"COMMUNITY PARTICIPATION IN COUNSELLING THE YOUTH ON HIV/AIDS PREVENTION IN NANGUBA LOCATION FUNYULA DIVISION: BUSIA DISTRICT"

BY

JULIUS RICHARD ONYANGO

A THESIS SUBMITTED TO THE INSTITUTE OF AFRICAN STUDIES IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF MASTERS OF ARTS IN ANTHROPOLOGY OF THE UNIVERSITY OF NAIROBI

DECLARATION

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

Julius Richard Onyango

Date: 30TH OCTOBER 02

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

Dr. Leunita A. Muruli

Date: 31.10.2002

DEDICATION

This Thesis is dedicated to my children, my late parents, grandfather for his encouragement and motivation to pursue formal education and my paternal uncle, Kasuku for his financial support for my academic requirements.

ACKNOWLEDGEMENTS

I wish to express my profound and sincere gratitude to all those who in all possible means contributed toward the completion of this study.

First, I would like to thank the University of Nairobi for awarding me the scholarship to pursue my studies. My sincere thanks are conveyed to my University Supervisor, Dr. L. A. Muruli for her tireless guidance, constructive criticism and keen interest in my work. This work has enormously benefited from her valuable suggestions and adequate advice.

I would also like to thank other members of staff at the Institute of African Studies, especially Prof. C. Suda, Prof. S. Wandibba, and Dr. S. Nangendo for consultation. More thanks are conveyed to Dr. O. S. Okuthe at the National Veterinary Research Centre, (Muguga) for reading and editing my work. I am also indebted to Product Design & Development Centre and especially Mr. Njenga for allowing me to use their computer facilities to type my work.

I wish to thank Pauline Anyango and Grace Oenga for all their material and psychological input that enabled me to accomplish this work successfully.

More thanks go to Mr. Atuti at the Insurance Commission for data entry and analysis.

The residents of Nanguba location deserve a lot of thanks for their time to provide data for this study.

I am indebted to my colleagues, whose constructive criticisms and reference material contributed to this research.

ACRONYMS

AIDS	Acquired Immuni-deficiency Syndrome
APS	AIDS Programme Secretariat
CBHC	Community Based Health Care
CBIs	Community Based Institutions
CBOs	Community based Organisations
DAC	District AIDS Committee
DDC	District Development Committee
EM	Explanatory Model
FGD	Focus Group Discussions
FLE	Family Life Education
FPAK	Family Planning Association of Kenya
GOK	Government of Kenya
HIV	Human-Immuno deficiency Virus
KNACP	Kenya National AIDS Control Programme
MTP	Medium Term Plan
NASCOP	National AIDS and STIs Control Programme
NMAWA	Nangina Mission AIDS Widows Association
ROK	Republic of Kenya
UNAIDS	United Nations AIDS
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

LIST OF FIGURES

LIST OF TABLES

LIST OF MAPS

ABSTRACT

The broad objective of the study was to investigate the role of community based institutions in counseling the youth about HIV/AIDS prevention. Specifically, the study focused on identification and description of community institutions, their knowledge on HIV/AIDS prevention, constraints they encounter when counseling the youth and the strategies they attempt to put in place to remove the barriers. In addition, an attempt was made to describe the perceptions that the youth have about the information that is provided by the community based institutions.

A random sample size of 150 youths from a sample frame of 15-29 years old provided data through a semi-structured questionnaire. Additional data were collected through in-depth interviews with key informants and focus group discussions with he youth from the Anglican and Catholic Church. A person was the unit of analysis. Cultural Ecology was used as the theoretical framework to guide the study. The study was based on the assumptions that community based institutions are not sufficient for counseling the youth, social and economic constraints inhibit information on counseling and the perceptions that the youth have about the information provided during counseling contribute to behaviour change.

Study results suggest that there are community institutions but very few of them attempt to articulate issues that pertain to HIV/AIDS. Those that articulate HIV/AIDS related issues address the population as a whole but not the youth as a specific group. The youth get advice via the general community gatherings like in the church, during funerals and he community "barazas". Institutional efforts are constrained by factors like lack of funds, culture, frequent migration by the youth seeking for the means of livelihood and the inaccessibility to some areas of the location due to lack of adequate means of transport and poor infrastructure.

Based on the findings, the following recommendations were drawn:

1. There is need of concerted efforts by all stakeholders to set up convenient youth gathering venues for counseling.
2. The community based institutions should collaborate with the government and well wishers to establish a fund to enhance mobility in the area.

