

**THE INFLUENCE OF HIV/AIDS AWARENESS ON THE SEXUAL PRACTICES OF  
SECONDARY SCHOOL STUDENTS IN NYANDO DIVISION OF WESTERN KENYA**

**BY**

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
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# DECLARATION

This thesis is my original work and has not been presented for a degree in any other university.

Signature..........

Date.....7/1/2010.....

**Martin Owino Tindi**

This thesis has been submitted with my approval as the University supervisor.

Signature..........

Date.....11/1/10.....

**Prof. Simiyu Wandibba**

## **DEDICATION**

I dedicate this work to my late father and role model Mr. Mathew Owino Tindi (1941-2004). Dad your inspiration and wisdom are deeply missed and cherished. They say the greatest soul is the heart-RIP.

To my mother Mrs. Lucyline Mbiro Owino and my lovely daughter Mitchell Mbiro Tindi who has been my source of inspiration through this gruelling process.

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## **List of Abbreviations and Acronyms**

AIDS	Acquired Immunodeficiency Syndrome
CBS	Central Bureau of Statistics
ERS	Economic Recovery Strategy
FHOK	Family Health Options of Kenya
GOK	Government of Kenya
HIV	Human Immunodeficiency Virus
IFH	International Family Health
KAIS	Kenya AIDS Indicator Survey
KANCO	Kenya AIDS NGOs Consortium
IGWG	Interagency Gender Working Group
MOH	Ministry of Health
NACC	National Aids Control Council
NASCOP	National AIDS and STDs Control Programme
NGOs	Non-governmental Organizations
SPSS	Statistical Package for the Social Sciences
STDs	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing



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## ABSTRACT

There are increased cases of HIV/AIDS infections among the youths of Kenya despite the efforts that are being made to control its prevalence. This study was, therefore, designed to answer the following questions: To what extent are secondary school students in Nyando division aware of the HIV/AIDS pandemic? How does the level of awareness on HIV/AIDS influence the sexual practices of these students? Accordingly, the overall objective of this study was to understand the influence of HIV/AIDS awareness on the sexual practices among secondary school students in the study area. The specific objectives of the research were to determine the level of awareness on HIV/AIDS among secondary school students in the study area, and to establish how the level of awareness on HIV/AIDS influences the sexual practices of these students.

Data were collected using the survey method, focus group discussions and key informant interviews. In total, ninety students drawn from different schools in the division were subjected to a structured questionnaire. In each of the sampled schools, one focus group discussion was held. Every focus group discussion comprised eight to ten participants obtained from form two to four students. Key informants were subjected to in-depth interviews on the topic of HIV/AIDS and secondary school students.

The Statistical Package for Social Sciences (SPSS) was used in the analysis of the quantitative data collected through survey method. The data were categorized, arranged and summarized and presented using tabulations, pie charts and bar graphs. On the other hand, qualitative data collected through focus group discussions and key informant interviews, were analysed thematically. Content analysis, direct quotations and selected comments from the informants were used to present the findings.

The findings suggest that a majority of the students are aware of the HIV/AIDS, its mode of transmission, the possible control measures and the people likely to be infected by the virus. On the contrary, the study also revealed that some of the students do not believe that they are vulnerable to the infection and instead pointed fingers at prostitutes as the most vulnerable group. Some of them have multiple sexual partners and a good proportion acknowledged not using condoms during sexual intercourse.

The study, therefore, came to conclusion that the students are adequately aware of HIV/AIDS but that the awareness does not have much influence on their sexual practices. Other factors such as peer pressure, material gains and the mass media have more influence on the sexual practices of a majority of the students in the study area.

# CHAPTER ONE

## Background to the study

### 1.1 Introduction

The acquired immunodeficiency syndrome (AIDS) is a set of symptoms and infections resulting from the damage to the human immune system caused by the human immunodeficiency virus (HIV). This condition progressively reduces the effectiveness of the immune system and leaves individuals susceptible to opportunistic infections and tumors. HIV is transmitted through direct contact of a mucous membrane or the bloodstream with a bodily fluid containing HIV, such as blood, semen, vaginal fluid, pre-seminal fluid, and breast milk (Wikipedia, The Free Encyclopedia, 2009).

The pandemic has become one of the leading challenges to the socio-economic well being of developing countries, of which sub-Saharan African nations are the most affected. This is because more than one half of the reported HIV/AIDS cases occur among the economically active and productive segments of the population, ranging from 16 to 55 years. This is the age bracket in which investments in education and training begin to pay off and families are established and nurtured. As a result, the pandemic leaves behind a pool of destitute orphans, in most cases under the care of the elderly and less productive grandparents (WHO, 2000).

In the traditional African societies the adolescent stage was a time of orderly transition from childhood to adulthood (Kenyatta, 1965). The transition process was enhanced by strong family structures, clan definition of social roles and expected behaviour which were marked with ceremonies of rites of passage.

However, due to the fundamental changes being experienced in modern societies, youths between the ages of 14 and 20 who are by then mainly in secondary schools, normally find themselves without strong family support and care, and confused by different socio-cultural expectations and demands (WHO, 2000). This leads to confusion, frustrations and rebellion which are expressed in various defiant behaviour such as abuse of drugs, alcohol and sexual experimentations, which may result in unwanted pregnancies, abortion and sexually transmitted diseases such as HIV/AIDS.



## 1.2 Problem Statement

Over two decades since the first AIDS case was reported in Kenya, HIV/AIDS still remains a huge problem for the country in its efforts to achieve social and economic development. Responses to the pandemic have evolved over time as people became aware of this new disease, as they experienced illness and death among family members, and as services have developed to confront the pandemic. Initially, many segments of society expressed denial of the disease, and political commitment was limited. While awareness of AIDS has been nearly universal for more than a decade, misconceptions still abound and many still have not dealt with this disease at a personal or community level (NASCO, 2006).

Recent statistics show that the national HIV/AIDS prevalence in Kenya is 7.4% with approximately 1.4 million people infected (NASCO, 2008). It is estimated that in the next five to six years 40% of all new male infections and 60% of new female infections will occur in those under the age of 20. This is because many youths are sexually active and are not using protection or have multiple sexual partners. This is increased by factors such as early sexuality due to cultural, economic and media influence.

The HIV/AIDS prevalence in Nyanza Province is the highest in the country, with a prevalence rate of 15.3%. Nyando district is in this province, and has a prevalence rate of 7.5 % of the reported cases, with the majority of those infected being adolescent youths (NASCO, 2007). A study carried out in the district earlier on found that 66% of the sampled adolescent youths said that their spare time is spent in discos and video halls, and on drinking and 'chasing women' (IFH, 2003). Fifty-two per cent of the interviewed youths admitted having several sexual partners at any given time. Sexual activity also begins early in the area. In 2003 Nyanza Province had the lowest average age at first sex among the 20-24 year olds in the country, 16.4 years (CBS *et al.*, 2004).

The concern is that the extent of risky behaviour in Nyando is high. It would appear that the knowledge and awareness of the risks have not been translated into positive

living. Risky sexual behaviour is reported among men and women, but the majority of those at risk are the young people between the ages of 15 and 29 years (MOH, 2003), a majority of whom are still in secondary schools.

The students are under great pressure to indulge in sex at an early age since they are exposed to films, peer pressure, videos and pornographic literature (Njau, 1994). Studies reveal that a majority of the students, who are mainly in the adolescent stage, indulge in sex at the age of 15 or 16 years. Sometimes, several sexual partners are involved while preventive measures against STDs/AIDS and pregnancy are rarely used (MOH, 2006). Lema and Mulandi (1992) assert that adolescent youths mainly derive their information on HIV/AIDS and sex from peers who are also not well informed.

Therefore, this study was designed to answer the following questions.

1. To what extent are secondary school students in Nyando division aware of the HIV/AIDS pandemic?
2. How does the level of awareness on HIV/AIDS influence the sexual practices of these students?

### **1.3 Objectives of the Study**

#### **1.3.1 General objective**

The general objective of this study was to understand the influence of HIV/AIDS awareness on sexual practices among secondary school students in Nyando division of Western Kenya.

#### **1.3.2 Specific objectives**

1. To determine the level of awareness on HIV/AIDS among secondary school students in Nyando division.
2. To establish how the level of awareness on HIV/AIDS influences the sexual practices of these students.

## **1.4 Rationale of the study**

Despite the enormous time, money and human power that have been spent on control measures such as counselling, mass education, blood screening, development of HIV/AIDS materials and the treatment of sexually transmitted diseases (STDs), the Ministry of Health (2005) notes that AIDS is spreading at an alarming rate in Kenya and that about 75% of cases occur among people aged between 16 and 45 years. Since this is the most economically productive part of the population, the resultant deaths have negative implications for national development. Young people are a priority since they are insurance for future generations as well as for the development of the country. We are variously reminded of the fact that the youth are the source of future political, social and economic leaders whose proper and adequate care is necessary.

The government on its part normally formulates policies at an aggregate level, which at times misses out on context specific opportunities and individual characteristics hence the need for research to formulate relevant policies on HIV/AIDS and education to effectively achieve desired reproductive and sexual health targets.

The study findings will be useful in generating empirical data on the influence of HIV/AIDS awareness on the sexual practices of secondary school students in Nyando division of Western, Kenya. To the best of my knowledge there is no existing data about HIV/AIDS awareness and sexual practices among secondary school students in Nyando division. The findings will fill this research gap and contribute to current adolescent health and sexuality literature.

The study findings should thus be useful to HIV/AIDS sensitising and managing agencies in formulating campaign strategies against the disease among adolescent youths. In addition, the findings should be of use in planning health education for secondary school students in Kenya and also help in updating the information on sex and adolescent youths.

## **1.5 Scope of the study**

This study aimed at gathering information on the influence of HIV/AIDS awareness on sexual practices among secondary school students in Nyando division of Western Kenya.

## **1.6 Limitations of the study**

One problem that the study experienced was that due to the sensitivity of the topic, some of the students were not open in giving out some of the information. This could have limited the quality of information that was obtained from the field. Therefore, the findings might not be generalised to all secondary school students.

## **CHAPTER TWO**

### **Literature review**

#### **2.0 Introduction**

This chapter reviews the existing literature on HIV/AIDS and sexual practices, and describes the theoretical framework and its relevance to the study. It also outlines the hypotheses that guided the study and then operationalizes the variables.

