infection in developing countries and men's risk taking behaviour.

Socialising for men involve alcohol consumption and excessive level of consumption can contribute to unsafe as well as violent sexual behaviour thus increasing vulnerability to HIV infection.

Due to the different roles and responsibility assumed by men and women, AIDS in the family affects men and women differently, and the impact also varies on whether it is the man or woman who falls ill. Due to gender disparity in income amongst most Kenyan household, when the man falls ill, there will be a drop in disposable household income. However, in some societies when the woman falls ill there will be a noticeable food security problem (KANCO, 2000). With the current setting of gender imbalance in terms of gainful employment, when a man dies of AIDS, his partner is likely to lose her main or only source of economic and social support (KANCO, 2000).

This encourages some cultural practices as wife inheritance, which fosters the spread of HIV/AIDS.

The burden of caring for a sick man usually falls in the hands of the woman and the female children, usually resulting in increased school drop out rate for children in affected households. On the other hand, in the case of the woman having AIDS, the burden of care falls on the children, especially female children (KANCO, 2000). This is because traditionally, men work out of the home and are not bothered about basic household chores such as cooking, caring for children and the sick. These tasks are often considered gender – specific hence socially and culturally unacceptable for men. This forces most men to remarry in the event of death of their wife. Many of these men are likely to be infected thus placing the new wife at risk of HIV infection.

Policies and programmes to promote greater equality between men and women are crucial to the HIV prevention. Despite increasing recognition of the importance of more equal gender roles, many programmes continue to work solely with women in an attempt to empower them in sexual relationships. This over emphasis on reaching women who are particularly vulnerable to HIV infections has led to neglect of some important factors: men's participation in programmes and programming, and broader social circumstances. While numerous HIV prevention programmes and interventions have focused on female sex workers, considerably less attention has been paid to their male clients.



Gender roles are not natural but are culturally produced and there is no consensus as to what leads them to emerge or what leads them to change. Little knowledge is available on the links between gender roles and sexual inequalities. This poses major problems for any efforts to explain the position of men in relation to sex and sexual matters or the ways which masculinity as a set of ideologies governing thought, actions, and behaviours are constituted and reproduced over time. An understanding of these phenomena is essential for the development of programmes to engender greater equality within and between sexes to reduce HIV related risk and more generally to promote improved sexual and reproductive health. The prevailing gender relations have a serious impact on men's sexual health and the sexual health of their partners and families (KANCO, 2000). Research in many parts of the world suggests that, men have greater lifetime number of sexual partners than women (KANCO, 2000). This may be due to some culturally acceptable behaviour, which encourages men to have more than one partner. For example in some cultures across the globe, women are expected to preserve their virginity for marriage, while young men are encouraged to gain sexual experience before marriage. In some societies, a man's popularity and importance is a measure of the number of sexual relationships he engages in. Both men and women often think of male sexuality as unrestrained.

### **2.0.1 Perception of risk of getting AIDS: Men in Kenya**

During the 1998 demographic Health Survey in Kenya, male and female respondents were asked whether their "chances of getting the AIDS virus" were great, moderate, small, or nil. They were also followed and asked why they thought their chances what they had said in the previous question.

77 percent of men said that they had little or no chance of being infected. Only 5

percent of men said that their chances were great. (Demographic health survey 1998)

The table below shows men's perception of the risk of getting AIDS and reasons why they think they are or are not at risk

**Table 1: Men's perception of risk of getting AIDS**

Percent distribution of men who have heard of AIDS by their perception of their risk of getting AIDS, according to background characteristics, Kenya 1998

Chances of getting AIDS

Background characteristics	No risk	Small	Moderate	Great	Don't know	Total	No of men
Age							
15-19	40.0	44.2	11.9	3.8	0.1	100.0	805
20-24	28.3	45.2	20.9	5.7	0.1	100.0	581
25-29	26.8	48.2	19.6	5.3	0.0	100.0	462
30-39	25.0	48.6	20.6	5.6	0.2	100.0	789
40-49	24.6	50.9	19.5	4.8	0.1	100.0	565
50-54	30.2	55.2	10.6	4.0	0.0	100.0	183
Marital Status							
Married	26.3	49.3	19.2	5.2	0.1	100.0	1,784
Not Married	34.6	45.2	15.8	4.4	0.1	100.0	1,476

Source: Demographic Health Survey, Kenya 1998

Responding to question asking why men thought their risk of AIDS was low or nil, the most commonly reported reason was that they had only one partner (53 percent).

Condom use was also seen to reduce or complete remove the risk of HIV infection.

**Table 2: Reasons for perception of small/no risk of getting AIDS**

Percentage of men who think they have small or no risk of getting AIDS by reason that perception of risk and marital status, Kenya

Marital status	Abstains from sex	Uses condom	Has only one partner	Limits partners	Spouse has no other partner	Number of men
Not Married	42.8	26.4	27.8	9.3	3.5	1,117
Married	3.3	10.9	76.8	9.6	10.2	1,347

Source: Demographic Health Survey, Kenya 1998

## 2.0.2 Sexual behaviour

The rate of partner change is an important factor in the transmission of HIV (Lisa *et al* 2000). Much of the research on sexual behaviour and HIV transmission in sub-Saharan Africa has focused on high-risk groups such as sex workers and long distance truck drivers. Another model is characterised by serial monogamy or having one partner at a time with high rate of partner change (Lisa *et al* 2000). In East Africa, the model that is seen as the core transmission of HIV are sex workers and truck drivers.

Studies done in Nigeria by Ward 1937, Fadipe 1970, Orubuloye *et al* 1991 and 1997, Messersmith 1994, Messersmith *et al* 1999 Adegbola and Batatola 1999, Caldwell *et al* 1999 have documented many reasons men reported for having premarital and extramarital sexual relationships and multiple sexual partners, including partner's postpartum sexual abstinence, desire for sexual variety, physical need for companionship, seeking additional wives, peer pressure travelling away from home and troubles in the primary relationship(s) (Lisa *et al* 2000).

In a society in which marriage for a man is on average delayed ten to fifteen years beyond that of his female age mates and in which virginity is not strictly guarded, both men and women have the opportunity to have sexual partner before marriage.

Studies have shown that specific intervention like using voluntary counselling and testing (VCT), condom social marketing, peer education and treatment of sexually transmitted infections (STDs) can change behaviour and reduce the risk of HIV.

Attitudes towards the prevalence of STDs including, HIV/AIDS may be different both among adolescents and adults. In some communities having a STD may even be regarded as a mark of pride among boys, indicating sexual experience (WHO 1993). This may make boys more vulnerable from HIV infection and also spread it at a higher rate than it would be if the infections by STI could be seen as a risk factor.

### **2.0.3 Use of Condoms**

The use of condoms is an important component in the prevention of STDs, including HIV and is in fact the most reliable method other than sexual abstinence to prevent infection with an STI (Lisa *et al* 2000).

Although knowledge of condoms is relatively high and increasing in many African countries, a large gap remains between knowing about and using them (Lisa *et al* 2000). Most condom promotion strategies for preventing the spread of HIV infection in Sub-Saharan Africa have targeted female sex workers and truck drivers. These high-risk groups are often blamed for the spread of HIV and individual who do not perceive themselves to be at risk of infection (Lisa *et al* 2000). Other strategies have focused on high-risk populations such as sex workers. This approach reaches more people, because behaviours that are risky (rather than groups) are identified, and individuals are more likely than groups to perceive personal vulnerability (Lisa *et al* 2000). Studies have shown that women engaging in sex work have more sexual decision making power than other women, enabling them to insist on the use of condoms. Whereas a woman in her role as a sex worker can demand the use of condoms with clients, the same woman in her role as a wife and lover does not or cannot (Lisa *et al* 2000).

This may be explained by the fact that any couple expect his/her partner to have trust in them and if one partner especially the female partner insist on condom use, the male partner would feel that he is not trusted and as if there is suspicion of promiscuity. If this happens, the relationship destabilises and may be doomed to end.

To avoid this, most couples tended to over look the issue.

Condom are distributed free of charge in Kenya by the Ministry of Health (MOH), therefore availability to many people near health facility is not a problem but this availability does not translate to usage. A study by Kenya government in 1998 came up with the following results on uses of condoms by men in Kenyan.

**Table 3: Percentage of men who used a condom during last sexual intercourse, by partner and background characteristics, Kenya 1998**

Men: used condom in most recent sexual intercourse with:

Background Characteristics	Spouse		Regular Partner		Someone else		Any partner	
	Percent	Number	Percent	Number	Percent	Number	Percent	Number
<b>Age</b>								
15-19	*	6	42.4	181	33.1	184	37.2	372
20-24	10.7	85	45.8	233	49.7	149	40.6	467
25-29	15.1	261	41.6	85	47.4	80	26.5	426
30-39	6.6	655	(40.8)	40	46.8	71	12.1	767
40-49	3.2	494	*	19	37.1	26	5.2	539
50-54	4.9	158	*	3	*	9	7.6	170
<b>Marital status</b>								
Currently married	70	1,653	*	21	59.7	73	9.7	1,740
Formerly married	*	7	(16.7)	44	28.7	60	22.2	110
Never married	NA	0	44.5	497	41.3	387	43.1	884

Note: figures in parentheses are based on 25-49 cases. An asterisk indicates that figure is based on fewer than 25 cases and has been suppressed.

NA= Not applicable

Source: KDHS 1998

#### 2.0.4 Common modes of HIV transmission among different groups

The following ways of transmission are mostly common among men

*Intravenous drug users:* HIV positive drug users who are mostly men can infect both their drug partners and sex partners. Five percent of infections are estimated to result from sharing needles (KANCO, 2000).

*Heterosexuality:* this accounts for over seventy percent of HIV infections in men world-wide (KANCO, 2000). Men on the average have more sex partners than women and therefore an infected man is more likely to pass the virus to a greater number of people than an infected woman is.

*Long distance truck drivers and men in the military:* these groups of men are at increased risk of HIV infection. Being away from home and their regular sex partners for long period increases the risk of having increased sexual activity with multiple

temporal sex partners. These groups of people are particularly at risk of infection due to the nature of their job. These people spend most of their time away from home and they are tempted to have several sexual partners. They usually engage in sexual activities with commercial sex workers at their points of rest thus increasing their chances of contracting HIV/AIDS and at the same time promote the spread of the virus.

*Rape and violence:* male violence drives the spread of HIV/AIDS in many ways. For example displacement of people in refugee camps results in cases of forced sex and other forms of sexual violence, as is the case of Kakuma and Dadaab and other refugee camps in Kenya.