3. The content of the study literature should be practically relevant to the needs of the youth's sexuality.

4. The people who deliberately infect others need sustainable counseling in order to go for voluntary testing and demystify the disease.

5. The government should introduce compulsory free universal primary education to reduce levels of illiteracy.

6. Video halls and local funeral discos should either be controlled or abolished.

TABLE OF CONTENTS

CHAPTER ONE

BACKGROUND INFORMATION AND STATEMENT OF THE PROBLEM

1.0 Introduction

In this chapter, a brief discussion on Human Immune – deficiency Virus/Acquired Immune – deficiency Syndrome (HIV/AIDS) is given focusing on the global scene, Sub-saharan Africa, Kenya and East Africa. The problem statement is stated. The research questions, study objectives both general and specific are defined to guide the study. Finally a justification for the study is provided.

1.1 HIV/AIDS in the global perspective

HIV/AIDS as an infectious disease is wrecking havoc on humanity (Clarke, 1994). The epidemic has had negative effects on individuals and communities through the loss of loved ones and by increasing the burden of caring for the ill, thus reducing productivity (Nduati and Kiai, 1996). This has led to the shrinkage of economic production thus the loss of the achievements made before. This calls for the establishment of mechanisms by the human race through which the negative impacts of the disease mainly the extinction of humanity can be countered. The genesis of the disease is difficult to pin point. However, there are a number of theories being advanced. For example, it is claimed that the disease either originated from the Central parts of Africa or as a laboratory adventure by a scientist in America (Njeri, 1996).

However, according to the available literature, AIDS was first diagnosed in America in New York in 1981 by the doctors who were observing young individuals (men) dying from a mysterious immune ailment. It was observed that the young victims were actively involved in homosexual activities and drug pushing (Clarke 1994, Tuju 1996). This occurrence made people to assume that AIDS was a disease for homosexuals and also a disease for Americans (Ocholla – Ayayo and Muganzi, 1992), or in case of Africans, they assumed it to be a disease for the whites. With continued

human interaction through migration, the disease became a global phenomenon that started to attract the general global populations' attention. It called for any viable and immediate practical preventive approach to reduce its impact that was spreading immensely. HIV/AIDS has become a disease for the poor, the rich, the developed and the under-developed spheres of the world. A portioning the blames for its origin between the developed and the underdeveloped parts of the world, gave the disease a chance to spread very fast and established a matrix at least in every corner of the world. By the time the world leaders and scientists realized the futility of arguing and started addressing preventive issues related to the disease it had already caused a lot of damage both socially and economically.

Statistically, it is estimated that out of 250 adults, globally, 1 is infected with the HIV and 40 million adults were infected by the year 2000 (GoK, 1993). At least 20 million individuals were depicted to be suffering from the full blown stage, that is, AIDS by the year 2000, implying potential deaths from AIDS.

1.1.2 AIDS in Sub-saharan Africa

The AIDS epidemic in Sub-saharan Africa constitutes the greatest public health challenge of this century (Caldwell, Caldwell and Quiggin, 1988). Caldwell (1997), has observed that the intensity and impact of the epidemic in the region is found in a long belt stretching from the Central African Republic and Southern Sudan through Uganda, Rwanda, Burundi, Kenya to Tanzania, Malawi, Zambia, Zimbabwe, Botswana, South Africa and Namibia. According to Caldwell, the population belt is occupied by three percent of the world's population, but is afflicted by about 55 to 65 per cent of the world's HIV/AIDS. Unlike most infectious diseases, HIV/AIDS affects adults in the prime of life (Nalugoda, 1997). The epidemic is expected to have substantial negative effects on households by increasing morbidity, mortality and socio-economic hardships of life (Bicego, 1997).

As described above, Sub-saharan Africa is located in the Southern part of the Sahara desert. Most parts of the region are still developing or are underdeveloped with varied intra and ultra economic discrepancies between individuals and states. The gap between the rich and the poor in the region is extremely wide with the economic resources being endowed with a few individuals. The majority of the residents in this region are known to engage in any economic activity for their survival. They depend on the hand to mouth mode of subsistence.

The economic conditions in Africa compel the adult members of households especially males to migrate to urban and resourceful centres thus leaving the homes without guiding principles as it pertains to HIV/AIDS. In such contexts, the remaining members are likely to seek out sexual relations to provide for the household needs. Some of the migrant workers also seek new sexual relations therefore exposing themselves to the dangers of contracting HIV/AIDS (Caldwell, in Cabrerra et al 1996).

The levels of education in the region are also gender imbalanced. The cultural system of paternalism gives male children more educational rights over their female counter parts. This discrimination means that most females are illiterate or semi-literate therefore lacking adequate knowledge to interpret the relevant information on HIV/AIDS.