#### **2.1 HIV/ AIDS in Kenya**

HIV/AIDS remains a major challenge in Kenya. Substantial regional variations in HIV infection, low levels of HIV testing, couple HIV discordance, and ongoing epidemics of sexually transmitted infections (STIs) are important challenges in the control and management of the HIV pandemic in the country (NASCOP, 2007).

The first identified case of HIV in Kenya was recorded in 1984. Since then, the pandemic and the government's mechanisms to monitor it have expanded greatly. While the highest rates of infection were initially concentrated in marginalized and special risk groups, for more than a decade Kenya has faced a mixed HIV/AIDS epidemic, and new infections are occurring in both the general population and vulnerable, high-risk groups. In 1999, the Government declared the HIV pandemic a national disaster and established the National AIDS Control Council (NACC) to coordinate the multisectoral response to HIV/AIDS (NASCOP, 2007).

Since 1990, Kenya has conducted yearly sentinel surveillances in pregnant women attending antenatal care sites and patients attending sexually transmitted infection clinics. Other sources of information on HIV/AIDS include programmatic data from voluntary counselling and testing (VCT), blood donations, antenatal and tuberculosis clinics, and population-based data from the 2003 Kenya Demographic and Health Survey (NASCOP, 2006).

A study carried out by the Family Health Options of Kenya (FHOK, 2006) revealed that there is an increase in the promotion of pre-marital and extra-marital relationships. This is attributed to changing attitudes towards marriage and the liberal thinking about sex due to social changes which have resulted in increased sexual freedom, promiscuity, delayed marriages and the multiplicity of sexual partners. Early

sexual activities among youths could also be attributed to biological changes which have reduced the age of maturity from about 16years to approximately 12years (IFH, 2003).

According to Kamau (1996), youths in Kenya also risk HIV infections due to their involvement with sugar daddies/mummies or having multiple sexual partners. On the other hand, a survey carried out by Suda (1993) reveals that condoms for men have not been very popular since some people claim that they are disruptive to sex as they reduce pleasure. A study of sexual activity among adolescents between 12 and 19 years in Kenya revealed that 55% of the sexually active population studied are not consistent in the use of condoms. Moreover, some male students between 14 and 18 years in the group studied had multiple sexual partners (IGWG/ USAID, 2003).

## **2.2 Awareness of HIV/AIDS**

Awareness of HIV/AIDS among Kenyans is very high especially among the youths, for most people understand the concepts related to HIV/AIDS and its manifestation (FHOK, 2006). There are those who have the general awareness that is achieved through the mass media, posters and public speeches. However, the general awareness has shortfalls if it fails to pay attention to particular societal aggregates like the youth. Whereas the level of awareness may be high, it has had no positive effect on the reduction of the HIV/AIDS infections or change in the sexual practices of individuals (NASCOP, 2006).

A study carried out on behaviour change among the University of Nairobi Students and young professionals in Nairobi, found that this group of young people are aware of the consequences of irresponsible sexual behaviour, but still engaged themselves in behaviour that put them at the risk of sexually transmitted infections, including HIV/AIDS (Wakape *et al.*, 2009).

## **2.3 Social and economic impacts of HIV/AIDS**

The HIV/AIDS pandemic is a multi-faceted phenomenon in the sense that it encompasses social and economic aspects of human life. The African continent is currently experiencing pervasive and substantial costs engendered by the pandemic on human life, productivity, knowledge and experience (UNDP, 2006).

HIV/AIDS poses a severe and growing challenge to Kenya's development. It is widely accepted that the pandemic has major economic and social impacts on individuals, families, communities and on society as a whole. In Kenya, as in other countries in sub-Saharan Africa, AIDS threatens the personal and national well-being by negatively affecting health, lifespan, and the productive capacity of the individual and, critically, by severely constraining the accumulation of human capital, and its transfer between generations (NAS COP, 2006).

Poverty reduction, driven by economic growth, is the central objective of Kenya's Economic Recovery Strategy (ERS). The impact of HIV/AIDS on economic growth and development, coupled with the direct impact of increased mortality and morbidity on the lives of the poor, makes HIV/AIDS a uniquely corrosive threat to poverty reduction efforts. Sector reviews suggest that HIV/AIDS undermines development across all sectors of the economy and society (UNDP, 2006).

The major challenge lies in the fact that the productivity of the agriculture sector, upon which the majority of Kenyans rely for their livelihood, is undermined by negative impacts on the supply of labour, crop production and agricultural extension services. Other challenges are loss of knowledge and skills and, at a personal level, the trauma associated with death. Consequences include reduced household and community food security and decline in the nutritional and health status of smallholders and their families. Commercial agriculture, a major source of employment and foreign earnings, is detrimentally affected by increasing health costs as well as protracted morbidity and mortality of key workers (UNDP, 2006).

Educational services suffer as teachers are lost to HIV/AIDS while children drop out of school as parents die and household incomes fall. The health service loses trained staff and has to cope with the increasing burden of HIV-related infections. The direct cost and social problems associated with caring for increasing numbers of orphans, coupled with existing high poverty levels, place severe burdens on family and societal structures.

In addition to these direct effects on production and social services, there is a growing realisation that HIV/AIDS may undermine the long-term revenue base of the

economy, and so reduce Government's capacity to provide the infrastructure and social services essential for long-term economic growth. Studies in countries severely affected by HIV/AIDS suggest that the impact of HIV/AIDS on public finances is large and growing. This provides an additional argument, particularly relevant for the Ministries of Finance and Planning, for greater investment in an expanded response across all sectors (NASCOP, 2007).

#### **2.4 The youth and HIV/AIDS**

HIV/AIDS seriously affects adolescents throughout the world. Indeed, one-third of all currently infected individuals are youths between the ages of 15 and 24, and a half of all new infections occur in youths of the same age group. More than five young people acquire HIV infection every minute, over 7000 each day and more than 2.6 million each year (UNAIDS, 2007).

About 1.7 million new adolescent HIV infections, over a half of the world's total, occur in sub-Saharan Africa. In fact, nearly 70% of people living with HIV/AIDS live in sub-Saharan Africa, and over 80% of AIDS deaths have occurred there (UNAIDS, 2007).

Although HIV/AIDS rates vary considerably throughout the sub-continent, generally lower in western Africa and higher in southern Africa, the pandemic has had a devastating effect on most African youths who often lack access to sexual health information and services. In particular, unmarried youths have great difficulty getting needed sexual health services. At the same time, cultural, social, and economic norms and pressures often put young African women at excess risk for HIV infection (UNAIDS, 2007).

According to Caldwell (2000), leaders of some African nations, once unable to acknowledge the presence of HIV/AIDS, now publicly address HIV prevention and appoint task forces to mobilize and coordinate efforts against the pandemic. In addition, business coalitions and non-governmental organizations (NGOs) often lead in utilizing peer education, advocacy, youth-friendly service delivery, and social marketing to battle HIV infection in sub-Saharan African nations. Some NGOs encourage youths to get involved in finding and implementing ways to stop the spread of HIV.



African adolescents cite lack of knowledge, inaccessibility, and safety concerns as primary reasons for not using contraception. Many African health service workers feel it is inappropriate to provide contraceptives to adolescents, often making it difficult or impossible for youths to obtain condoms and other forms of contraception. For example, a study in Kenya found that three quarters of family planning workers were unwilling to provide contraceptives to young women who had not given birth (Rosen and Conly, 1998).

In sub-Saharan Africa, as in other regions of the world, a culture of silence surrounds most reproductive health issues. Many adults are uncomfortable talking about sexuality with their children, while others lack accurate sexual health knowledge. Many Africans are unable to discuss sexuality across perceived barriers of gender and age differences. Many of them are also reluctant to provide sexually active adolescents with condoms (Rosen and Conly, 1998 ). Moreover, in several African countries, some people believe that men are biologically programmed to need sexual intercourse with more than one woman. Polygyny is a central, social institution that reinforces this belief. In fact, some men believe that this biologically programmed need makes high-risk sex unavoidable (Caldwell, 2000).

Poverty and HIV transmission are linked in a variety of ways. For example, poverty often leads to prostitution or to trading sexual favours for material goods. In addition, young women may be especially vulnerable due to societal practices that deny them education and work opportunities. Poverty also leads to poor nutrition and a weakened immune system, making poor people more susceptible to tuberculosis and to sexually transmitted diseases (Rosen and Conly, 1998).

The effects of AIDS in sub-Saharan Africa are worse than anywhere else in the world and the numbers of deaths due to HIV/AIDS are altering population dynamics as well as labour and household structures across the region. Youths are especially vulnerable to the impacts of HIV/AIDS. They are the ones most infected and affected, and are also the ones commonly responsible for helping to mitigate its impacts, such as by contributing extra labour and assets to make up for losses in the household and at the workplace (UNAIDS,2004).

However, contemporary HIV/AIDS prevention interventions concentrate on behaviour change communication campaigns, which are short-term and, in most cases, isolated programmes. Effective HIV/AIDS prevention programmes require long-term multi-sectored approaches directed at the most vulnerable groups such adolescents (Dick *et al.*, 2006). For that reason, identifying long-term multi-sectored intervention programmes is crucial for sustainable HIV prevention (UNAIDS, 1999).

Though HIV/AIDS awareness activities have increased in Kenya during the last decade, some sections of the society remain marginalised as far as access to up-to-date and relevant HIV/AIDS information is concerned. One of the marginalised sections are the youth, who form more than a half of the population (KANCO, 2006).

Youths in Kenya indulge in pre-marital sex at an early age due to peer influence and exposure to pornographic materials, idleness, drug abuse and demand for material gains, a behaviour that makes them vulnerable to HIV/ STDs infections and pregnancy (Kamau, 1996; Njau, 1994).

The Kenya AIDS NGOs Consortium has established a HIV/AIDS resource centre which seeks to address the information needs of member organisations and to avail information to marginalised groups in the community. The resource centre has undertaken various initiatives such as availing membership to institutions of learning so as to furnish the teachers with factual information targeting the needs of the youth under their care. This information supplements that provided by the HIV/AIDS curriculum. Also, through working with youths serving organisations, including religious institutions, the consortium encourages the involvement of youths in discussing HIV/AIDS and educating their peers through use of theatre, songs, sporting activities and poetry (KANCO, 2006).

The consortium has established linkages with media houses and provides them with information focusing on youth issues regarding HIV/AIDS. This has enabled media houses to incorporate youth-targeted HIV/AIDS messages into their programmes. The consortium also participates in and encourages youth-targeted call-in sessions where listeners are able to tap from the knowledge and expertise of the consortium staff on HIV/AIDS and related issues. This information is necessary if the youth have to change their behaviour and live positively (KANCO, 2006).