*Male sex workers:* although not as popular as their female counterparts, male sex workers are common in many countries. These men are engaged in sex with other men as well as with women. In Kenya this practice is most prevalent in the coastal towns of Mombasa and Malindi, with a high influx of tourists who bring traits of foreign culture into the country. These sex workers lack the power to negotiate safe sex conditions with their clients, thus fostering the spread of HIV.

*Cultural practices:* some cultural practices such as polygamy and wife inheritance promote the transmission of HIV/AIDS in men. In a polygamous marriage the man has more one wife, and hence multiple sexual partners. This increases the chances of contracting and spreading HIV. The spread of HIV is higher in societies where wife inheritance is practised because men sometimes inherit infected women hence increasing the chances of infecting themselves and their wives.

## **2.1 Null Hypothesis**

- a) Men understand the risk behaviours that can lead HIV infection but they underestimate the risk itself.
- b) Social background of men do not affect they men risky sexual behaviours.

## **2.2 Operational definition of key concepts**

The following terms have been used in the paper and, they will bear the meanings as defined below.

### **Risk**

Risk will be defined as personal vulnerability to HIV infection. It will be the measure of the level of ones exposure to mischance of contracting HIV.

### **Risk aversion strategies**

These will be practices that men exhibit aimed at reducing or protecting them from HIV infection.

### **Men**

Male respondents between the age of 17 to 45 years both married and unmarried or single

### **Unmarried men/ single men**

All men who are single because they have never married or they became single through separation, divorce or death of the spouse(s).

## **HIV**

HIV stands for Human Immunodeficiency Virus. It is the virus that causes AIDS.



## Risk Indicators

- ◆ Number of sexual partner in the last 6 months
- ◆ Type of sexual partners (experience with sex workers)
- ◆ Patterns of condom use
- ◆ STI including HIV/ AIDS awareness
- ◆ Reported STI treatment
- ◆ Knowledge of modes of HIV transmission and means of prevention
- ◆ Alcohol in relation to sexual relationships

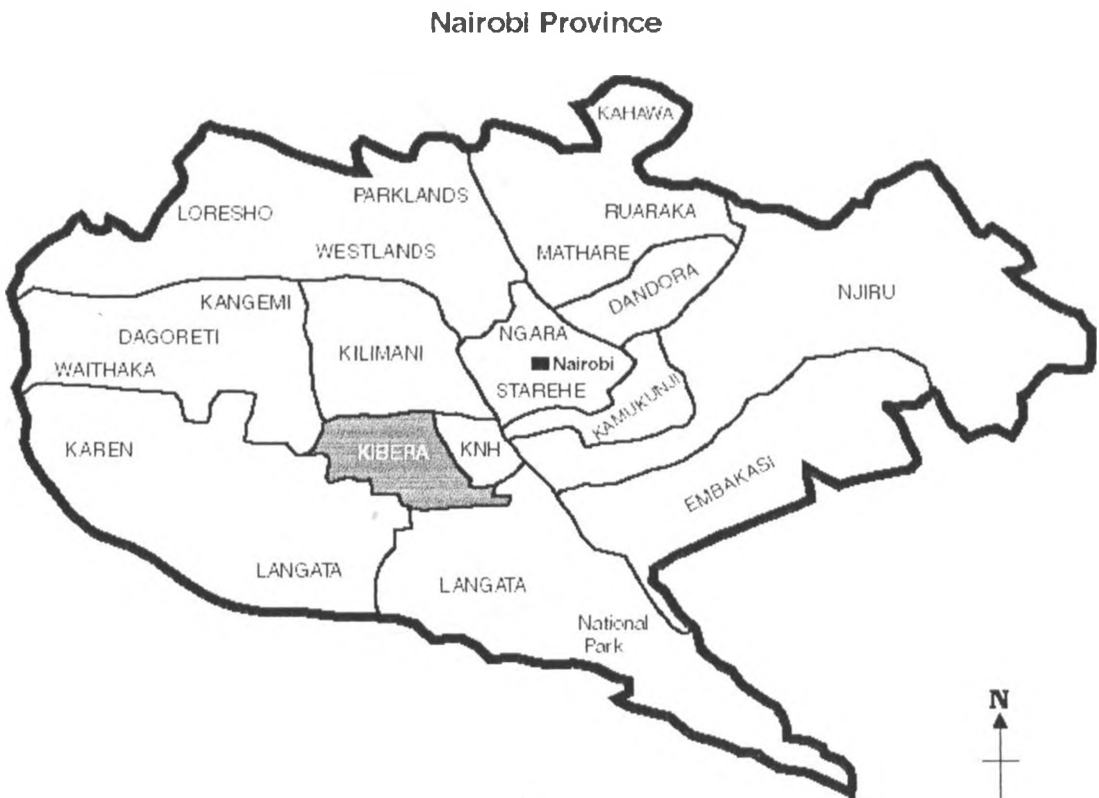
## METHODOLOGY AND MATERIALS

### 2.3 Study Area

The study was done in Kenya, in Nairobi Province where one of the largest slums in Africa lies. This slum is known as Kibera Slum.

Kibera Slums are located to the South East of Nairobi City, around 7 Km away from the city centre (See Map 1).

Map 1



It is the largest informal settlement in east Africa. It covers 225.6 hectares of land (Matrix Development Consultants, 1993). Its estimated population was 500,000 in 1997 (UNDP-World Bank, 1997). There are 12 Villages, which are Makina, Kichinjio, Mashimoni, Laini saba, Soweto, Siranga, Kisumu ndogo, Kambimulu Katwekera, Raila, and Kianda. (Verbal Information from Chief of Kibera). Majority of residents earn low incomes and the area has poor infrastructure like roads, water and sanitation

(Matrix Development Consultant, 1993). HIV/ AIDS is a major problem in the slum and there are 7 Voluntary Counselling and Testing facilities in Kibera whose main aim is to test HIV and advocate for sexual behaviour change.

## **2.4 Study population**

The study population consists of men living in 5 villages whose ages ranged from 17 to 45 years.

### **2.4.1 Inclusion Criteria**

- 1) Men who agreed to be interviewed who were above 17 years of age and below 45 years
- 2) Men who are married
- 3) Men who are single either by the fact that they have never married or are single due to separation, divorce or death of the wife(s)

### **2.4.2 Exclusion Criteria**

- 1) Men who refused to be interviewed
- 2) Men below 17 years or above 45 years

### **2.4.3 Ethical Considerations**

Seeking consent from interviewees before interview

## **2.5 Study Design**

This was a descriptive Cross-sectional study. Men between ages 17 to 45 years were selected randomly and interviewed. This group was selected because it is considered sexually active. 105 single men and 94 married men were interviewed.

This study used a combination of qualitative and quantitative techniques to gather information from different study populations. Standardised questionnaires were used to collect raw data. Trained interviewers were used to interview respondents.

## **2.6 Sampling Technique**

The study focused on men (married and unmarried) whose ages fall above 17 years and below 45 years. Data was collected in five villages of Kibera slums, Nairobi. These villages are Makina, Laini Saba, Lindi, Siranga, and Mashimoni. 40 men were selected from each village using simple sampling techniques.

Each village was divided into smaller sections of a about 500 square meters. From each section, one household was selected to be the starting point and then every third household was selected and one man from selected in each household.

## **2.7 Research Instruments**

The following research instruments were used

- a) Interviews carried out by trained research assistants
- b) Data from other research that have been done before (see Appendix 1)

## **2.8 Data management**

### **2.8.1 Storage and retrieval**

Questionnaires were stored safely and confidentiality was ensured.

### **2.8.2 Data analysis**

Raw data was first coded and entered into a computer. Analysis were done using SPSS software package. Frequencies were run and cross tabulation between key indicators (age, education level, religion and marital status) and dependent variables.

# CHAPTER THREE

## RESULTS

### 3.1 Social and Demographic Characteristics

200 questionnaires were distributed for data collection in five (5) villages out of 12 villages in Kibera slums, Nairobi. Data collection was done by use of five (5) interviewers, each collecting data from 1 village. In each village, 40 respondents were interviewed or filled in the questionnaire.

The following villages were captured in this study.

1. Makina
2. Lindi
3. Mashimoni
4. Siranga
5. Laini saba

Out of 200 questionnaires distributed, 199 questionnaires were returned but one was never returned. This particular questionnaire was given to a respondent who opted to fill it alone but he misplaced. So the result analysed in this study are for the 199 respondents who agreed to be interviewed

The key variables that were used in this study to compare behaviour of the respondents were;

- 1) Age
- 2) Religion
- 3) Education level
- 4) Marital status

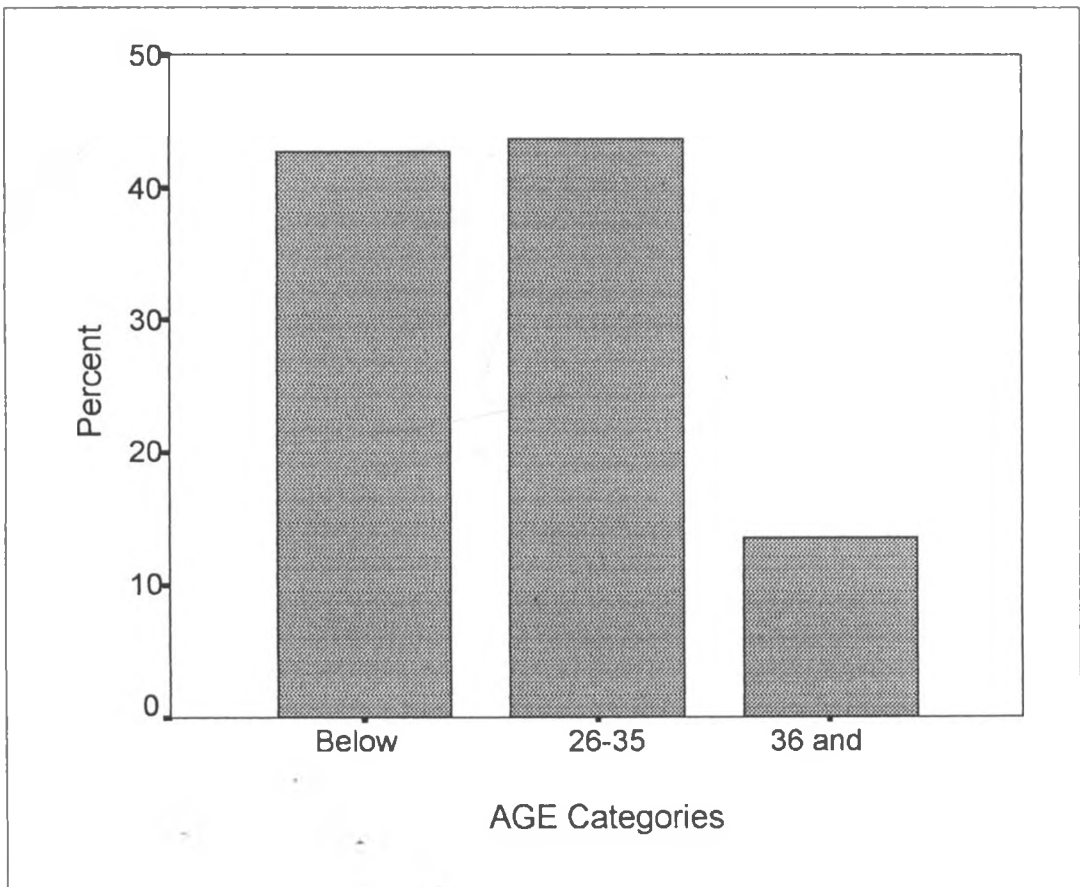
### 3.1.1 Age Distribution

The study captured men between the ages of 17 and 45 years

The study group was categorized in three categories namely Young, Middle aged and old. The young were all those below 25 years of age and represented 42.7 percent, middle aged were those between the ages 26 and 35 years (43.7%), and old aged were those above the age of 36 years 13.6 percent

Below is a table showing the frequency and percentage of the total population study of each category.

