

## ABSTRACT

In this day and age, solutions to curb the AIDS scourge have been sought in every conceivable precipice of human life. Social and behavioural contextual studies have long sought to identify the situations in which HIV risk activity take place and the underlying socio-cultural reasons pervading the acceptance of and indulgence in known risk factors. This study is a step in this direction. The study sought with both descriptive statistical and qualitative techniques, to elucidate whether engagement in HIV risk related practices on the part of the factory workers were dependant upon their affinity to the voluntary socio-cultural associations that they bore membership, their pecuniary capacity or the formal education that they had attained. The study's sample survey covered an urban occupational category of factory workers, living and working in Mavoko municipality, an industrial hub with auxiliary roadside settlements situated along the main artery of Kenya's transport network. The survey included in its sample survey, 130 respondents aged between 18 to 45 years with the qualities of residence and occupational engagement within the precinct of Mavoko municipality, Athi River division in Machakos District. This study, which comprised largely of a Self Administered Questionnaire (S.A.Q) sampling survey aided by Focus Group Discussions (FGDs) sought to contribute (bring insight) to the realm of situational inquiry by delving in the search for social meanings of the HIV risk behaviour within social abodes of the target group. The study worked within the rubric of symbolic interactionist cultural learning theories, which were found explicit in bringing out the function of role enactment in molding an individual's personality structure and determining choice and practice of HIV risk related behaviour. The HIV risk factors circumcision, premarital and extramarital sexual behaviour were found independent of the sample respondents' membership to all the voluntary associations [cited hitherto] that "Were found salient in the lives of sampled factory XII workers. These included tribal/ethnic, burial, religious, formal social work group and peer based self help group associations. Whilst the risk factor, body scarification was found contingent on the presence of two voluntary associations, religious and kin based associations, the directionality of the inferred association was to ultimately stand out as the singular eye catching peculiarity in the two associations' relationship. Whilst Kin based associations exhibited a positive effect on the practice of body scarification, religious associations registered a suppressive effect, indicating that the lowering of the practice was contingent on their membership to religious associations. It was therefore recommended that the implementation of HIV prevention programmes seeking to control the HN risk factor, body scarification would be well advised to harness the benefits of established structures in particular associations, say, Christian religious groups which have been found receptive to the undesirability of the afore stated risk factor. Additionally, making inroads in to the occupational category studied and in particular, educating traditional practitioners and their clients [factory workers] on the risk of using unsterilized instruments rather than seeking to eliminate the practice altogether through anti-scarification campaigns would go a long way in shunting away the effects of the said HN risk factor from the target population