A study carried out on information, education, communication and behaviour change amongst adolescents in Ekerenyio division, Nyamira district, found that while there is some effort to promote information, education and behaviour change among youths, there are only a few age-appropriate, adolescent-friendly materials and minimal youth involvement in the design, development and promotion of information materials in adolescent sexual and reproductive health (Omosa, 2009).

There are also some weaknesses or gaps in the information materials in addressing adolescent sexual and reproductive health and HIV/AIDS needs. It also found that although there were many registered youth groups, most lacked the resources and capacity to provide education materials to members and other youths in the community (Omosa, 2009).

According to Kombo *et al.* (2009), half of all new HIV cases in Kenya occur among those aged between 15 and 24, making institutions of higher learning particularly vulnerable. Time devoted by institutions to care of the affected and infected poses challenges in terms of curricular completion and behaviour change. While results of the study show that all respondents were aware of the dangers of HIV/AIDS, information campaigns from various sources have failed to reduce high risk behaviour.

A study carried out on the characteristics of information sources that influence sexual behaviour among in-school adolescents in a peri-urban area of Nairobi, found that information source plays a key role in influencing adolescent sexual behaviour. Those who had peers as their main source of information were more likely to have engaged in sex than those whose parents gave them information. Those depending on peers were also likely to have had more than one sexual partner compared to those who had parents as their source of information. The study concluded that each source affects adolescent sexual behaviour differently and that there is a need to expand parents' role by helping them to adopt some of the positive characteristics of such popular sources as peers and media, and vice versa (Olayo and Kaseje, 2009).

On the other hand, a study carried out on the effects of health education programmes on adolescents' sexual behaviour in Nairobi, found that 93.2 per cent of adolescents were knowledgeable about sexually transmitted diseases and over 90 per cent

accurately identified symptoms of common sexually transmitted diseases and HIV/AIDS. However, it also emerged that peer pressure and peer networks have a very strong impact on the attitude and behaviour of adolescents (Ayiemba, 2001).

Kamau's (2009) study of policy influence on adolescents' access and use of preventive reproductive health services in Central Kenya, found that lack of clear reproductive health policies and guidelines creates access and use barriers especially for adolescents. Clear and comprehensive reproductive health policies that are tailored to the diverse age and gender-specific needs of adolescents must be developed. There is also need to develop a clear working definition of the term 'adolescent', and to address legal barriers.

### **2.5 People living with HIV/AIDS and projection of its prevalence**

Pathfinder International (2006) had estimated that over half a million African youths between the ages of 15 and 24 would die from AIDS by the year 2008. In African countries with long, severe epidemics, a half of all infected people acquire HIV before their 25th birthday and die by the time they turn 35. The pandemic means that African youths face a bleak future. In addition, infection with a sexually transmitted disease, especially one that causes genital ulcers, such as herpes or syphilis, puts one at increased risk of HIV infection, and sexually active youths in sub-Saharan Africa are at high risk of STD infection. For example, 10 to 20 per cent of the sexually active population of sub-Saharan Africa are infected with gonorrhoea (Pathfinder International, 2006).

In Kenya, a survey carried out by NASCOP (2007) found that HIV/AIDS prevalence had increased from 6.7% in 2003 to 7.8% in 2007. The increase in the percentage of people living with HIV/AIDS (PLWHA) is likely because of wider access to antiretroviral drugs. According to the survey, about 1.4 million Kenyan adults are living with HIV/AIDS. In addition, four out of every five HIV-positive Kenyans are unaware of their status, and about two-thirds of the country's 37 million people have never been tested for the virus. The report therefore observes that the future direction of this pandemic highly depends on the level of knowledge of how the virus is spread and changes in people's sexual behaviour (NASCOP, 2007).

## **2.6 Conclusion**

This literature review reveals a number of issues that need to be addressed. This includes the fact that the government normally formulate policies at an aggregate level, which at times misses out on context specific opportunities and individual characteristics hence need for research to formulate policies on HIV/AIDS and education to effectively achieve desired reproductive and sexual health targets. It is also evident that there is no existing data about HIV/AIDS awareness and sexual practices among secondary school students in Nyando division. Therefore, to fill these research gaps, it was imperative to assess the level of awareness and sexual practices of secondary school going youths regarding HIV/AIDS infection, since this group is most at risk.

## **2.7 Theoretical framework**

### **2.7.1 Situational approach theory**

This study was guided by the situational approach theory which was first used by Thomas *et al.* (1928) in a study on children's behaviour in America. The purpose of the study was first to survey the many methods of research and various practical programmes which had been developed in child study and, second, to provide a socio-psychological and sociological appraisal into the prediction and control of behaviour. The study concluded that children's behaviour patterns in America at the time were influenced by the prevailing situations in their various environments.

The theory was later used by Thomas and Znaniecki (1974) in a study on the effects of industrialisation on societal organisation among the Polish immigrants to the United States. The two scholars proposed that human behaviour, which is facilitated by the socialisation process, only occurs under certain conditions or situations. For example, after the Polish immigrants settled in America, they wanted to preserve their traditions. However, since they were in new situations which they were not accustomed to, they adjusted by trying to modify their lifestyle in relation to that of the Americans.

### **2.7.2 Social Learning theory**

On the other hand, the study could have also been guided by the social learning theory. According to Bandura (1977), people learn new behaviour through overt reinforcement or punishment or via observational learning of the social factors in the environment. This incorporates aspects of behavioural and cognitive learning. Behavioural learning assumes that the environment causes people to behave in certain ways. However, cognitive learning presumes that psychological factors are important in influencing ones behaviour.

Therefore, in this situation of HIV/AIDS the theory explains that secondary school students' sexual behaviour is influenced by psychological factors and environmental conditions. On the other hand, the situational approach theory sees human behaviour as being adjustable to any change that might arise. The theory does not restrict its explanation to specific factors that can cause changes in human behaviour, but incorporates the fact that all situations in the environment can cause changes in human behaviour, unlike the social learning theory. Therefore the researcher found the situational approach theory more appropriate for this study.

### **2.7.3 Relevance of the theory to this study**

The situational approach theory sees human behaviour as being adjustable to any changes that might arise. In this era of HIV/AIDS one would expect use of condoms, fewer incidences of pre-marital sex and a restricted number of sexual partners. Therefore, to find out whether the students risk infection through sexual intercourse the researcher investigated their sexual practices in this situation of the HIV/AIDS pandemic.

In this study, HIV/AIDS infection was considered as the new situation being experienced by students in secondary schools in Nyando division. The effects of urbanization and modernization in the present societies have changed the traditional forms of social control and have replaced them by looser and more tenuous controls that attempt to guide the conduct of the present youths. These transitions have impacted heavily on the students and they are therefore expected to change their practices because of the prevailing situation.

## 2.8 Hypotheses

a, Secondary school students in Nyando division are sufficiently aware that HIV/AIDS is a sexually transmitted infection.

b, The level of awareness of HIV/AIDS has a positive effect on the sexual practices of secondary school students in the division.

## 2.9 Operationalization of key variables

**Awareness:** This refers to knowledge of what HIV/AIDS means, how it is transmitted and how it is not, as well as how the spread of the virus can be prevented.

**Level of awareness:** This refers to the amount of knowledge of what HIV/AIDS means, how it is transmitted and how it is not, as well as how the spread of the virus can be prevented.

**Sexual practices:** This refers to activities such as strategies to find or attract partners, and interactions between individuals, physical or emotional intimacy, leading to sexual contact.

## CHAPTER THREE

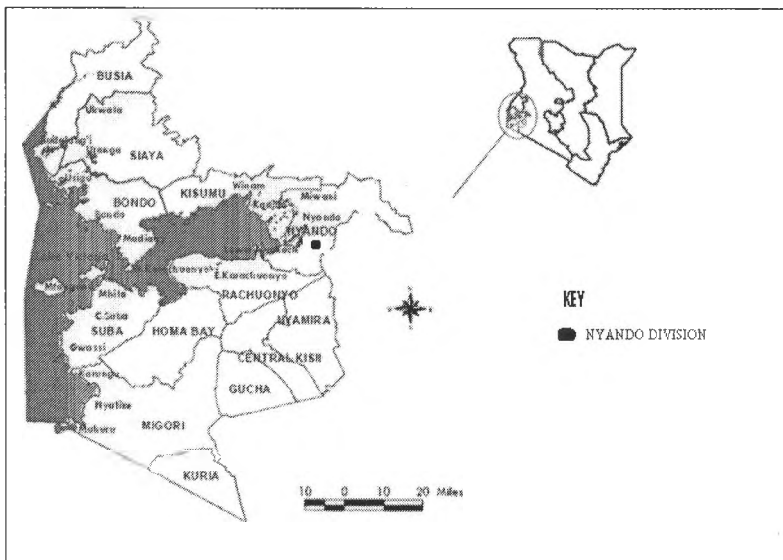
### Methodology

#### 3.0 Introduction

This chapter describes the research site, study design, study population and unit of analysis. The section also describes the sampling technique and the sample size, as well as methods and instruments of data collection and how the data were processed, analyzed, and the findings presented.

#### 3.1 Research site

Nyando division is located in Nyando District in Nyanza Province of Western Kenya. It neighbours Nyakach, Muhoroni and Kisumu Town East constituencies (Map 3.1). The division is named after the famous river Nyando, which flows from the Nandi Hills in the Rift Valley Province and empties its waters into Lake Victoria. It has 5 administrative locations. The altitude of the division varies from about 1000m at Lake Victoria to over 1500m above the sea level in the uphill regions. Nyando has a population of 145,076 people (GOK, 2008). The division has 2 provincial boys' schools, 2 provincial girls' schools and 16 district mixed schools which are scattered all over its geographical space.



Map 3.1: Location of Nyando division in Nyanza province.  
Source: Nyando .org/about/ Nyandodistrictmap.php 2008.



### **3.2 Study Design**

This study was cross-sectional and descriptive, and both quantitative and qualitative methods of data collection were used. The study ran for about two months and was conducted in two phases.