**Figure 1: Age Distribution Graph**

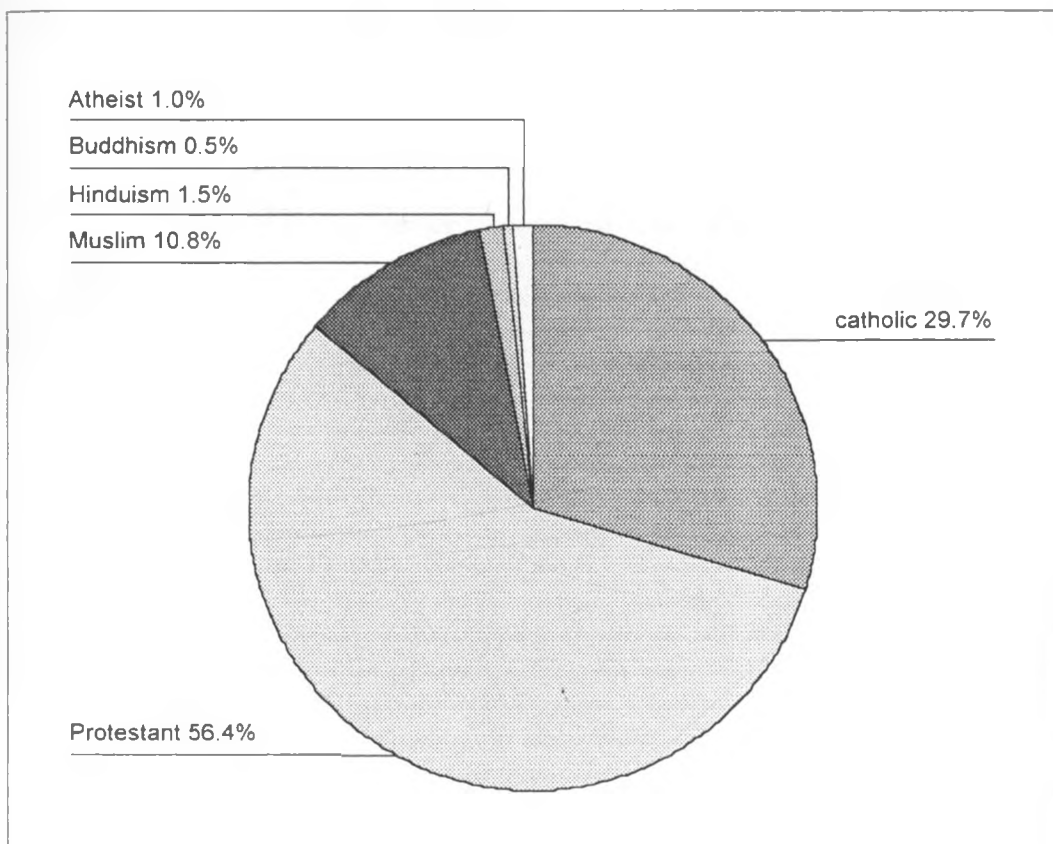


n=199

### 3.1.2 Religion

Three main religions were identified in the study area. These were Catholics, Protestants and Muslim. The Protestants were the majority with a frequency of 110, Catholics followed with a frequency of 58, and Muslims had a frequency of 21, others had a frequency of 10. This is not a true reflection of religion distribution in Kibera because there are areas that are predominantly occupied by a certain group of people with the same religious beliefs like the Nubians who are Muslims.

**Figure 2: Pie Chart showing percentage of respondent's religion**



### **3.1.3 Education Level**

36.9 percent of respondents had attained secondary education, 25.8 percent had post secondary education, 24.1 percent had primary education and 13.6 percent had little or no formal education

### **3.1.4 Marital Status**

Respondents were classified in two main categories. That is, married and unmarried men. Unmarried men were all those men who had never married before, and those who became single after separation, or divorce, or death of the wife(s).

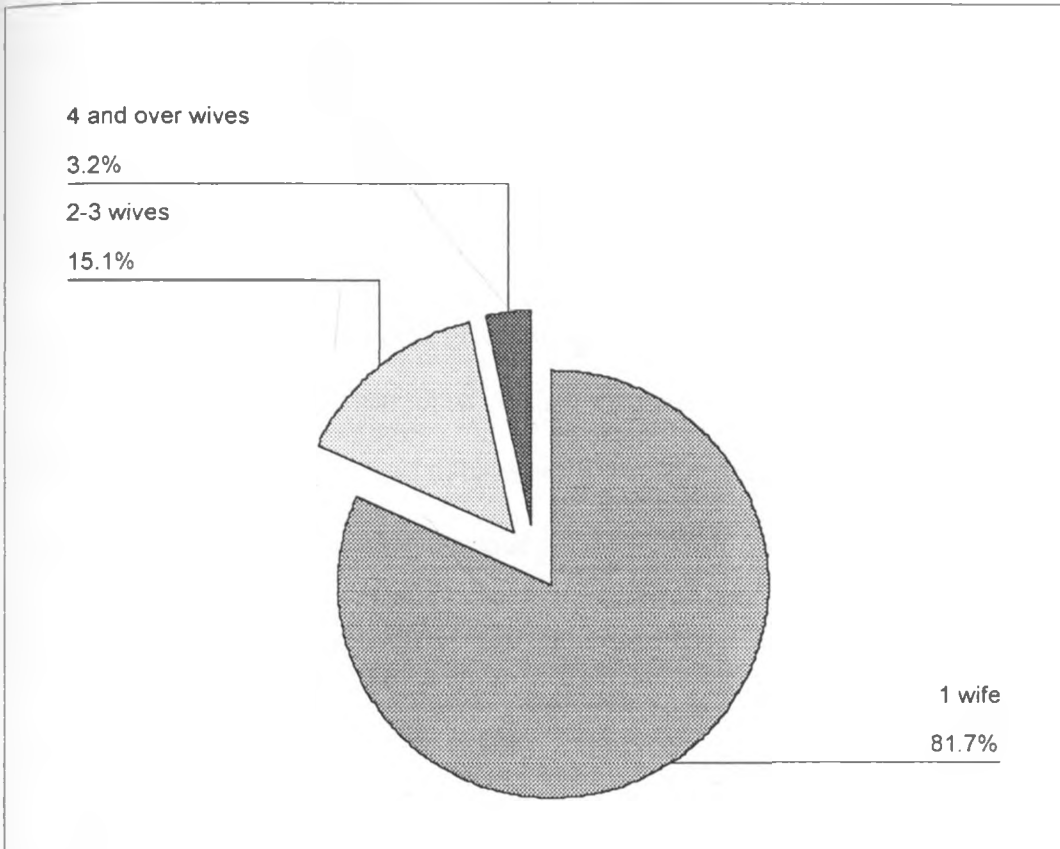
There were 105 (52.8 percent) unmarried men and 94 (47.2 percent) married men who were interviewed.

#### **3.1.4.1 Married men**

Those who were married were either monogamist or polygamists as shown below.



**Figure 3: percentage of men and number of wives**



### 3.1.4.2 Reason for marrying more than one wife

Reasons that respondents gave for marrying more than one wife were as follows:

**Table 4: Reasons for marrying more than one wife**

Reason given	Frequency	Percent
One wife to stay in rural home and another in town	11	36.7
First wife not satisfying	8	26.7
First wife was outdated	5	16.7
For self satisfaction	4	13.3
Inherited second wife	1	3.3
Impregnated a girl and had to marry her	1	3.3
<b>Total</b>	<b>30</b>	<b>100.0</b>

The most common reason given why men married more than one wife was to have a wife at each of their homes in urban and rural areas.

#### **3.1.4.3 Men living together with their wife(s)**

Many of the married couples live together, 75 percent of married men in this study live together with their wife(s) while 25 (24.3 percent) do not live with their wife(s).