According to (Caldwell in Cabrerra et al 1996), it is projected that almost two thirds of all HIV–seropositive individuals in the world are in the Sub-saharan Africa which only accommodates nine per cent of the world's population of the 2.6 million AIDS cases that were estimated in 1993; 71 per cent were in Africa and the majority of these were in the Eastern and Southern regions. As observed by Nduati and Kiai, 1996, the adverse effects of the AIDS epidemic are most pronounced in the underdeveloped Countries and within poor communities in developed Countries.

AIDS being a disease that infects the most sexually active or spouses of the most sexually active means that Africa is set to loose the most necessary manpower input to

achieve its most desired goal, development (Ocholla – Ayayo and Muganzi 1992). With the disease claiming the young and energetic, it implies that in the near future, the region will end-up with a disproportionate number of deaths among prime ages that are largely dependable upon for caring for both the very old and the very young (Cabrerra et al 1996). The other consequence is the dependence on the meager resources to take care of the ailing young members thus depleting the available resources without adequate replenishment, hence remaining poor. Generally, AIDS worsens the poverty situation in Africa, especially in the Sub-saharan Africa region.

With the African diversity in the political, economic and social structures, there is need for formulating better intervention strategies, after analyzing the collective efforts undertaken by each section of the society to address the epidemic adequately. One needs to study the political, economic structures and the cultural settings like the taboos that prohibit discussing sexuality with the youth in order to address HIV/AIDS in Africa holistically. Responding to this growing health crisis requires innovative community efforts otherwise it might end-up worsening the already existing predicaments.

1.1.3 HIV/AIDS in Kenya

The first AIDS case in Kenya was diagnosed in 1984 and by the end of the same year 7 more cases were identifiable (GoK, 1994 – 1996). AIDS became a more identifiable and recognized disease in 1987. According to the Kenya National AIDS Control Programme, (KNASCOP, 1996), the reported cases represented the visible part of the epidemic yet there were much more cases than the reported ones.

By June 1996, only 65,000 and above cases of AIDS had been reported to the Ministry of Health since the beginning of the epidemic. According to KNASCOP, at least 200,000 adults and children were estimated to have developed AIDS by the end of 1995. The AIDS prevalence in the urban areas was also estimated at about 13-14 per cent. This prevalence has been accumulating and ranging between 3.1 to 7.5 per cent. By

1995, it was 7.5 per cent. As stated out in the Kenya Programme Plan of Operation (KPPO, 1993), KNASCOP estimated that from 750,000 to 1 million Kenyans were infected. On the other hand, the incubation period of HIV leads to a large pool of the victims especially of the productive age, which might not be identifiable at the time of putting out the estimates. These settings call for a wide reaching study of the epidemic in the Country especially from region to region to establish specific and relevant programmes of intervention.

Generally, when viewed from the global perspective, HIV/AIDS has had a disastrous effect on the African population especially the Sub-saharan region in terms of the social and economic spheres. If it is all agreed that the scourge is eliminating the active and young members of the society in whom a lot has been invested in terms of education, then there is an urgent need to identify community based institutions offering counseling to the youth hence, this study and suggestions of further inputs to strengthen the efforts being undertaken in the process. The study was therefore guided by the problem statement, objectives and research questions as described in the next section.

1.2 Problem Statement

Nationally, institutions and concerned organizations have been engaged in mobilizing people in general on HIV/AIDS awareness campaigns. However, they have not been able to specifically focus on the youth and also to adequately put into consideration the role that community based institutions can play in counseling the youth on HIV/AIDS.

However, the effort has not been in futility. They have helped a great deal in increasing the levels of knowledge and awareness of HIV/AIDS in the general population. The concern is that the extent of risky behaviour in Kenya is high (GoK 1993). The knowledge and awareness of the risks have not been translated into behaviour change. Risky sexual behaviour is reported among men and women, but majority of those at risk comprises the youth ranging between 15-29 years. This raises concerns as to whether there are any community institutions that are readily available to offer continuous counseling of the youth about HIV/AIDS. This is mainly because the higher the frequency of counseling, the higher the likelihood of the youth to change their sexual behaviour that will lead to the reduction in the HIV/AIDS infection rates. The availability and accessibility of the institutions alone will not be of any benefit if the literature and information they provide are not youth specific and relevant.