The first phase involved quantitative data collection, using a structured questionnaire that was administered to the students. A total of 90 students were subjected to the same questionnaire. The second phase involved subjecting at least 8 students in each of the selected secondary schools to focus group discussions. These discussions were intended to yield qualitative information on the students' level of awareness of HIV/AIDS and their sexual practices. They enabled the researcher to probe issues arising from the survey. They also enabled the researcher to observe the participants' first reactions to sensitive issues regarding their sexual practices. In addition, identified key informants were subjected to in-depth interviews on their opinions regarding the students' level of awareness of HIV/AIDS and its influence on their sexual practices.

Qualitative data were analyzed thematically. Content analysis, direct quotations and selected comments from the informants were used to present the findings. On the other hand, quantitative data were analyzed using the Statistical Package for the Social Sciences (SPSS) computer software. The data were categorized, arranged and summarized and presented using tabulations, pie charts and bar graphs.

### **3.3 Study population**

The study population consisted of 6420 secondary school students in Nyando division. The individual secondary school student was the unit of analysis.

### **3.4 Sample population**

Ninety students were subjected to structured interviews. I considered 90 respondents to be a fair representation of the population. This is because the student population is largely homogeneous therefore the study subjects are likely to have the same characteristics therefore large number of study subjects was not needed to test the hypothesis.

### **3.5 Sampling technique**

Stratified and simple random samplings were carried out to sample schools and respondents used in the survey. The lists of schools in the division were used to construct a sampling frame. The schools were divided into 3 categories according to their gender composition. As already stated there are 20 secondary schools in the division. To obtain a representative sample, schools in each category were assigned numbers and then sampled through the simple random sampling method. From each sampled school, 30 students were obtained through the simple random sampling using the class registers, the students were assigned numbers which were written on pieces of paper and placed in a container and then picked randomly. The students were sampled from form two to four. To have a representative sample, 10 students were obtained from each class, giving a total of 90 students from the sampled schools.

Simple random sampling was preferred since every school and each student had an equal opportunity of being sampled (Frankfort-Nachmias and Nachmias, 2005).

### **3.6 Methods of data collection**

#### **3.6.1 Secondary sources**

Journals, theses, government official publications and books were used to gather background information to the study. In addition, these sources continued to act as reference materials throughout the study.

#### **3.6.2 Structured interviews**

In this study a structured questionnaire with closed and open-ended questions (Appendix 1) was used to collect data. Informants were asked to respond to a set of questions in a standardized format that related to the research questions. This technique was used to explore the individuals' sexual practices and level of awareness of HIV/AIDS. A face- to- face interview was inappropriate due to some sensitive questions, especially those relating to sexual practices. Thus, the questionnaire was self-administered.

### **3.6.3 Focus group discussions**

In each sampled school, one focus group discussion was held. Every focus group comprised 8-10 participants. All the participants in the discussions were obtained from form two to four for the purposes of comparison. This was also done to facilitate the discussion due to their familiarity and better understanding, especially on sensitive issues such as those related to sex. A focus group discussion guide (Appendix 11) was used to collect the data.

Focus group discussions were vital to the study since they enabled the researcher to compare the outcome of the discussions with the responses given in the questionnaires, and to obtain consensus on contentious issues. In addition, they enabled the researcher to observe the participants' first reactions to sensitive issues (Frankfort-Nachmias and Nachmias, 2005).

### **3.6.4 Key informant interviews**

Key informant interviews were used to collect information from professionals who worked closely with the students. Deputy heads, guiding and counselling teachers, matrons and nurses, religious leaders and education officers were interviewed, using a key informant interview guide (Appendix 111).

### **3.7 Methods of data analysis**

Qualitative data collected through focus group discussions and key informant interviews, were analyzed thematically. Other methods, e.g., content analysis, direct quotations and selected comments from the informants were used to present the findings. Verbatim quotes were also used. Where these quotes were in a language other than English, they were translated into English. On the other hand, quantitative data were analyzed using statistical methods. Measures of central tendency were used to show the characteristics of the data and frequencies showed the distribution. The data were categorized, arranged and summarized and presented using tabulations. The Statistical Package for the Social Sciences (SPSS) computer software was used in the analysis. The relationship between the variables in the hypotheses was tested using the chi-square.

### **3.8 Problems and their solutions**

The researcher experienced some problems in the field which threatened the process of data collection. These included the fact that some head teachers feared the research because they thought that it would expose their hidden activities or reveal negative information about their schools. There was also the fear of misinterpretation of some questions since probing was not possible in the self-administered exercise. To solve these problems, care was taken to explain fully the objectives of the research and the freedom of a respondent to decline to continue with the research before, during or even after the interview. Confidentiality was also guaranteed if the respondent so wished. The researcher also worked closely with the divisional education officers and head teachers in order to gain access to the schools and also know the dates when the students were in session.

### **3.9 Ethical issues**

This study took into consideration the code of ethics in conducting anthropological research. The study ensured protection of the image of the agent (Institute of Anthropology, Gender and African Studies- University of Nairobi) by reporting accurately and correctly its findings without any bias. The informants were carefully handled and where they did not prefer the use of their real names so as not to reveal their private life and status, pseudonyms were used. This ensured that they were accorded maximum protection. The study was conducted in full knowledge and consent of the Ministry of Higher Education Science and Technology to avoid suspicion and mistaken identity which would have interfered with the process of yielding successful results. In addition, the ethical principles of respect for respondents' privacy, beneficence and justice were upheld. The research subjects were informed of their right to choose whether to participate or not, and were guaranteed the right to withdraw from the study at any time, if they so wished.

## CHAPTER FOUR

### Socio-demographic characteristics of and the respondents' knowledge on HIV/AIDS awareness

#### 4.0 Introduction

This chapter presents the demographic characteristics of the respondents, their level of awareness of HIV/AIDS, modes of transmission, the possible control measures and the people likely to be infected by the virus.

#### 4.1 Demographic characteristics of the respondents

##### 4.1.1 Age

A total of 90 students participated in the survey. The frequency distribution plot indicates that a majority (77.8%) of the respondents were between the ages of 15 and 19. This could be a reflection of the fact that the ideal age of most secondary school students in Kenya normally falls within this age group. On the other hand, the remaining 22.2% were between the ages of 20 and 24 (Figure 4.1).

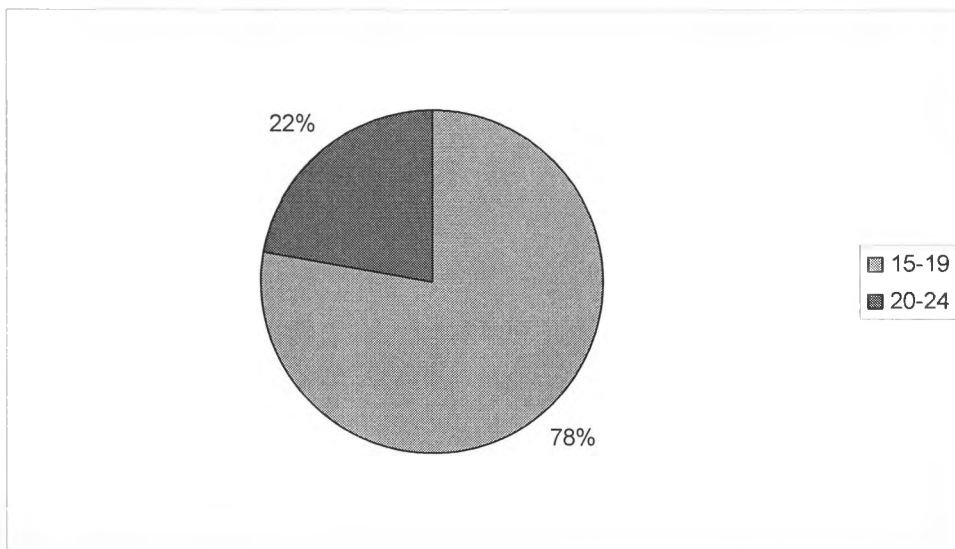


Figure 4.1: Age distribution of respondents

### 4.1.2 Gender

The respondents were sampled equally, 50% females and 50% males (Figure 4.2).

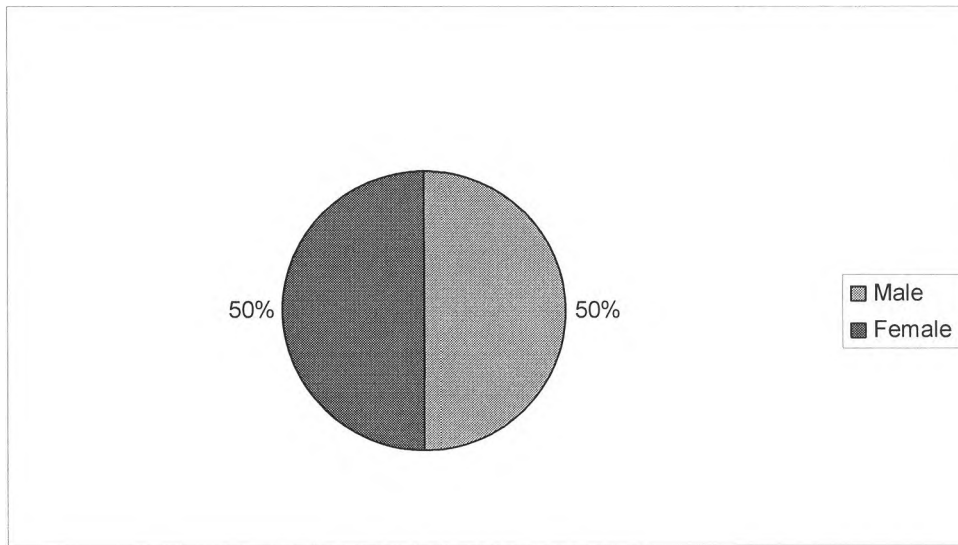


Figure 4.2: Gender of the respondents

### 4.2 Respondents' understanding of HIV/AIDS

Attempts were made in this study to investigate what the respondents understood by the terms HIV, AIDS and HIV/AIDS carrier. Out of the 90 respondents, 88% were able to define HIV as human immunodeficiency virus, while 12% reported that it is the virus that causes AIDS. On the other hand, when they were asked to define AIDS, 86% of the respondents defined it as the acquired immunodeficiency syndrome with the rest (14%) defining it as a virus that causes a breakdown in the human body immune system (Table 4.1).