#### **3.1.4.4 other sexual partners apart from wife(s)**

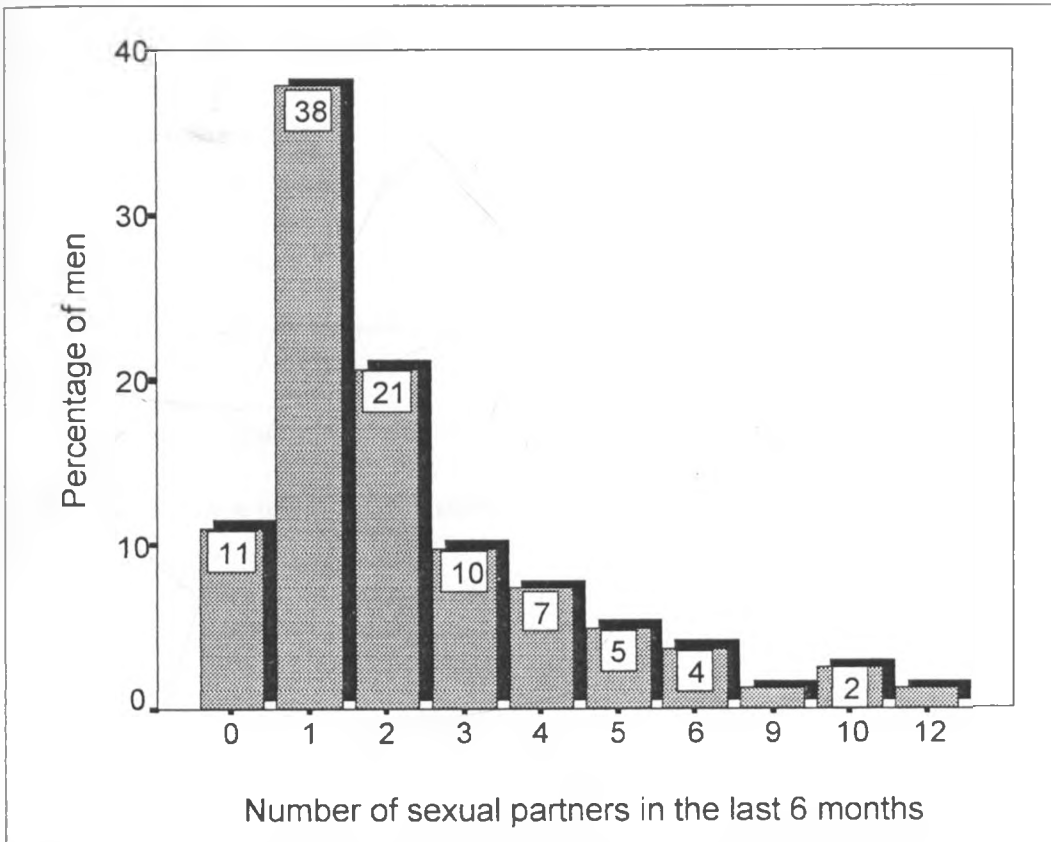
Majority of married men had other sexual partners other than their wife(s) 55 respondents (61.8 percent) agreed to have other sexual partners apart from wife while 34 (38.2 percent) did not have other sexual partners outside marriage.

### 3.4.4.5 Single men

A total of 105 men in the study were single men. Out of this number 78 said, that they had girlfriends and 25 said they had no girlfriend.

When asked how many girlfriends/sexual partners they had in the last 6 months before the study, the following were their answers.

**Figure 4: Number of sexual partners in the last 6 months**



\*One percent of all men had 9 and 12 sexual partners respectively.

N=84

From the table above, it is observed that 48.8 percent of single men had either one or no girlfriend in a period of 6 months before the study and 51.2 percent had girlfriends/sexual partners ranging from 3 to 12 partners in duration of 6 months.

A question was posed to these men to explain what they really value in a sexual relationship and the following were the answered given.

**Table 5:What do you value in a sexual relationship?**

What do you value in a sexual relationship		
	Frequency	Valid Percent
her health status	12	16.2
her behaviours	39	52.7
physical appearance	13	17.6
sexual fulfillment	8	10.8
safety of both partners	2	2.7
Total	74	100.0

From the above table only a few men cared about the health status of their sexual partner in starting a sexual relationship.

### 3.5 AIDS Knowledge and Awareness

If men reported that they had heard about AIDS in the questionnaire, a series of questions were asked about what they know about AIDS and from where they got information about AIDS. 97.5 percent of men had heard about AIDS while 2.5 percent. 4 respondents who represents 2.5 percent of those who had never heard about the disease had little or no formal education and 1(one) had gone up to primary level in education and 3 (three) of them were in the age category categorised as old and one in the middle age category

#### 3.5.1 Sources of AIDS information

The most single source of knowledge about AIDS was mass media (radio, television, and newspaper). 67.1 percent said they heard from mass media. The second most commonly cited source of AIDS information for men was personal observation (10.5 percent)

Hospitals are seen not giving much about HIV and not much is received from video shows, which are very common in Kibera slums.

**Table 6: Sources of AIDS information**

Category label	count	percent Reponses	Pct of Cases
Mass media	153	67.1	83.2
Personal observation	24	10.5	13.0
From hospital	5	2.2	2.7
School program-seminars	17	7.5	9.2
From friends	5	2.2	2.7
Posters	17	7.5	9.2
Video shows	7	3.1	3.8
<b>Total responses</b>	<b>228</b>	<b>100.0</b>	<b>123.9</b>

\*This was a multiple response question and n=183

### 3.5.2 What do you know about AIDS?

Respondents gave the following answers to this question.

**Table 7: What respondents know about AIDS**

Category label	Count Percent	percent of responses	percent of cases
Has no cure	95	39.9	52.5
Can affect anyone	13	5.5	7.2
It kills	125	52.5	69.1
It's sexually transmitted	5	2.1	2.8
<b>Total responses</b>	<b>238</b>	<b>100.0</b>	<b>131.5</b>

\*This was a multiple response question and n=181

52.5 percent of the respondents knew that AIDS kill

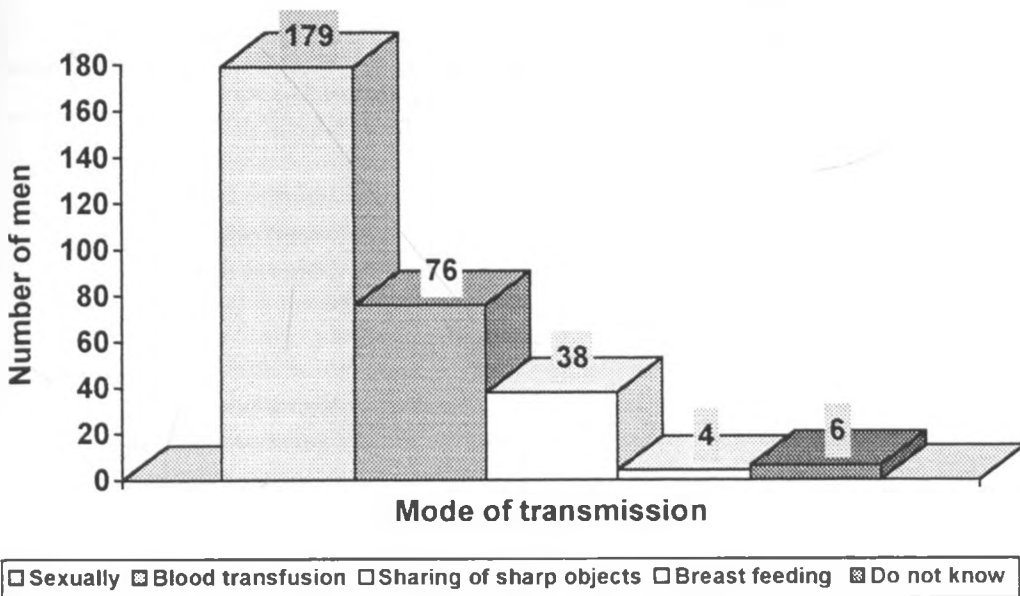
39.9 percent of the respondents knew that AIDS has no cure

A small percentage 5.5 percent knew that AIDS can affect anybody and 2.1 percent knew that AIDS is sexually transmitted.

### 3.5.3 How is AIDS spread?

Majority of respondents, 179 (59.1 percent) identified sexual intercourse as the major factor of spreading AIDS; blood transfusion was rated second with a count of 76 (25.1 percent); third was sharing of sharp un-sterilized objects with a count of 38 (12.5 percent); fourth breastfeeding with a count of 4 (1.3 percent). Lastly, there were those who said they do not know how HIV is spread, 6 respondents or 2 percent of total respondents were in this category. Below is a graph showing this information

Figure 5:How is HIV transmitted?



N=190 (this was a multiple response question)

### 3.6 Perception of risk of getting AIDS

Respondents were asked various questions regarding them and who they thought is likely to get AIDS, these question later lend to question asking them what chance was there for them to get AIDS. This section looks at these questions.

#### 3.6.1 who is more likely to get AIDS.

49.2 percent respondents said that anybody could get the virus. Young people were seen to have a bigger chance of getting the HIV 29 (14.6 percent), 28 (14 percent) identified those who are sexually active/ those with multiple sexual partners being more likely to get HIV, 10 (5 percent) those who engage in unprotected sex with unstable partners, 9 (4.5) identified women, 6 (3 percent) identified prostitute being more likely to get HIV and 4 men (2 percent) saw men being more likely to get HIV.

**Table 8:Who is more likely to get AIDS?**

Who is more likely to get AIDS		
	Frequency	Percent
sexually active	14	7.6
anybody can get it	98	53.3
those who have multiple sexual partners	14	7.6
young people	29	15.8
those who engage in unprotect sex unstable partnes	10	5.4
men	4	2.2
women	9	4.9
prostitutes	6	3.3
Total	184	100.0

**3.6.2 Are there behaviours you can tell which can make you get AIDS**

Majority, 161 (80.9 percent) respondents said they could identify behaviours that could make them get AIDS and 31(15.6 percent) did not know any behaviour that would lead them in being infected. 7 (3.5 percent) respondents did not answer this question.

Most respondents 22.1 percent identified promiscuity as a behaviour, which would most likely lead them to being infected with the virus that causes AIDS. The following were the responses



**Table 9: Behaviours leading to AIDS**

Category label	Count	percent	Responses	percent of Cases
Pornography literature	11		4.3	7.1
Drug abuse	54		21.3	35.1
Promiscuity	56		22.1	36.4
Prostitution	43		17.0	27.9
Sharing of sharp objects	19		7.5	12.3
Unprotected sex	50		19.8	32.5
Losing trust with partner	16		6.3	10.4
Kissing with wounds in the mouth	1		0.4	0.6
Polygamous family	3		1.2	1.9
<b>Total responses</b>	<b>253</b>		<b>100.0</b>	<b>164.3</b>

N=199

### 3.6.3 Do you agree with those men who say that there is “no cock for one hen”?

Men in day-to-day life commonly use this phrase when they talk of having more than one sexual partner. When this question was posed to the study group, the following were their responses.

103 (53.1 percent) strongly disagreed with the saying, 40 (20.6 percent) disagreed, 27 (13.9 percent) agreed, while 24 (12.4 percent) strongly agreed

### 3.6.4 Have you ever had more than one sexual partner at any one time?

113 (57.9 percent) said yes while 82 (42.1 percent) said they have never had more than one sexual partner at any one time.

### 3.6.5 When was it when you had more than one sexual partner?

Respondents gave various times when they had multiple sexual partners both as singles and in married life. Most of them 83 (66.9 percent) had multiple partners when they were single, 21 (16.9 percent) when married, 9 (4.5 percent) after death or divorce with the wife or when young in school, and lastly 1 (0.5 percent) had multiple sexual partners when there were no serious sexually transmitted diseases and after marrying the second wife.