There is need therefore, for the concerned authorities to find out the kind of information that the institutions provide to ensure that they are sensitive to the needs of the youth. This will influence the way the youth perceive the institutions themselves and the information provided. If the perception is positive then it is likely that the youth will translate the same to behaviour change in sexuality. This will reduce the negative impact of AIDS in Kenya both economically and socially therefore leading to the conservation of the available resources that can be redirected to other necessary and

urgent sectors. There is need therefore, for research that focuses on the available community institutions that provide interventions to limit transmission.

According to UNICEF, (1999), community social organizations are important engines of social change and communication because they have the capacity to mobilize their resources collectively. For example, spiritual care that focuses on forgiveness of sins is likely to provide hope to the patient, reduce guilt and minimize the spread of the disease. However, there are a number of constraints that limit the extend to which such institutions can intervene in the process of counseling the youth on HIV/AIDS. The constraints may be either political, economic or social. For example, some religious leaders regard the AIDS epidemic as God's disapproval of pre-marital and extra-marital sexual relations. This has constrained them from seizing an opportunity to conduct effective campaigns against the spread of the epidemic.

Interventions to limit transmission include modification of sexual behaviour and specifically the reduction of the number of pre-marital and extra-marital sexual partners. In addition effective counseling is needed for the youth and partners who undergo long periods of separation due to occupational commitment or post-partum sexual abstinence. This again raises the question of how the institutions can reach the youth as a group in need of counseling. This therefore, calls for a study to find out the strategies employed by the institutions to reach the youth and identify the strengths and weaknesses and come-up with suggestions on how best the youth can be reached.

The informal sector has a great role to play in the intervention processes. For example, women in institutions or individually play a central role in health care. They are the providers of informal health care in rural homes. However, most do not have access to essential resources such as finance for their families' health care needs. Similarly, social institutions that are built around clans or friendships may have financial constraints in providing health care needs to their members. However, if endowed with adequate

resources, they have the potential to play a crucial role in monitoring and advising the youth on the spread of the disease (UNICEF, 1999).

The International conference on Population and Development in Cairo-Egypt in 1994 for example encouraged collaboration between government, non-governmental organizations and donors in implementing the programme of Action on AIDS Prevention. In order for this to be effective, there is need to conduct the study to find out the kind of constraints that the institutions encounter in the process of counseling the youth. This will help in developing effective and holistic solutions therefore, opening the ways for a sustainable youth HIV/AIDS counseling programme.

1.2.1 HIV/AIDS in Busia District

Busia District has one of the highest levels of HIV/AIDS in Kenya (GoK, 1994). The prevalence is estimated at 13 per cent of the total population, majority of whom are aged between 16-35 years. The main argument for the high prevalence in the district is its proximity to Uganda, which has had a long history of HIV/AIDS epidemic. The spread of the disease from Uganda has been associated with migrant workers both from Kenya to Uganda and vice versa (Caldwell, Orubuloye and Caldwell, 1993; Ocholla – Ayayo and Muganzi 1992). The authors have observed that long distance truck drivers and traders, particularly women who sell goods along the route, play an important role in the spread of HIV/AIDS. The youth in the district exhibit high vulnerability to HIV infection due to poverty, which prompts them to get involved in petty businesses along the Kenya-Uganda border. Nzioka (1994) argued that the content of many HIV/AIDS awareness literature is wanting in terms of sensitivity to emotional needs, culture and lay beliefs of target institutions. Consequently, the study seeks to find out the existence of any relevant community institutions, the kind of information they provide, the youth's perceptions about the information, the constraints faced by the institutions in the process of counseling the youth and the strategies employed in reaching them. This intends to

establish the strengths and weaknesses of the institutions and make recommendations aimed at helping in counseling therefore shaping the process of sexual behaviour change amongst the youth in Nanguba location.

The assumed factors both economic and cultural, that may have led to the large numbers of those infected include proximity and interaction between Kenya's and Uganda's two busy border towns, that is, Busia and Malaba. Fishing activities along the Lake Victoria shores where fishermen interact with buyers and sellers from across the borders, general low employment opportunities in both Uganda and Kenya provide environment for commercial sex.

The majority of the infected people in Busia district are aged between 16-35 years old. Those aged between 16-25 years constitute 59.2 per cent of all HIV seropositive individuals, while 36.8 per cent is attributed to those aged between 26-35 years old (GoK, 1994). It is important to note that these figures are not current and, therefore, the situation could be worse.

In the fight against HIV/AIDS, the District Development Committee (DDC) proposed between 1994-1996 to form the District AIDS Committee to deal with all issues relating to HIV/AIDS (GoK, 1994). However, up to the present, there are no such committees at the rural level in Busia District. The DDC also intended to promote public awareness through learning institutions, barazas, print and electronic media, women's institutions, churches and many others. It was to effect all these through health technicians, chiefs, and their assistants in barazas. The DDC also proposed the workers training relating to AIDS and seeking the possibility of integrating STD/AIDS information education in the schools.