Table 4.1: Respondents' understanding of AIDS

Definition of AIDS	Frequency	Percentage
Acquired Immuno-deficiency Syndrome	80	88.9
Virus that causes breakdown in the human body immune system	10	11.1
Total	90	100

### 4.3 Similarities and differences between HIV and AIDS

The respondents' understanding of HIV/AIDS was further probed by testing their awareness of the difference and similarity between the terms HIV and AIDS. Most of the respondents (80%) stated that there was no similarity in meaning, and explained that HIV is a virus that causes AIDS. The remaining 20% were of the view that the two terms referred to the same thing and that both were diseases that affect the human body. In addition, definition of the term HIV/AIDS carrier was also sought. Out of all the respondents, 83.3 % reported that an HIV/AIDS carrier is a person infected with the virus and so capable of transmitting it to others whereas 16.7% did not know (Table 4.4). The high percentage of the respondents' understanding of the definition of HIV/AIDS, the similarity and difference between the HIV virus and AIDS and definition of an HIV/AIDS carrier is probably an indication that the level of awareness of the scourge is high among the study population.

Table 4.2: Respondents' understanding of HIV/AIDS carrier

Definition of HIV/AIDS carrier	Frequency	Percentage
HIV/AIDS carrier is a person infected with the virus and is capable of transmitting it to others	75	83.3
Do not know	15	16.7
Total	90	100

#### 4.4 Modes of transmission of the HIV virus

All the respondents in the study reported that HIV/AIDS is transmitted through unprotected sexual intercourse with an infected person. On the other hand, 70% of the respondents were of the opinion that blood transfusion also contributes to the spread of the virus, while 20% of the respondents reported that mother-to-child transmission is another mode of transmitting the virus. Finally, a minority (10%) of the respondents reported that use of contaminated unsterilized body piercing instruments also contributed to the spread of the virus.

Other issues on modes of transmission that were not clear to the respondents came up during focus group discussions where there was consensus among the respondents that kissing also contributes to the spread of the virus. However, they agreed that this only happens if one person is infected and has a bleeding gum and the partner who is not infected has a cut on the mouth, making it possible for transmission of the virus to the uninfected person.

#### 4.5 People likely to be infected with HIV/AIDS

In order to determine whether students consider themselves vulnerable to HIV/AIDS infection, the respondents were asked to list the people who are most likely to be infected with the virus. Slightly less than two-fifths (37.8%) were of the opinion that prostitutes were the most likely people to contract HIV/AIDS. They argued that



prostitutes are commercial sex workers who have sex with multiple partners for financial reasons and this predisposes them to HIV infection. On the other hand, about sixteen per cent of the respondents were of the opinion that anybody could contract HIV/ AIDS. This was because everybody is exposed to all the various methods of infection, such as use of contaminated sharp instruments, unprotected sex and blood transfusion.

Truck drivers were also rated among the most vulnerable groups of people who were at great risk to HIV infection. About 12% of the respondents argued that due to the nature of their work that entails constant travelling and, therefore, being away from their spouses, there were possibilities of being tempted to have other sexual partners, thus exposing themselves to HIV infection.

On the other hand, 10% of the respondents were of the opinion that people who practised wife inheritance could easily acquire the HIV virus. They argued that the husband of the woman being inherited could have died of the pandemic. Wife inheritance is a common cultural practice among the people of Western Kenya (FHOK, 2006) where the study was carried out, and this could have influenced the respondents' thinking.

Only 7.8% of the respondents were of the opinion that students were the most vulnerable people to the HIV/AIDS virus. Their argument was that students were not promiscuous and only had sex occasionally while protecting themselves by using condoms. This suggests that most students are still in denial and most of them are not aware that they are also in danger of contracting HIV/AIDS. This was further emphasized during one session of the focus group discussions. The discussants agreed that HIV/AIDS is a disease for prostitutes and promiscuous members of society. They explained that students are not vulnerable because they use condoms when having sex and in most cases they normally have sex with fellow students whom they trust. They elaborated that they are also too young to inherit women in the villages and, therefore, they are less vulnerable to the HIV infection.

They therefore came to the consensus that the level of awareness of HIV/AIDS is high among the students and most of them use condoms for protection while having sex.

Lastly, only 7.8% of the respondents were of the opinion that children could get the

virus from their mothers at the time of birth. The results are as shown in Figure 4.3.

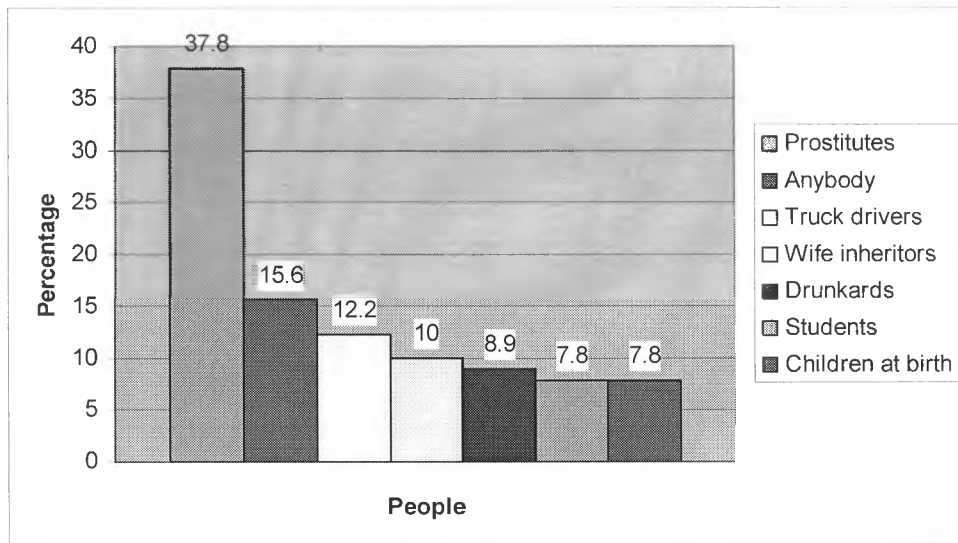


Figure 4.3: People likely to be infected with HIV/AIDS

#### 4.6 Methods of preventing HIV infection

The respondents were asked to name ways in which young people can protect themselves from HIV infections. All the respondents indicated that HIV is predominantly transmitted through sexual intercourse. However, only 20% of the respondents stated that students should abstain from sex. Twentyone per cent reported that they should be faithful while 41% felt that use of condoms would be the best way of controlling the spread of HIV/AIDS. On the other hand, about 10% reported that avoiding drugs and alcohol would also be appropriate in the control of the pandemic while 8% reported use of sterilised sharp instruments as one of the best ways of controlling the spread of the pandemic. These findings suggest that most of the students have faith in the use of condoms as a way of protection from HIV/AIDS. This is probably due to the fact that most of the respondents were in their adolescent stage hence sexually active and most likely not able to abstain from sexual practices. In which case they would see the condom as the only viable option for them. It could also be an indication that the students' level of awareness of HIV/AIDS has impacted on their sexual practices.

According to one of the divisional education officers in the study area, most of the secondary school students are in their adolescent stage and therefore sexually active

and adventurous. They are also exposed to the influence of their peers, pornographic literature and the mass media. The students are therefore under pressure to engage in sexual activities. The officer further explained that the divisional education office normally collaborates with schools and the local health centre to organise for talks and video shows to schools in the division on the causes and effects of HIV/AIDS. This probably has contributed to the raising of awareness of the pandemic among secondary school students in the study area.

#### 4.7 Symptoms of people who are HIV positive

As shown in Table 4.6 below, of the total number of the students (N=90) who were asked on how they would tell that one is HIV positive, 37.8% were of the opinion that going for an HIV test would be the only way to know of a person's status. The same number (37.8%) were of the opinion that a person who is frequently sick would most likely be HIV positive, 10% reported that having rashes on the body is a sign of being HIV positive, while 8.8% reported loss of weight, 3.3% frequent diarrhoea as signs of being HIV positive, and 2.3% did not know.

Table 4.3: Symptoms of people who are HIV/ AIDS Positive

Symptoms	Frequency	Percentage
Known only through HIV tests	34	37.8
Constant sickness	34	37.8
Rashes on the body	9	10.0
Loss of weight	8	8.8
Frequent diarrhoea	3	3.3
Do not know	2	2.3
Total	90	100.0

#### **4.8 Culture and HIV/AIDS**

Culture was considered an important variable in terms of its significance in the lives of the respondents. Most of the respondents in the survey (82.2%) believe that culture played a significant role in the spread and also control of HIV/AIDS. They argued that cultural practices such as wife inheritance promoted the spread of the virus while male circumcision controlled its spread. On the other hand, 15.6% did not believe that culture has anything to do with HIV/AIDS. They argued that HIV/AIDS is a natural disease contracted basically due to individual human behaviour regardless of a person's cultural background. This argument probably emanates from the fact that beliefs in certain cultural practices like wife inheritance are still strong in this community and so a few respondents still do not want to accept that culture contributes to the spread of the scourge.

This came out clearly during a focus group discussion where a majority of the discussants felt that wife inheritance promotes the spread of HIV/AIDS. On the contrary a minority were of the opinion that this is not true in all the cases. They argued that somebody could inherit a woman who is not HIV positive and, therefore, face no risk of infection. They also explained that if a woman is not inherited and she goes out with many boyfriends she will be infected. They therefore felt that wife inheritance should not be discouraged. Other discussants felt that the argument was valid but needed clarification.

They therefore agreed that wife inheritance promotes the spread of HIV virus only if one of the partners is infected. But in case both of them are not infected, then it does not contribute to the spread of the virus. The group therefore agreed that before any form of sexual relationship in such arrangements, it is important for the couples to go for the HIV test.

The discussion came to a consensus that some of the cultural practices like male circumcision help in reducing the chances of contracting the HIV virus, but the operation should be carried out in the hospital where the surgical instruments are sterilized. On the other hand, wife inheritance promotes the spread of the virus especially if the woman's husband died of the disease. Therefore, it is advisable for widows to go for the HIV test before engaging in any form of sexual relationship.

## CHAPTER FIVE

### Respondents' patterns of sexual practices in the face of HIV/AIDS

#### 5.0 Introduction

This chapter presents findings on the respondents' sexual relationships, number of their sexual partners, age of their first sexual intercourse, their sexual intercourse experiences, their reasons for having sex, and their views on HIV/AIDS and use of the condom.

#### 5.1 The respondents' sexual relationships

Findings from the survey revealed that a majority of the girls (73.3%) in the study had boyfriends. When asked of the reasons for having boy friends, 40% reported peer pressure, 30% material gains, 20% loneliness, 5% adventure, and 5% to satisfy their sexual needs. On the other hand, 26.7% reported not having boyfriends. When asked for the reasons of not having boyfriends, 60% of the respondents reported that they feared contracting sexually transmitted diseases, 30% feared being pregnant while 10% reported being too young to engage in sexual relationships.