### 3.6.6 Do you think you can get HIV/AIDS

117 respondents (65 percent) said they could get the virus, while 63 (35 percent) thought that they cannot get AIDS.

#### 3.6.6.1 Why do you think you can get HIV/AIDS.

Majority of men said they thought they could get AIDS because of having many sexual partners. 45.3 percent had many sexual partners and this was the reason why they saw a possibility of them getting AIDS. Table 11 shows responses given why men thought they could get AIDS.

**Table 10: Why do you think you can get HIV/AIDS?**

Why do you think you can get HIV/AIDS

	Frequency	Percent
Having many sexual partners	43	45.3
Accidentally by coming into contact with infected blood	11	11.6
Due to practicing unprotected sex	15	15.8
Fear of girlfriend infecting me	8	8.4
Fear being infected by wife	10	10.5
Through blood tranfusion	5	5.3
No contraceptive give 100% protection	2	2.1
Already infected	1	1.1
Total	95	100.0

#### 3.6.6.2 What is the chance of you getting HIV/AIDS?

Respondents were asked whether their “chances of getting AIDS were”; No chance, Low chance, high chance. 25.3 percent, said there was no chance that they can get HIV, 51.6 percent said there was low chances for them to get infected, 20.3 percent saw themselves with high chances of getting HIV while 2.5 percent were already

infected with HIV.

### **3.6.6.3 Risk factors identified as most important in spreading AIDS**

The following were listed as factors that could make a man get AIDS quickly. First on the list was having more than one sexual partner with 43.3 percent voting for it, having unprotected sex was second with 29.9 percent, alcohol was third with 19.7 percent. Others were having unfaithful sexual partner with 10 percent vote and sharing sharps objects that are not sterilized.

### **3.7 Extra marital sex**

Men who were married were asked to say whether there is anything that can make them go out to look for sexual pleasure from other partners apart from their wife(s). If respondent answered yes, he was asked to give reasons why he would engage in extra marital sex.

From the 84 who responded, 30 said Yes to the question while 54 said No to the question.

For those who said that they could seek sexual pleasure elsewhere apart from the wife, we wanted to know what would make them do this. The following were answers that were given by 22 respondents out of the 30 who had could have extra marital affairs.

**Table 11:What can make a married man go out looking for sexual pleasure?**

	Frequency	Percent
When wife is away	6	27.3
If he meets a beautiful woman than the wife	4	18.2
When wife does not satisfy him sexually	12	54.5
Total	22	100

The main reason that came up which would make a man to go out for sex was when the wife does not satisfy the husband sexually, 54.5 percent of respondent gave this reason.

To see how cautious these men are when they go for extra marital sex, we asked them about condom use with other sexual partners apart from the wife(s).

30 (73.2 percent) men said that they use condom while 11(26.8 percent) said they don't use condom when they go out for sex.

### **3.7.1 Condom use by married men last time had sex out**

To establish how many men really used a condom last time they had sex out we got the following results.

29 respondents said that they used condom last time they had sex out while

14 said they never used condom last time they had sex with unsteady partner. These results resembled those given in the previous question.

### **3.7.2 Perception of risk from extra marital affairs**

We wanted to know how vulnerable these men thought they were when going out for extra marital sex. A question was posed to them asking whether they thought they could get HIV from extra marital sex.

51 (81.0 percent) said yes while 12 (19 percent) did not see any possibility of them getting infected due to extra marital sex. 31 respondents did not answer the question.

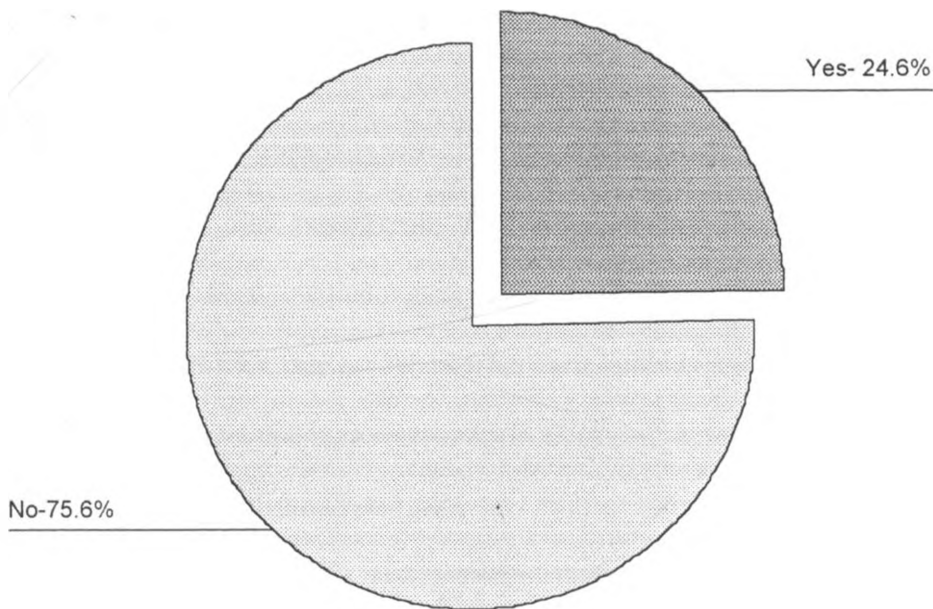
In the same line respondents were asked whether they had been treated of any

sexually transmitted disease (STD) in the recent past and 23 (33.8 percent) said they had been treated while 45 (66.2 percent) had not had treatment for (STD) in the recent past.

### 3.7.3 Condom Use with wife(s)

Respondents were asked whether they use condom with their wives and the reason why they do so and whether they have ever thought they could get infected with HIV from their wives. Below is a chart showing percentage of men who have ever used condom with his wife.

**Figure 6: Have you ever used condom with your wife?**



Majority of men do not use condom with their wife(s) 75.4 percent were in this category while 24.6 percent used condoms with their wife(s).

**Table 12: Why use a condom with your wife?**

	Frequency	Percent
Did not trust the wife	1	8.3
To protect himself for STDs	9	75.0
To prevent pregnancy	2	16.7
Total	12	100

Main reason why these men used condom with their spouses was to protect themselves from sexually transmitted diseases. 16.7 percent used condom as a contraceptive to prevent pregnancy while one respondent said he did not trust the wife well.

**Table 13: Have you ever thought you could get AIDS from your wife?**

	Frequency	Percent
Never thought	60	74.1
Thinks sometimes	18	22.2
All the times	3	3.7
Total	81	100

Majority of Kibera men 60 (74.1 percent) have never thought that they could get AIDS from their spouses but it is also contradicting to see also that 75 percent of those men who gave their reasons why they use condom with their wives was to protect themselves from contracting sexually transmitted disease. 22.2 percent sometimes think that they can get AIDS from their spouses and a small number, 3 respondents always think that they can get AIDS from their wife(s).

### **3.8 Sexual behaviours of unmarried men**

Out of 105 unmarried men who participated in the study, 90 of them had had sex while 13 said they had never had sex.

For those who had had sex, a question was posed to them whether they had ever thought that they could get AIDS. 90 respondents answered the question and the following were their responses.

**Table 14: Have you ever thought you could get AIDS when having sex?**

**Single men;**

	Frequency	Percent
Never thought	28	31.1
Sometimes	51	56.7
All the times	11	12.2
Total	90	100

More than half 51 (56.7 percent) of unmarried men sometimes think that they could get AIDS, 28 (31.1 percent) had never thought. Those who thought about it all the times they had sex were 11 (12.2 percent)

Respondents were asked to state when these feelings of getting AIDS came into their minds, before or after sex?

**Table 15: When did the feelings of getting AIDS come?**

**When did the feelings of getting AIDS come**

	Frequency	Valid Percent
before the act	32	29.9
during the act	10	9.3
after the act	50	46.7
days after the act	15	14.0
Total	107	100.0

50 (46.7 percent) respondents had these thoughts after having sex, 32 (29.9 percent) before the act while 15 (14.0 percent) had these feelings coming days after the sexual contacts. Just a small number 10 (9.3 percent) had these feeling during the time of sex act.

When asked what they did after having these feelings, 21 respondents (24.8 percent) said that they went for a HIV test, 20 (27.0 percent) were afraid that they had

contracted a STD, and 14 (18.9 percent) assumed all was well. 2 respondents said that they felt nothing because they were already infected with HIV.

These feelings did not deter or stop these men from being in similar situation because 43 respondents (42.6 percent) were in similar situations several times while 58 (57.4 percent) said that this only occurred once.

### 3.9 Perception of condom use in relation to AIDS protection

The research attempted to find out how respondents protected themselves from contracting HIV as they practised their sexual habits. In this section, we are looking at how the respondents perceive condom use and how and when they use them.

A stereotype that is common with men compares condom use with eating a sweet in its wrapping paper. Respondents were asked to comment on this by rating their acceptance or rejecting this stereotype. The following were their responses

**Table 16: Condom use is like eating wrapped sweet**

	Frequency	Percent
Strongly disagree	50	35.7
Disagree	22	15.7
Agree	48	34.3
Strongly agree	20	14.3
Total	140	100

n=140

From the table above, majority of the respondents did not agree with this stereotype though also many respond agreed with it. 51.4 percent of respondents disagreed while 48.6 percent agreed.

#### 3.9.1 Ever had unprotected sex with unfamiliar person

107 men (79.9 percent) had had unprotected sex, 27 (20.1 percent) had never had sex with unfamiliar partner. N= 134

For those who had had unprotected sex with unfamiliar partners, we sought to know



their reaction after the act. Out of 119 respondents who answered the question, 47 (39.5 percent) were satisfied with it, 42 (35.3 percent) were worried, and 2 (1.7 percent) were bitter with it.

When asked the main reason why they had to have unprotected sex, strong sexual emotion rated highest with 29.4 percent followed by those who were driven by love to the partner with 26.9 percent beauty of the partner rated third with 16.8 percent respondents citing it as their driving force to having unprotected sex.

### **3.9.2 Unprotected sex and alcohol**

“When drunk you are more likely than when sober to have unprotected sex” respondents were asked to say whether they agreed with this statement or no and 168 respondents answered. They had four choices to choose from to indicate how much they agreed or disagreed with the statement. These choices were strongly disagree, disagree, agree, and strongly agree. Out of these 168, 52 (31.0 percent) strongly agreed with the statement, 48 (28.6 percent) strongly disagreed, 39 agreed and 29 disagreed. In total 90 respondents agreed while 78 disagreed with the statement.

### **3.9.3 When do you decide to use a condom?**

133 men answered this question. 92 said they use condom with unfamiliar partners, 22 had never used a condom, 10 uses condom always when having sex and 1 never uses condom as he is already infected with HIV.