The study findings also revealed that 60% of the boys had girlfriends. Further investigations into the reasons for having girlfriends showed that 60% were due to peer pressure, 30% for them not to be lonely and 10% reported that they helped in satisfying their sexual needs. On the other hand, 40% reported not having girlfriends. When asked further on the reasons of not having girlfriends, 70% reported fear of contracting sexually transmitted diseases while 30% reported that they were still young and were more interested in concentrating on their studies.

The study findings established that there were gender differences between boys' and girls' sexual practices. From the analysis it is evident that more girls have boyfriends than the boys who have girlfriends. This is probably due to the fact that girls mature faster than boys. However, it could also be due to the fact that most of the girls accept being in relationships with older men due to material gains. This could be the reason as to why the national HIV/AIDS statistics have it that out of 40% of all new male infections, 60% of new female infections occur in those under the age of twenty (NASCOP, 2008). This finding came out clearly during a focus group discussion in one of the girls' schools. A majority of the girls explained that having boyfriends who

are working is an advantage to most of them who come from poor family backgrounds. They elaborated that the boyfriends shop for them and also give them pocket money and that is why most of them do not date fellow students who do not have money.

The focus group discussion came to consensus that peer pressure and material needs influence the students' sexual practices and in most cases secondary school girls tend to be more affected than their male counterparts.

## **5.2 Number of sexual partners**

The study findings revealed that 30% of the girls have multiple sexual partners. Further analysis of the survey data revealed that 5% of them have sugar daddies among their multiple sexual partners. According to them this was mainly because of financial gains. On the other hand, a majority (70%) reported having one sexual partner, due to the fear of contracting sexually transmitted diseases.

On the contrary, only 25% of the boys reported having multiple sexual partners. They argued that this was due to peer pressure, need for adventure, and that it also made them feel great. However, only 2% of the respondents reported having sugar mummies as one of their sexual partners and this was because of the financial gains that they got from the older women. Three quarters of the male students reported having one sexual partner, mainly because they feared contracting sexually transmitted diseases.

These findings are contrary to expectations that the students would not have multiple sexual partners because of their awareness of HIV/AIDS. This is probably due to poverty and ignorance among some individuals in the study population. An interview with a counselling teacher from one of the schools who was a key informant revealed that most of the students came from poor families and in some cases they would like to get money from their sexual partners. She explained that:

*Girls are more vulnerable to older working men who can afford to give them money. We have had cases here of girls having relationships even with some of the male teachers. Though we do counsel them and also talk to their parents, I must admit that it is still a challenge and more information on HIV/AIDS needs to be taught in schools and also at home by the parents or guardians.*

She continued: *'Boys are also not left out of this problem, because most of them feel proud and great when they have multiple sexual partners. And it is hard to tell whether they use condoms when having sexual intercourse with their girl friends.'*

### 5.3 Sexual intercourse experience

To find out more on the sexual practices of the students, individuals were requested to state whether they had had sexual intercourse. The findings revealed that 76.7% acknowledged having had sexual intercourse. On the other hand, a minority 23.3% reported not having had sexual intercourse. Details of the responses are shown in Figure 5.1.

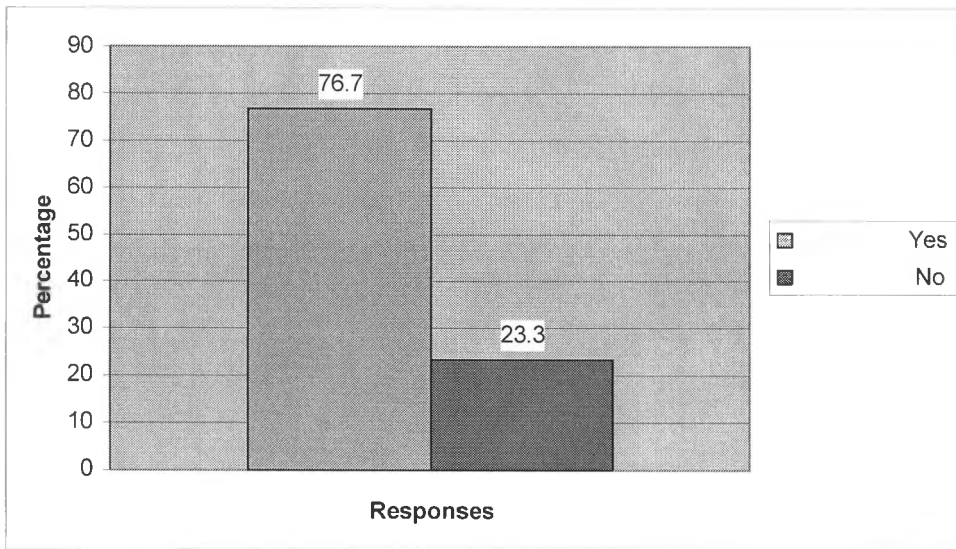


Fig 5.1: Responses on sexual intercourse

### 5.4 Age at first sexual intercourse

Findings from the survey revealed that 40% of the study subjects had had their first sexual intercourse at the early ages of between 10 and 14. On the other hand, 32.2% reported having had first sexual encounter at the later ages of between 15 and 19, while 25% did not know. Details are shown in Table 5.2 below.

Table 5.1: Age at first sexual intercourse

Age	Frequency	Percentage
10-14	36	40.0
15-19	29	32.2
Do not know	25	27.8
Total	90	100.0

### 5.5 Reasons for having sex

When asked about the reasons for having sex, 56.7% of the respondents reported being influenced by their peers, 28.9% reported being influenced by pornographic movies and video shows, while 10% reported having sex for material gains and only 3% reported having sex because they wanted to adventure (Figure 5.2).

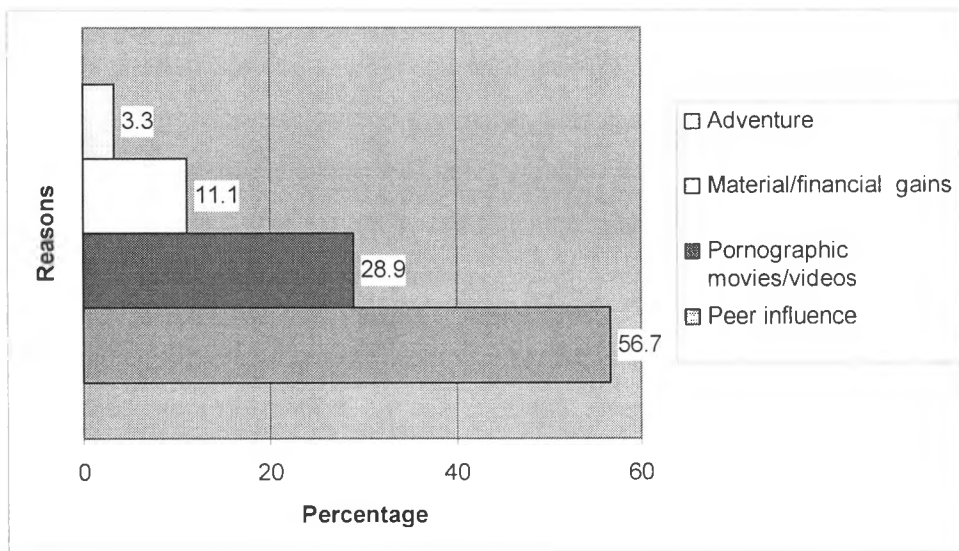


Figure 5.2: Reasons for having sex

### 5.6 Respondents' sexual partners

The survey revealed that 55% of the girl respondents had young working men as their sexual partners, 35% had fellow students as their sexual partners, 8% had young fellow villagers as their partners, while 2% reported having sugar daddies as their



sexual partners. On the other hand, 65% of male students reported fellow students as their sexual partners, 34% reported having sex with their village mates while 1% reported having sex with sugar mummies.

### **5.7 Multiple sexual partners and HIV/AIDS**

Exploring further on the students' sexual practices in the face of HIV/AIDS, the study subjects were asked whether having many sexual partners would put one at the risk of contracting HIV/AIDS. The survey data revealed that 77.8% of the respondents reported that having many sexual partners put one at the risk of contracting the HIV virus. Asked to explain the reasons why having multiple sexual partners exposed one to the HIV virus, they elaborated that this behaviour exposed one to many people who might have been infected hence increasing one's chances of being infected. On the other hand, 22.2% believed that many sexual partners do not put one at the risk of contracting the HIV virus. Asked to elaborate on their answer, they argued that having safe sex by use of the condom protects one from being infected, and so it is not bad to have many sexual partners.

The study findings show that most of the students are aware that having many sexual partners predisposes one to infection with the HIV virus. This was confirmed during a focus group discussion where the discussants came to consensus that many sexual partners increase one's chances of being infected with the HIV virus. This is because it is not always possible for one to consistently use a condom for protection especially if the person has regular sexual partners.

The findings therefore probably show how the respondents are confused and do not have adequate information on some of the issues concerning HIV/AIDS. This concern was also raised by one of the key informants, a deputy principal, who is also a student counsellor in one of the secondary schools. He explained that as much as they are trying to educate students on the causes, effects and methods of protection from the HIV virus, it is still a big challenge. In his view, a subject on HIV/AIDS should be introduced in schools and colleges. He elaborated that, currently, the topics on HIV/AIDS are only taught as units in the syllabus of various subjects which, in his view, is not enough.

However, the fact that 100% of the respondents in the survey are aware that HIV/AIDS is sexually transmitted could be an indication that the high level of

awareness has a bearing on their sexual practices. To find out if the level of awareness and sexual practices had a significant relationship, a chi-square test on the two variables was conducted. The results are as shown in Table 6.1.

Table 6.1: Cross tabulation of awareness level and sexual practices

Variables	Pearson's value	Df	Critical value of $\chi^2$
Awareness level verses Sexual practices	8.419	5	7.815

\*All significant tests at  $\alpha = 0.05$  (95%).

The chi-square results at the stated confidence level confirmed that the relationship between the level of awareness and sexual practices was not a chance event and, thus, significant. Therefore, the study hypothesis that the level of awareness of HIV/AIDS has a positive effect on the sexual practices of secondary school students in Nyando division is accepted.

### 5.8 Use of condoms

The study findings indicate that a majority of the students protected themselves with a condom while having sexual intercourse. This is because of the total number of respondents, 60% reported using a condom when having sex. Exploring their reasons for use of the condom the findings revealed that it protected them from sexually transmitted diseases and pregnancy in the case of female students. On the other hand, 40% of the respondents reported not using a condom when having sex. When pressed further to elaborate why they were not doing this, 65% argued that the condom reduced sexual pleasure, 30% reported that they trusted their partners, while 5% argued that condoms have negative side effects.

Thus, the study findings revealed that most of the students (60%) were using condoms for protection during sexual intercourse. Although this shows that their level of awareness of HIV/AIDS probably has influence on their sexual practices, it is still worrying that the remaining 40% are not keen on using condoms while having sexual intercourse. Their main reason for not using a condom for protection when having sex is that it reduces sexual pleasure and, in their view, having sex while using condom is

like eating a sweet with its cover. This argument supports the study findings by Kamau (1996) which found that a majority of students in girls' secondary schools in Nairobi do not use condoms while having sex so as to maximise sexual pleasure. This shows that more sensitisation needs to be carried out in secondary schools in order to encourage the remaining group to also embrace the use of condoms as a means of protection from the HIV virus.

## CHAPTER SIX

### Discussion and conclusion

#### 6.0 Introduction

In this chapter, the findings are interpreted to show how they relate to some other studies done elsewhere and which have some relationship to the influence of HIV/AIDS awareness on the sexual practices of secondary school students. Finally, the chapter draws conclusions on the topic of HIV/AIDS and students in general.

#### 6.1 Awareness of HIV/AIDS

The findings of this study suggest that the study subjects have a basic understanding of HIV/AIDS. This is because over 80% of the respondents were conversant with the terms HIV /AIDS, the similarity and differences between the HIV virus and AIDS, and definition of HIV/AIDS carrier. The respondents were also aware of the different modes of transmission of the virus. All the respondents (100%) reported that the HIV virus is transmitted through unprotected sexual intercourse with an infected person. On the other hand, 70% were of the opinion that blood transfusion contributes to the spread of the virus, while 20% reported that mother-to-child is another mode of transmission. This is probably an indication that the level of awareness of the scourge is high among the study population.

The findings support the Ministry of Health report (MOH, 2008) that the level of awareness of HIV/AIDS among Kenyans is very high, especially among the youths, for most people understand the concepts related to HIV/AIDS and its manifestation. However, according to NASCOP (2008), although the general level of awareness may be high, this has not had positive effect on the reduction of HIV/AIDS infections or change in the sexual practices of individuals.

The study findings reveal that the students' level of awareness on HIV/AIDS is high. However, 40% of the respondents do not believe that they are vulnerable to the HIV infection. Instead they are of the opinion that prostitutes, truck drivers and people who practise wife inheritance were more vulnerable to the HIV infection than students.

Only about 10% of the respondents acknowledged that students are also vulnerable to the HIV infection. This suggests that a majority of students are still in denial and most of them are not aware that they are also in danger of contracting the HIV virus.

According to UNAIDS (2008), HIV/AIDS seriously affects adolescents throughout the world. One third of all currently infected individuals are youths between the ages of 15 and 24, and a half of all new infections occur in youths of the same age group. This is contrary to a majority of the respondents' argument that they are not vulnerable to the HIV infections.

Though HIV/AIDS awareness activities have increased in Kenya during the last decade, some sections of the society remain marginalised as far as access to up-to-date and relevant HIV/AIDS information is concerned. One of the marginalised sections are the youths, who form more than a half of the Kenyan population (KANCO, 2007). This finding on lack of proper information for students on HIV/AIDS probably explains why a majority of them are in denial and are not aware that they are vulnerable to the HIV infection. This calls for more sensitization so that the students are able to understand that all are vulnerable to HIV infection.

However, despite the fact that all the respondents indicated that HIV is predominantly transmitted through sexual intercourse, only 20% reported that students should abstain from sex. About two-fifths (41%) reported that use of condoms would be the best way of controlling the spread of the HIV virus. This is probably due to the fact that most of the respondents were in their adolescent stage hence sexually active and most likely not able to abstain from sexual practices. In which case they would see the condom as the only viable option. On the contrary, a study of sexual activity among adolescents between the ages of 12 and 19 years in Kenya revealed that 55% of the sexually active population studied are not consistent in the use of condoms. Moreover, some male students between 14 and 18 years in the group studied had multiple sexual partners (IGWG/USAID, 2003). This line of argument came up during one of the focus group discussions where the discussants came to consensus that consistent use

of the condom as a means of protection is a challenge. The group felt that after having sex with a partner on several occasions, it is always easy to develop trust, and so stop using the condom as a means of protection. The findings, therefore, seem to suggest that the students are confused on certain issues of HIV/AIDS and use of the condom as a means of protection. It appears, therefore, that more sensitization on the methods of prevention of the HIV virus needs to be carried out among the students.

On the linkage between religion and the control of HIV/AIDS, the findings revealed that about 85% of the respondents were of the view that religion had a role to play in the control of the pandemic and only 15% of the respondents reported that religion had no role to play in the control of HIV/AIDS. A majority of the respondents argued that religion was important in the control of HIV/AIDS because the teachings promoted faithfulness in relationships, and discouraged sex before marriage as well as extra marital affairs. On the other hand, other respondents argued that AIDS is a curse from God on people who go against his teachings. During a focus group discussion in one of the schools the students came to consensus in support of the argument that religion plays a crucial role in the control of the pandemic.

According to some scholars of African culture and religion, for example, Prof. Ali Mazrui (1986), an African is a child of a triple heritage. This is because Christianity, Islam and traditional African religions have all impacted on the spiritual psyche of the African personality. Nowhere has this argument proved more true than in the area of HIV/AIDS interventions.

Churches in Africa have for long argued that HIV/AIDS is an affliction of sinners. While the originators of the church in the Western world quickly came to terms with the pandemic and recognized prevention measures like use of condoms, religious groups in Africa continue to condemn the use of condoms. Some have in fact burned them in public to make their point.

Some examples, however, stand out in contrast to the Kenyan situation. In Uganda, for example, according to the Minister of Finance Mr. Ssendaula, the church quietly agreed that it would not publicly discredit the prevention measures advocated by the government and other stakeholders. This, it was argued, was aimed at encouraging a

plurality of ideas and a multi-interventional approach to achieve the required synergy to reduce the spread of HIV/AIDS (IFH, 2007).

According to the study findings, it would be probably important for the religious groups in Kenya to also emulate their Ugandan counterparts' approach, that is, of not publicly discrediting the prevention measures advocated by the government and other stakeholders. This approach will help in educating the youth on the methods of controlling the spread of the HIV virus without any contradictions from any organisation.

A majority of the respondents (83%) in the survey believe that culture plays a significant role in the spread and control of HIV/AIDS. They argue that certain cultural practices like wife inheritance promoted the spread of the virus. On the other hand, a minority (15%) did not believe that culture plays a role in the spread or control of the disease. Their argument was that HIV/AIDS is a natural disease basically contracted by individual human behaviour regardless of a person's cultural background.

According to MOH (2007), a number of commonly observed traditional practices are now recognised as being directly responsible for the spread of HIV/AIDS. Widow inheritance, widow "cleansing", wife sharing, wife exchanging with land or cattle, and polygyny are some of the key ones, which are stacked against women's health because the parties involved do not test for HIV. Female and male circumcisions are still *practised in the traditional way, using the same knife or blades. In the case of females, circumcision can lead to bleeding during sex.*

Aside from these traditional practices are the social norms which dictate that females be inferior to males. Male youths have been cultured to believe it is a sign of manhood to control sexual relationships. On the other hand, females are brought up to believe that males are superior in all spheres of life and should be the masters of *sexual relationships. Moreover, both men and women are always reluctant to wear condoms within the context of marriage. This places them and their babies at risk. Research has shown that up to 80 per cent of infections among women occur in stable relationships where the man has been infected elsewhere (MOH, 2007).*

The study finding that a majority of the students believe that culture plays a role in the spread of HIV virus therefore supports these arguments. It is, therefore, important that HIV/AIDS controlling agencies address the centrality of culture in Kenya more rigorously. Probably community-based education, which includes cultural and traditional leaders, could be one of the means to secure behavioural change. But with so many different communities and languages in each of the countries, initiatives need to be tailor-made to each area.

## **6.2 Sexual practices in the face of HIV/AIDS**

Findings from the survey revealed that a majority (74%) of the girls in the study had boyfriends. They reported that this was mainly due to peer pressure and also need for financial support. On the other hand, 26% reported not having boyfriends, because they feared being pregnant or contracting sexually transmitted diseases. The study findings also revealed that 60% of the boys had girlfriends, as a result of peer pressure or to fight loneliness. On the other hand, 40% reported not having girlfriends. Their reason for this was the fear of contracting sexually transmitted diseases.

The study findings, therefore, established that there are gender differences between boys' and girls' sexual practices in the study area. The analysis revealed that more girls have boyfriends than the boys have girlfriends. This is probably explained by the fact that girls mature faster than boys and therefore engage in sexual intercourse earlier than boys.

Of almost 12million young people living with HIV/AIDS, 62% are young women. Two thirds of new infections among the youths are female. In Western Kenya, one in four girls aged 15 to 19 has HIV/AIDS, compared to one in 25 boys of the same age. Six times as many girls as boys are infected in rural Uganda, while in Zambia the ratio is 16 girls to one boy (UNICEF, 2003; UNDP, 2004).

According to UNAIDS (2007), among the youths aged 15-24 women are four times more likely to be infected than men (6.1 per cent compared to 1.5 per cent). The female to male ratio is higher due to the fact that young women are particularly vulnerable to HIV infection compared to young men.

Another reason for this is biological; the vaginal tract presents a large mucoid surface for viral contact, but cultural and economic factors are also responsible. Older men



frequently seek out young girls for sex, often believing they are less likely to be infected with HIV and some adolescent girls engage in sex in exchange for gifts or money (Nyabicha, 2009).

The study also revealed that 30% of the girls have multiple sexual partners. Further analysis found that 5% of them have sugar daddies among their multiple sexual partners. They reported that this was mainly due to the financial assistance that they get from the men. On the other hand, a majority (70%) of the girls reported having only one sexual partner. According to them, this was due to fear of contracting sexually transmitted diseases. Unlike their female counterparts, only 25% of the boys reported having multiple sexual partners. They argued that this was due to peer pressure, need for adventure and it also made them feel great. On the contrary, only 2% reported having sugar mummies as one of their sexual partners.