### **3.9.4 Condom use to protect HIV infection**

Respondents were asked to say whether condom could give them the protection they need against AIDS. 169 respondents answered this question with 83 saying yes and 86 saying no.

### 3.9.5 Other methods used by men to protect themselves from AIDS.

**Table 17: What else can protect you?**

Category label	Count	Pct of Responses	Pct of Cases
Abstinence	85	45.5	51.5
Being faithful to one uninfected partner	58	31.0	35.2
Prayers and being saved	15	8.0	9.1
Avoiding sex with women not known well	14	7.5	8.5
Nothing	13	7.0	7.9
Avoiding high intake of alcohol & drugs	1	.5	0.6
Use of sterilized instruments	1	.5	0.6
<b>Total responses</b>	<b>187</b>	<b>100.0</b>	<b>113.3</b>

n=165

### 3.9.6 Measures that men take to prevent themselves from getting AIDS

154 men gave their answers regarding how they protect themselves from getting AIDS. The following were their responses

61 (39.6 percent) said they are faithful to one partner, 36 respondents (23.4 percent) practise abstinence, while 27 (17.5 percent) use condoms. Other ways of seeking protection observed were stop taking alcohol (6.5 percent), being “saved” (3.9 percent), and reducing number if sexual partners (2.6 percent).

4 men said they do nothing because they were already infected with HIV.

To sum it up we wanted to know what these men in the study group were actually doing to protecting themselves from AIDS depending on how vulnerable each one of them felt he was. This is shown in table 19 below

**Table 18: Perception of risk of getting AIDS by men and means of protecting themselves from AIDS apart from using condoms**

		what else can protect you from AIDS						
		abstinence	being faithful to one uninfected partner	prayers and being saved	avoiding sex with women not known well	nothing	avoiding high intake of alcohol & drugs	use of sterilized instruments
What are the chances of getting HIV/AIDS	no chance	19	11	8	2	2		
	Low chances	43	37	4	4	2	1	1
	High chance	15	7	3	5	3		
	already infected		1			4		

Men who perceived their risk of HIV to be “no chance” were protecting themselves from HIV infection by practicing abstinence, or being faithful to one partner whom they know their status or being “saved”

Although many men agreed that alcohol intake can expose them to high-risk behaviours like having unprotected sex or going for prostitutes, only one man said that he was avoiding alcohol as a way of protecting himself from HIV infection.

### 3.9.7 How do you protect yourself from AIDS?

**Table 19: Methods used to protect oneself from AIDS**

Methods men use to protect themselves from HIV	Frequency	Percent
Abstinence until marriage	46	23.1
Going for test before engaging in a sexual relationship	6	3.0
Using condoms	28	14.1
Using sterilized blades and needles	2	1.0
Being faithful to one partner	64	32.2
Doing nothing as is already infected	6	3.0
Prayers	11	5.5
Reducing number of sex partners	4	2.0
Total	167	83.9

Men in this study group followed the A.B.C mode of protecting themselves from AIDS. Being faithful to one partner had the highest score of 32.2 percent then abstinence with 23.1 percent and thirdly condom use with a score of 14.1 percent.

Prayers took fourth position with 5.5 percent score.

# CHAPTER FOUR

## 4.0 Discussion

Many factors drive the international AIDS pandemic. They include risk behaviours, such as sex with more than one partner and without a condom, and social conditions, such as poverty, that discourages people from protecting themselves. However, one of the strongest influences on how quickly the epidemic spreads is the sexual behaviour and attitudes of men. (UNAIDS/The Panos Institute 2001)

It is usually men, not women, who determine when and how often to have sex, and whether a condom is used. In addition, generally men have multiple sexual partners, and therefore more opportunity to transmit HIV to their partners.

The question that this study wanted to ask is do men think they are at risk of HIV and if yes what are they doing to counter these feelings and protecting themselves from the virus.

The previous chapter presented data from 199 respondents who participated in this study and this chapter will focus on data interpretation seeking support from other studies done in this area by other people.

### 4.1 Categorization of study group

Four main factors, which were considered as to influence sexual behaviours of men, were used as independent variable. These were Age, marital status, and religion.

Amongst married men, 18.3 percent had more than one wife and the reasons that they gave for choosing a polygamous family was to satisfy their sexual desires when in their city home or in rural areas. 37 percent of these men had wives in urban and in their rural homes, 26.5 percent married second wife claiming that the first one was not satisfying him. Apart from having polygamous families, the men also had other

sexual partners. 61.8 percent of married men reported having other sexual partners. This shows that even if men marry, as many wives as they wish it seems their sexual desires are never met and they continue searching for more sexual partners to quench their thirst for sex. These men can be said as not perceiving extra marital sex as a risk to getting infected with the virus that causes AIDS.

On the other hand, most unmarried men 51.2 percent had sexual partners ranging for 3 to 12 in the previous 6 months before this study. In searching for these sexual relationships, these men health status of partners was not so important to many than looks and behaviours of their sexual partner.

10 percent of all respondents considered sexual fulfilment as the most important factor when starting sexual relationships.

Both married and unmarried men exhibit similar behaviour when it comes to number of sexual behaviours and what they value when starting these relationships.

#### **4.2 AIDS Knowledge and Awareness.**

97.5 percent of respondents knew about AIDS. In 1998 KDHS, 99 percent of men knew of AIDS. This discrepancy is due to the sample size whereas KDHS is a national survey, this study only interviewed 200 respondents and 2 respondents never answered this question. The 4 (2.5 percent) of those who had never heard of AIDS were of ages 27, 31, 39 and 40 years. These men had little or no formal education (2 had gone up to standard 4)

But almost all respondents knew of AIDS and the most single source of AIDS information to these men was from mass media and the source which contributed least in AIDS information was hospitals and friends. Men are known not to visit hospitals often unless they are sick or seeking medical information from their friends.

Respondents had some information about AIDS and when they were asked to say what they knew about the disease four answers were given. This question wanted to capture what respondents identified as most important to know about the disease or what comes into their minds when they hear of the word AIDS. Majority of respondents knew that AIDS kill (52.5%), 39% knew that AIDS has no cure, 5.5% knew that AIDS does not choose while 2.1% knew that AIDS is sexually transmitted.

From the data, many men did not identify or they ignored the most single avenue of sole way of spreading AIDS, which is through sex. This is also the factor I find most close to respondents as sexual contacts is something which happens almost daily among most of these men and hence exposing them to all the other factors which comes as a result of having contracted the disease.

When these men were later asked to name how AIDS is spread almost all (179 respondents) knew that AIDS is sexually transmitted. This shows that they know the risk but they don't like talking about it may be because their sexual desire call for more sex and having thoughts in mind about getting AIDS would deny them what they like doing most, having sex.

Blood transfusion was identified by 25 percent of respondents, 12.5 percent of men knew sharing of sharp un sterilized objects as a way of transmitting AIDS while a small number 6 respondents knew that AIDS can be spread through breastfeeding.

### 4.3 Perception of getting AIDS

Knowledge of AIDS in Kibera is high as show in the data and also means of transmitting AIDS especially sexually are also known by majority of respondents but many respondents classify themselves as low risk group when it comes to HIV infection. We looked at risk perception of respondents in relation to social status like age, education level, marital status, religion and other factors as number of sexual partners in the last 6 months and this is what we found out.

**Table 20: Perception of the risk of getting AIDS according to background characteristics**

Background Characteristic	no chance	very low	low	high	very high	total
<b>Age</b>						
Below 20	6	6	7		2	21
21-30	25	29	25	15	13	108
31-40	10	13	11	4	3	43
over 40	5	2	1	0	0	10
<b>Marital status</b>						
Currently married	24	23	18	8	10	83
Formerly married	5	3	2	1	1	17
Never married	17	24	24	10	7	82
<b>No. of sexual partners</b>						
Other than wife in Last 6 month						
0	4	2	3	0	4	10
1	4	6	8	5	0	28
2	3	3	9	1	0	16
3	2	2	1	1	0	6
4	0	1	2	2	1	6
5	2	0	1	1	0	4
6	0	1	0	0	1	3
10	0	1	0	0	0	2
12	0	1	0	0	0	1
<b>Educational Level</b>						
No formal education	5	1	1		1	9
Primary incomplete	3	6	3	2		16
Primary complete	10	12	13	4	4	44
Secondary	13	14	7	4	4	65
Post secondary	14	14	11	5	4	46

Note: Total include 5 men who reported that they were infected with HIV



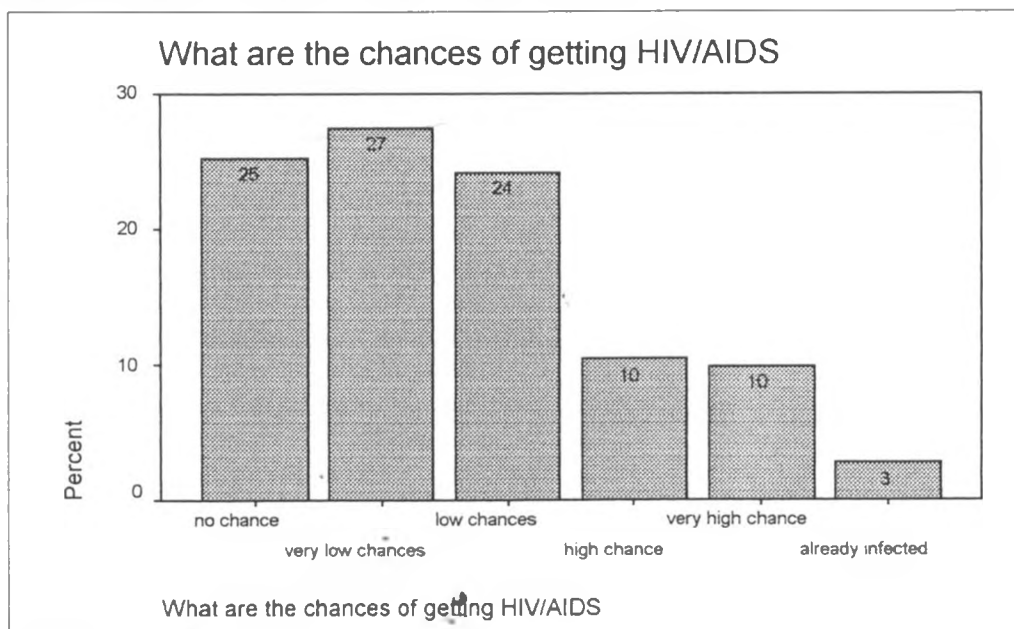
Association was observed between age and religion with perception of risk of AIDS. A cross tabulation between age and perception of risk had a  $\chi^2$  value of .007 and that between religion and perception of risk had a  $\chi^2$  of .000

Education level, marital status, and number of sexual partners in the last 6 months did had no significant influence to how vulnerable these respondents thought they were as they had  $\chi^2$  values of .149, .562, .101 respectively.