According to Kamau (1996), youths in Kenya risk HIV infections due to their involvement with sugar daddies/mummies or having multiple sexual partners. These findings support the study, especially among the girls a number of whom have multiple partners compared to their male counterparts. This is contrary to the expectation that the students would not be having multiple sexual partners because of their level of awareness of HIV/AIDS.

Investigations into the students' sexual practices further revealed that 76.7% of the students had had sexual intercourse and only 23.3% had not had any experience. However, among these, the analysis found that 40% engaged in their first sexual intercourse at the early ages of between 10 and 14.

From the foregoing, it can be concluded that students in the study area indulge in sex while too young to comprehend how their bodies function or the consequences of sex, such as infections with sexually transmitted diseases, including HIV/AIDS. The study also found that indulgence in sex was considered vital achievement among the students since it gave them a sense of adulthood. Probably this is due to the fact that a majority of them are in their adolescent stage which is the transition period between childhood and adulthood.

Studies have found that adolescent women are at even greater risk of contracting HIV virus than adult women. The vagina and cervix of young women are less mature and

are less resistant to HIV and other STIs, such as chlamydia and gonorrhoea. Changes in the reproductive tract during puberty make the tissue more susceptible to penetration by HIV (IGWG/USAID, 2007).

Also, hormonal changes associated with the menstrual cycle often are accompanied by a thinning of the mucus plug, the protective sealant covering the cervix. Such thinning can allow HIV to pass more easily. Young women produce only scant vaginal secretions, providing little barrier to HIV transmission (IGWG/USAID, 2007).

These past study findings therefore confirm further the fact that female students are at a greater risk of contracting the virus than their male counterparts. It, therefore, would be probably important to also promote peer education among the students, because the study found that a majority of them acquire information on sexuality and HIV/AIDS from their peers. Schools should, therefore, think of training a few students on HIV/AIDS peer education, and these would then be able to counsel their colleagues.

Exploring further on the students' sexual practices in the face of HIV/AIDS, the study subjects' views were solicited on the use of condoms in sexual intercourse. The findings revealed that 60% of the respondents used a condom when having sexual intercourse. Their explanation was that this was to protect them from HIV/AIDS and other sexually transmitted diseases. On the other hand, 40% of the respondents reported not using a condom during sex. Sixty-five per cent of this latter group argued that the condom reduced sexual pleasure while the remaining respondents reported that they trusted their partners.

Although it is commendable that a majority of the respondents reported using condoms during sexual intercourse, it is still worrying that 40 per cent do not do so. On the other hand, even the students who use it acknowledged during focus group discussions that its consistent use is a challenge. They argued that after having sexual intercourse many times with a partner, it is always easy to develop trust and start doing it without the use of the condom. These findings support previous studies undertaken by the Family Health Options of Kenya (FHOK, 2007).

According to the FHOK (2007), for both males and females, consistent condom use is positively associated with higher levels of education (odds ratios, 1.7–2.6) and

believing that condoms do not diminish sexual pleasure (1.8 for both genders). It is negatively associated with being married or in a cohabiting relationship (0.1–0.5). Females who equate condom use with lack of trust are less likely to use condoms consistently (0.5), and males who believed that condoms are safe and those who had multiple partners were likely to be consistent users (1.6 and 1.7, respectively). Urban residence, higher education and not equating condom use with lack of trust, are important predictors of use at last intercourse in regular and casual relationships whereas access to condoms is the most important factor in spousal relationships (FHOK, 2007). Intervention programmes aimed at less educated, peri-urban and unemployed young people should be part of an effective HIV-prevention strategy. Such programmes must address misperceptions among the youth about condom use and the need for protection from HIV and other STIs (FHOK, 2007). This approach would probably help in changing the perception of the 40% of the students who still believe in having unprotected sexual intercourse and the others who have problems in the consistent use of condoms during sexual intercourse.

### **6.3 Conclusion**

The study found that a majority of the students are aware of the HIV/AIDS, its mode of transmission, the possible control measures and the people likely to be infected by the virus. This confirms the first hypothesis that secondary school students in Nyando division are sufficiently aware that HIV/AIDS is a sexually transmitted infection.

However, the study also found that some of the students do not believe that they are vulnerable to the infection, and instead pointed their fingers at prostitutes as the most vulnerable group. Some of them have multiple sexual partners and a good percentage acknowledged not using condoms during sexual intercourse. This suggests that awareness does not necessarily translate into positive living. The study, therefore, came to the conclusion that the students are adequately aware of HIV/AIDS but that the awareness does not have much influence on their sexual practices. Other factors such as peer pressure, material gains and the mass media have more influence on the sexual practices of a majority of the students. It is, therefore, important to create more awareness among the students on the risks of irresponsible sexual practices and also more sensitization on the importance of consistent use of the condom for protection during sexual intercourse.

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**Appendix 1: Questionnaire for secondary school students**

**UNIVERSITY OF NAIROBI**

**INSTITUTE OF ANTHROPOLOGY, GENDER AND AFRICAN STUDIES**

Hallo. My name is Martin Owino Tindi . I am a post-graduate student from the University of Nairobi. I am here today to solicit your views on the influence of HIV/AIDS awareness on the sexual practices of secondary school students in Nyando division. The study findings will be useful to HIV/AIDS sensitising and managing agencies in formulating campaign strategies against the disease among the adolescent youths. In addition, the findings will also be a guide to planning health education for secondary school students in Kenya and also help in updating the information on sex and adolescent youths.

I will take about 30 minutes of your time. I ask for your permission that we may discuss this topic. Your experiences and opinions are important to me. I assure you that the information you give is confidential and is not intended to harm you in any way. I would only ask that you feel free and answer my questions truthfully.

I ask for your permission to participate in this study.

**Thank you for agreeing to participate**

**Note:** *Answer all the questions accurately and as detailed as possible. Information collected will be highly confidential and is only for the purposes of this research.*

*Where applicable put a cross X or write your answer in the space provided*

Questionnaire number: \_\_\_\_\_

Date: \_\_\_\_\_

**A. Personal details of the informant.**

Name (Optional) \_\_\_\_\_

Age \_\_\_\_\_

Sex \_\_\_\_\_

Form \_\_\_\_\_

Name of the school \_\_\_\_\_

**B. Awareness of HIV/AIDS infection**

1	What is HIV?	..... .....
2	What is AIDS?	..... .....
3	Are they the same?	..... ..... .....
4	Explain your answer to Question3.	..... ..... .....

5	Who is an HIV/AIDS carrier?	<p>.....</p> <p>.....</p> <p>.....</p>
6	Who is an HIV/AIDS victim?	<p>.....</p> <p>.....</p> <p>.....</p>
7	How is HIV/AIDS transmitted? (Please list all the methods you know)	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
8	What kinds of people are likely to get HIV/ AIDS?	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
9	Give reasons for your answer to Question 8	<p>.....</p> <p>.....</p>

10	What should one do to avoid becoming infected with HIV/AIDS?	..... ..... ..... .....
11	Give reasons for your answer to question 10.	..... ..... ..... .....
12	How can you tell that one has HIV/AIDS?	..... .....
13	Do you think religion and cultural beliefs have anything to do with HIV/AIDS?	..... .....
14	Explain your answer to question 13	..... ..... ..... .....

<b>C</b>	<b>Sexual Practices</b>	
1	Do you have a girl/boy friend?	Yes/No.....  Why .....
2	How old is your boy /girl friend?	.....Years old
3	Do you have more than one boy/ girl friend?	Yes/No.....
4	Give reasons for your answer to question 3.	.....  .....
5	Do you have a sugar daddy/ mummy?	Yes/No.....
6	Give reasons for your response to question 5.	.....  .....

		.....
7	Have you ever had sex?	Yes/No.....
8	If yes at what age did you have your first sexual intercourse?	.....Years old
9	What influenced you?	Friends..... Films..... TV programmes..... Magazines..... Novels..... Others (specify).....
10	If no, in question 8 why?	..... .....
11	Please list down in order of frequency (starting with the most common place) the places where you normally have sex?	..... ..... ..... ..... ..... .....
12	At what age do you think most young people have sex for the first time?	.....Years old

13	Do your friends have sex?	Yes/No.....
14	If yes, what kind of people do they have sex with?	..... ..... .....
15	If no, why?	..... ..... .....
16	Do you think having many sexual partners puts one at the risk of getting HIV/AIDS?	Yes/No.....
17	What are the reasons for your answer to question 16?	..... ..... ..... .....
18	Do your friends have many sexual partners?	Yes/No.....
19	Explain your answer to question 18.	..... .....
20	What can young people do to protect themselves from HIV/AIDS?	..... .....



		..... .....
21	Do you think they are doing this?	Yes/No.....
22	Give reasons for your response to question 20.	..... ..... ..... ..... .....
23	Do you use condoms when having sex?	Yes/No.....
24	Give reasons for your answer to question 23	..... ..... ..... .....
25	Do your friends use condoms?	Yes/No.....
26	Give reasons for your answer to question 25	..... ..... ..... ..... ..... ..... ..... .....

27	What are the consequences of indiscriminate sex?	..... ..... .....
28	Do you get financial or material gains from your boy/ girl friend(s)/sugar daddy/ mummy?	..... ..... ..... .....

**Thank you for your cooperation.**

**Appendix 11: The following themes guided the focus group discussions**

1. The origin of HIV/AIDS.
2. Ways through which people could get infected and the most likely people.
3. Symptoms of an infected person.
4. The boys'/girls' perception of pre-marital sex.
5. Opinion on sugar mummies/daddies.
6. Use of condoms.
7. Places where pre-marital sex is done.
8. Awareness of HIV/AIDS and changes in sexual practices.

**Thank you for your corporation.**

## Appendix 111: Key informant interview guide

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Institution: \_\_\_\_\_

1. How long have you served in your position?
2. Is the study of HIV/AIDS in the secondary schools curriculum?
3. If no, how do students get information on HIV/AIDS?
4. If yes, what are the main issues regarding HIV/AIDS captured in the curriculum?
5. What are the major factors that influence students to engage in pre-marital sex?
6. What other methods do you use to create awareness on HIV/AIDS among secondary school students?
7. In your view, do you think secondary school students are adequately aware of HIV/AIDS?
8. Does the level of awareness on HIV/AIDS have an impact on the students sexual practices?

**Thank you for your cooperation and patience**