Majority of men in this study had similar thoughts about their likely hood of being infected with AIDS regardless of the various background characteristics. This could have been due to socialization in the set-up they live in where no boundaries of social classes can be observed, as they see themselves as slum dwellers.

Table 20 show that 77 percent of men said that they had little or no chance of being infected. Only 10 percent of respondents said their chances were very high. 3 percent or 5 respondents reported that they have AIDS

**Figure 7: Men's perception of getting HIV/AIDS**



n=182

Percentage of men who thought that they had no or little chance of being infected

tallied with what KDHS had reported in its finding in 1998 where the same percentage of men had the same thoughts (KDHS 1998,p145)

From the data majority of men do not think they are in any danger or if its there, it is not at threat to them. This is despite many of them reporting to having many sexual partners in a period of six months

#### **4.4 Condom use among respondents**

Condom use by both married men and those who are not married is not so common. Majority of respondents 86 percent said that condoms could not give them the protection they need when it comes to prevention of AIDS.

There are a lot of misconceptions about condom as one man commented, *“ we have heard that condoms have tiny holes. Can't HIV get through them? And can't sperm get through?”*

This may explain why they do not put much emphasis on use of condoms. When asked whether they have ever had unprotected sex with unfamiliar partners, 80 percent said yes and out of these, 40 percent said that they were satisfied after the act while a smaller percentage 37 percent were worried about their action after the sexual act.

What this is telling us is that these men like having sex naturally without barriers. This is the only way they would feel that they have achieved what they were looking for in a sexual act. When told to comment on the stereotype, which compares condom use with eating a sweet in its wrapping paper, 47 percent of respondents agreed with it while 53 percent disagreed.

Condom use is much less common during sex with spouses (16 percent) compared with regular or other partners, (31 percent)

For those men who used condom with their wives, majority did this to protect themselves from STDs (75 percent). This shows that most of these men do not trust their wives. Among these men, 23 of them reported to have been treated for STDs.

The perception of men of risk of getting AIDS from their wives is low as 74 percent of married men said that they have never thought they could get AIDS from their wives while 4 percent always think that they can get AIDS from their wives.

#### **4.4.1 Condom use and alcohol**

A man from Zambia had this to say regarding beer and sex, “ *Richard, “I still regret the time I had sex without a condom and yet I had it in my pocket. I failed to use it because I was too drunk to think properly. I wanted to enjoy sex so much that I did not think of protecting myself with a condom”.* (Panos 2001)

Most alcohol is relatively harmless – part of social event where friends can chat and relax. But often drinking leads men to be less cautious, and more likely to engage in risky sex.

In the study men reported that they were more likely to have unprotected sex when drunk than when they are sober. 54 percent of men agreed that they were more likely to have unprotected when drunk than when they are not. This happens to many men who try to defend their acts blaming drunkard ness as the reason why they engaged themselves in risky behaviour.

This may be seen by many men who have this mentality as a easy way to console themselves but they overlook the risk that they undertake while putting themselves in this position.

Men reported that they mostly use condoms when they have sex with unfamiliar partners (69 percent) while 22 men (17 percent) said that they have never used a condom. 1 man said that he never uses condom because he is already infected with

the virus that causes AIDS. These men do not see the risk of getting AIDS from regular partners or casual girl friends. These possess a danger of these men being infected, as they do not know how many other men they are sharing with the same partner. It is worrying to see that men who know their status do not see the need of protecting themselves from getting new strains of the virus or need to protect those who do not have the virus. This is a very challenging situation because if these kinds of acts are not stopped, HIV will continue killing many people as we have people in the community who do not want to die alone.

#### 4.5 Other methods used by men to protect themselves from AIDS

Apart from condom use as a way of protection from HIV, men had other ways of protecting themselves from HIV. The table below shows number of cases and method they use as protective measure against background characteristics.

**Table 22: Table showing number of cases of other methods men use to protect themselves from HIV and background characteristics**

		What else can protect you from HIV						
		abstinence	being faithful to one uninfected partner	prayers and being saved	avoiding sex with women not known well	nothing	avoiding high intake of alcohol & drugs	use of sterilized instruments
What is your religion	catholic	16	22	2	3	4		
	Protestant	59	30	8	8	5	1	
	Muslim	6	4	5	1	2		
	others	3	2		1	1		
Young		47	26	7	4	2		
Middle		31	26	7	6	8	1	
Old		7	6	1	4	3		1
Marital status	Not married	52	30	10	6	7		
	married	33	28	5	8	6	1	1
Education Level	Little or no formal education	2	7	1	3	5		1
	Primary education	19	20	5	1	2		
	secondary education	34	21	3	7	5	1	
	Post secondary education	30	10	6	3	1		

Men use other methods apart from condom use to protect themselves from getting AIDS. On top of the list of ways that were mentioned was abstinence among single men and being faithful to one partner (wife) among married men. These are the best methods that men could use to protect themselves and others but are least use. Though many men mentioned them as a way of protecting themselves, many still had multiple partners and few single men were practising abstinence.

The other method that is used is prayers. As shown in the table above, 58 respondents both single and married sought protection by prayer and being “saved”. Reducing of sex partners was use by a few men as a way of avoiding risk of getting AIDS. 13 men were doing nothing to protect themselves. These included 4 who were already infected with the virus that causes AIDS.

When answering these questions, men were naming those methods that they can use to protect themselves. Later these men were asked to say exactly what they were actually doing or the method(s) they were using to protect themselves. Results were tabulated cross-tabulating ways of protection from AIDS with marital status, age category, and religion and education level. The following are the results

# CHAPTER FIVE

## 5.1 Conclusion

Majority of men in Kibera have heard about AIDS and are well aware of at least two modes of transmission including the one which is the major drive of AIDS in sub Saharan Africa, unprotected sex.

Different people and institutions have contributed a lot in dissemination of information about HIV and AIDS, how it is transmitted, dangers of this disease, how it can be prevented and how those people who are already infected can live positively and prolong their lives.

Mass media has been the single most source of AIDS information to Kibera community. Despite all the information and measures taken to educate people about the disease by all concerned people, HIV and AIDS has continued to be a major Killer in Kenya and for people living in Kibera. Having been working in Kibera for the last two and half years at a VCT centre, I have seen many people infected with the virus, some active in advocacy and helping in educating those who are not infected to play it safe and giving counselling to those living with the virus. Others have it and are not ready to die alone but want to spread it to others.

Kibera being a non-formal settlement where poverty levels are high and residents do all that they can to make some money. Women sell vegetables, fish and all kind of items which can be sold, while men on the other hand work in jua kali (small scale businesses) sector like carpentry, welding, video shows which always ends with showing pornographic movies to attract viewers, and casual work in industrial area. Others engage themselves in gambling while others visit local pubs selling local

brews (Busaa) as early as 9.00 o'clock.

One thing that is common with all these people. They all face one challenge, how they can protect themselves and others from being infected with the virus that causes AIDS.

From the data that we collected, majority of men who are in polygamous marriages were driven by their sexual desires to having more than one wife. Moreover, despite them having more than one wife, they go for extra marital sex.

Majority of unmarried men also had more than one sexual partner in a period of 6 months

Safety of both men and their sexual partners is not a priority when men go looking for sexual partners but behaviours and physical appearances of partners.

Very few men 2.1 percent reported that they knew AIDS is spread through sexual encounters, this being the most common mode of HIV transmission in Kenya.

Promiscuity and having unprotected sex were listed as behaviours, which could most likely lead respondents into AIDS infection. The same factors (promiscuity and unprotected sex) were common behaviours practiced by many men in this study.

A substantial number of married men, 19 percent, did not see any possibility of them getting AIDS out of extra marital sex and almost the same percentage 23 percent reported having been treated of sexually transmitted diseases in the recent past.

Majority of married men (75 .percent) who used condoms with their spouses used them to protect themselves from being infected with STDs by their spouses

Unmarried men reported that they thought that they could get AIDS from having sex.

Majority of these men got these thoughts after having sexual act. Having these kind thought which would normally deter one in repeating the same mistake did not happen to 42.6 percent of respondents who found themselves in the same situation several times.

For young people lack of knowledge of the realities and consequences of sexual activity and the risks that both they and their partners face plays a role in driving young men's sexual behaviour. Few young men receive comprehensive sex education instead they build an incomplete and often inaccurate pictures of their own and women's sexuality from insights uttered by their peers, pop music, and other media and behaviour and comments of older men.

Many young men therefore, feel either they know everything about sex, or because men are expected to be knowledgeable, they are afraid to admit their ignorance. The result is that many young men remain misinformed and therefore end up making wrong sexual decision.

Although knowledge about condoms is relatively high, condom use in family is not common because spouses expect partners to be faithful and to trust each other. If one insists on using a condom especially in women, the other would be suspected of promiscuity.

Condom use is not so common to respondents in this study. Unprotected sex with unfamiliar partners was reported by 80 percent of respondents and 40 percent of respondents reporting being satisfied with having unprotected sex.

Condom use was also likened with "eating sweet in it's wrapping paper" by 48



percent of respondents.

Condom use was not recognised by half of men in the study as being capable of giving them the protection they need against AIDS.

Other methods that are used by men to protect themselves from getting AIDS are abstinence, being faithful to one partner and being “saved” (prayers) and avoiding sex with unfamiliar partners. Eight percent of these men said there is nothing that can protect them from being infected with HIV.

Among married men, the major risk that they face that can lead to HIV infection is extra marital affairs while unmarried men who have many sexual partners also are seen to be at higher risk than those with fewer or one sexual partner. For the two groups, unprotected sex increases their likelihood of being infected.

The study found out that most men accept that they are at risk of being infected with the virus that causes AIDS but they find the risk being low. Others do not consider themselves to be at any risk of getting AIDS.

Risk negotiations by men were varied. There were those who reported being faithful to one partner— either wife or girlfriend, those who had never had sex said they would abstain until they are married, others move into church activities and say that by being “saved” they are safe and condom use. Other ways of avoiding HIV infection that were reported include, going for HIV test with partners before engaging into sexual act, and reducing number of sexual partners.

From the study, it can be concluded that men underestimate their risk for infection from HIV. Emotional factors, sexual desire and gratification, and wanting to be

recognised by peers override the risk for/HIV.

## 5.2 Recommendations

Study findings suggest programmatic strategies that would focus on educating men and at the end bring about sexual behaviour change.

Behaviour change communication campaigns should educate men about the increased risk of/HIV associated with extra marital sex and having multiple sex partners among unmarried men.

Programs should also promote safer sexual practices such as consistency condom use with non-steady partners.

For those men who are already infected, a small proportion of them would want to infect others so that they do not die alone. These are men who equate HIV infection to death or who would want to counteract discrimination from the larger community with vengeance. A lot more need to be done to accommodate people living with HIV and AIDS in the society and be treated equally with everybody else. When one falls sick in the community, he is expected by the society to play the “sick role” where by he is expected to get assistance from the society and the society expect the person to accept help extended to them until they are fully recovered and back to their normal life. However, with HIV and AIDS, patients are treated like lepers and are isolated and discriminated against living them alone to take care of themselves. This may result in patient wanting to infect other people so that he can feel that he is not alone.

Young men need to be given comprehensive sex education so that they have facts about sexual matters other than being left alone to learn from peers and media. This would help them to make informed decisions regarding sex and women’s sexuality.

For to be fully involved in the fight against HIV/AIDS, they need to be involved more

in maternal and child health programmes. Very few men reported to know that HIV could be transmitted to the child during breastfeeding.

## Bibliography

Kengena-Kanyondo J.F , Lucy M. carpenter, Peter M. Kintu, Januario Naibatu, Robert Pool, James A.G. Whitworth (1999). Risk perception and HIV-1 prevalence in 15000 adults in rural Southwest Uganda. Lippincott Williams & Wilkins.

Kenya AIDS NGOs Consortium, KANCO (2000) Information Package on Gender and HIV/AIDS.

Kenya Demographic Health Survey. (1998) Macro International Inc., Calverton, Maryland, USA.

Matrix Development Consultants, (1993) Nairobi's Informal settlement: An inventory. USAIDS/DISC.

Ministry of Health, (2001) sixth Edition AIDS in Kenya. Background, Projections, Impact, Inventories and policy.

Lisa J. Messersmith, Thomas T. Kane, Adetenwa I. Odebiyi, and Alfred A. Adewuyi (2000) Who's at Risk? Men's STD Experience and Condom Use in Southwest Nigeria

Muindi Michael, George Bicego (1999) Kenya Demographic and Health Survey 1998 Macro International Inc. Calverton, Maryland. USA

Nzioka, C. (1996) Law perception of risk of HIV infection and the social Construction of safe sex: some experience from Kenya. AIDS CARE 8 (5): 565-579

UNAIDS (2000), Report on the global HIV/AIDS epidemic. June 2000

UNAIDS (2000), AIDS and men who have sex with men. Technical update, May 2000

UNAIDS (1997), Impact of HIV and sexual health education on the sexual behaviour of young people, a review update

UNAIDS/Panos Institute (2001), Young men and HIV, Culture, Poverty and Sexual Risk

UNDP/World Bank, (1997) The water Kiosks of Kibera, Field note

WHO/ADH/93.3. Counselling Skill training in adolescent sexuality and Reproductive health. Geneva Switzerland 1993

World Bank, (2000). Intensifying Action Against HIV/AIDS in Africa. Responding to a development crisis. Washington, D.C. 20433

## Appendix 1

### QUESTIONNAIRE

Questionnaire Number \_\_\_\_\_

Date of Interview    \_\_\_/\_\_\_/2001

Village \_\_\_\_\_

Name of interviewer \_\_\_\_\_

Good Morning/afternoon!

My name is John N. Nderitu, a student at the University of Nairobi sociology department. I am conducting a research in Kibera division on men and HIV/AIDS.

This study will help me finish my Masters degree program and can also be used to formulate ways of protecting men and other members of family and community from getting AIDS.

I have come to you for assistance. I would be very glad if you could accept to participate by answering questions in this questionnaire.

You have the right to choose whether you want to participate in the study or not. If you choose to participate, I want to assure you that all the information you will give will be held in strict confidence and the information will only be used for this research. Your name will not be written anywhere in the questionnaire and this makes it difficult for anyone to know who gave the information.

Please feel free to ask any question where you feel you require clarification. I would like to thank you sincerely for making a personal decision of participating in this study.

Thank you so much.

## Instructions

Circle the answers, which best applies to you and fill in the blank spaces

### Section 1

In this section, I am going to ask you questions about yourself so that we can know each other better.

- 1.0 When were you born? 19\_\_\_\_
- 1.1 What is your religion?
- 1) Catholic
  - 2) Protestant
  - 3) Muslim
  - 4) Other Specify \_\_\_\_\_
- 1.2 Which was the highest level of education you achieved?
1. No formal education
  2. Lower primary (std 4 and lower)
  3. Upper primary (std 5 to 8)
  4. Secondary incomplete
  5. Secondary Complete
  6. College
  7. University
- 1.3 Which tribe do you come from? \_\_\_\_\_

### Section 2

In the next section, I am going to ask you about your social life

- 2.0 what do you do for a living? \_\_\_\_\_
- 2.1 What is your marital status?
1. Single
  2. Married
  3. Divorced
  4. Widowed

If married go to 2.2 and if single, divorced or widowed go to 2.6

2.2 How many wives do you have?

1. One
2. Two to three
3. Four and over

If more than one

2.3 Would you please tell me why you opted to have more than one wife?

2.4 Do you stay with you wife/s? 1. Yes 2. No

2.5 Do you have children? 1. Yes 2. No

**To be filled by those who are not married/divorced or widowed.**

2.6 Do you have a girlfriend? 1. Yes 2. No

2.7 Thinking of the last 6 months, how many girlfriend /partners have you had? \_\_\_\_\_

2.8 How can you describe your relationship with her?

1. Intimate friends
2. Close friends
3. Casual girlfriend

2.9 What do you value most in a relationship when you start one with a woman?

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### Section 3

In this section, I am going to ask you questions about HIV/AIDS and how you think about this disease.

3.0 Have you ever had of HIV/AIDS?

1. Yes
2. No

3.1 How did you come to know about this disease?

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3.2 How is HIV/AIDS spread?

3.3 Who gets AIDS?

3.4 Are there behaviours you can tell me which can make a man to get AIDS?

1. Yes
2. No

3.5 If yes which are those behaviours?

3.6 I have heard men say that there is no cock for one hen. Do you agree with those who say this?

1. Strongly disagree
2. Disagree
3. Agree
4. Strongly agree



3.61 From the above question, why do you feel this way?

3.7 Would you have more than one sexual partner at any one time?

1. Yes
2. No

3.71 When would you have more than one sexual partner?

1. When single
2. When married
3. After divorce
4. Other times specify \_\_\_\_\_

3.8 Do you think you can get HIV/AIDS?

1. Yes
2. No

3.9 How much do you think you are in danger of getting HIV/AIDS?

1. No chance
2. Very low chance
3. Low chance
4. High chance
5. Very high chance
6. Already infected.

#### Section 4

**In this section, I am going to ask you questions about the dangers of a man getting**

#### **HIV/AIDS**

4.0 Please tell me who do you think is more likely to get AIDS

1. Woman
2. Man

4.01 Why do you say so?

**This question is to be answered by married men only. If not married go to 4.4**

4.1 Now that you are married is there anything that could make you go out to look for sexual pleasure?

- 1. Yes (go to 4.12)
- 2. No

4.12 What would make you go out?

4.13 Do you think you can get AIDS out of this act?

- 1. Yes
- 2. No

4.2 Thinking of all the times you have been married, have you and your wife(s) ever used a condom?

- 1. Yes
- 2. No

4.21 If yes, why did you use a condom?

4.3 Have you ever thought you could get AIDS from your wife?

- 1. Never thought
  - 2. Sometimes
  - 3. All the times
- } Go to 4.51

4.4 Have you ever had sexual relationship with a woman?

- 1. Yes
- 2. No

4.5 Thinking of all the times you have had sexual relationship, have you ever thought you could get AIDS?

- 1. Never thought
  - 2. Sometimes
  - 3. All the times
- } go to 4.51

4.51 If you ever thought about getting AIDS due to sexual contact when did this feeling come into your mind?

- 1. Before the act
- 2. During the act
- 3. After the act
- 4. Days after the act

- 4.52 what did you do after having these feelings?
- 4.53 Did this happen once or it has occurred in another incidence?
1. Once
  2. Has occurred again
- 4.6 Some men usually say that using a condom is like eating a sweet with it wrapping paper on, do you agree with them?
1. Strongly disagree
  2. Disagree
  3. Agree
  4. Strongly Disagree
- 4.7 Have you ever had unprotected sex?
1. Yes (Go to 4.71)
  2. No (Go to 5.0)
- 4.71 What was your reaction after the act?
1. Satisfied
  2. Worried
  3. Regretful
  4. Bitter
- 4.72 Is there anything that you could say that led you to have this unprotected sex?  
If there is what is it?
- 4.73 Have you ever found yourself in the same situation again?
1. Yes (Go to 4.74)
  2. No Go to 5.0)
- 4.74 What made you repeat the same acts again?

## Section 5

**In this section I am going to ask you questions about men's behaviours the way you see them**

5.0 When men drink alcohol they are more likely than when they are sober to have unprotected sexual relationships with partners they are not quite familiar with.

1. Strongly disagree
2. Disagree
3. Agree
4. Strongly agree

5.1 In your opinion what can make a man get AIDS quickly

5.3 It is more likely for a man to get AIDS from a woman than it is for a woman to get AIDS from a man

1. Strongly disagree
2. Disagree
3. Agree
4. Strongly agree

5.2 Please tell me which behaviours do you know that make men to be in more danger of getting AIDS

## Section 6

6.0 Now that you are aware that you could get AIDS easily from the behaviours you have mentioned above, as a man what are you doing to prevent your self from getting AIDS? -

6.1 Suppose you met a lady in a social gathering, you were attracted to her and after a few meetings with her she agrees to sleep with you when you least expect it to happen. What can you do in this situation?

6.2 What kind of measures would you take before sleeping with a partner whom you think you do not know very well?

6.3 If a lady told you that she knows herself well and is ready to have unprotected sex with you would you agree with her and not use a condom even if you planned to use it?

1. Yes

2. No

6.4 Do you think condoms can give you the protection you need against AIDS?

1. Yes

2. No

6.5 How do you decide when to use a condom and when not to use?

6.6 please tell me which how do you protect yourself from this deadly disease called AIDS

Thank you so much for your time and Co-operation. I really could not finish my studies without your help. God bless you and keep you safe.