Generally, as implied in the above literature, AIDS is a national disaster that needs an urgent strategy and a practical one to combat. Busia District, in terms of its various locations, needs extra efforts in fighting the disease basing on the fact that it is

among the leading areas/regions considered to have the highest population of the AIDS victims, (GoK, 1994), be they infected or affected.

1.3 Research Questions

The following research questions were derived from the problem statement to guide the study in generating the necessary data:

- What community based institutions are there for HIV/AIDS counselling?
- What kind of information do the community based institutions provide to the youth?
- What are the youth's perceptions of the information provided and he community based institutions?
- What constraints do the institutions encounter in the process of counseling the youth?
- What strategies do the institutions employ in order to reach the youth for counseling?

1.3.1 Objectives

The general objective of this study was to investigate the role played by community based institutions in counseling the youth on matters that pertain to the prevention of HIV/AIDS in Nanguba location, Funyula Division in Busia District.

1.3.2 Specific Objectives

The specific objectives for this study were to:-

- Identify community based institutions that are available for HIV/AIDS counseling.
- Describe the information that is provided to the youth by the community based institutions.
- Describe the youth's perceptions about the information and the community institutions.
- Investigate constraints encountered by the institutions in the process of counseling the youth.
- Discuss strategies that community institutions employ to reach the youth for counseling.

1.4 Rationale

The study focused on the youth. This was mainly because the youth are statistically the highly infected and affected segment of the society. They constitute about 51 per cent of the district's population. The youth are the future perpetuators of the human race and if not properly cared for, then the whole human race will become extinct. 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. They are the youth who are economically productive and held responsible for the care of the old and very young members of the society. This therefore, calls for the study to find out if there are any community based institutions that take care of the youth in the need of helping them understand how they can prevent HIV/AIDS.

With HIV/AIDS having a high impact mainly on the youth who are economically productive individuals, it has ceased to be simply a medical problem to be left to the doctors and it has therefore, become a social and economic problem, hence the need to look more closely at the role of community based institutions in counseling the youth to reduce the impact of the disease.

The study was conducted in Busia District because of its proximity to Uganda a Country which has had a long history of HIV/AIDS. There are long term social interactions between the people from Kenya and Uganda especially at the border points. There are cross-border social and economic activities. For example there are cross-border entertainment activities like sports and disco-dances that involve mainly the youth. These activities provide proper grounds for cross-border HIV/AIDS infections. Religious institutions from both divides also interact during rallies where social networking also takes place.

There is cross-border economic activities and exchange of commodities. For example the soils in Nanguba location are not agriculturally productive. The youth

therefore, resort to fishing as the only source of income to support their families. A variety of fish is found in the Ugandan waters. In order also to supplement their domestic nutritional demands, the youth have to move to the Ugandan waters in Lake Victoria for fishing. This exposes them to new social contacts away from their homes, which provides the best chances of contracting HIV/AIDS.

The study was also conducted in Nanguba because of the high prevalence of the disease in Busia district put at 13 per cent.

From the foregoing therefore, it is assumed that specific regional studies, with an emphasis on the community based institutions and the process of counseling the youth will reduce the HIV infection rates. This will be helped by the recommendations as will be made by the study and also as documented by the literature review, the theoretical framework and the assumptions that guided the study in the following chapter.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.0 Introduction

This chapter is divided into parts, namely: HIV/AIDS in Kenya, HIV/AIDS in Developing Countries, HIV/AIDS in Sub-saharan Africa, the role of the Government in the fight against HIV/AIDS, Related studies, Theoretical Framework and its relevance to the study.

2.1 Literature Review

There is a lot of literature that has been written by government officials, health workers and institutions, medical practitioners, non-governmental organizations and research experts about AIDS. Most of these writings have attempted to analyse the causes of AIDS and the preventive measures. This is the concern of chapter two followed by the theoretical orientation and the assumptions for the study.

2.1.1 HIV/AIDS in Kenya

AIDS has become a global disaster to the health and well-being of humanity and despite all these indications, the number of people infected with the AIDS virus continues to rise. In Kenya the estimates in 1993 were that out of 250 adults, at least one was infected with HIV and 40 million would have been infected by the year 2000. These were the 1993 estimates (GoK 1993). At the projected time, at least 20 million individuals would be depicted as suffering from the full-blown stage, that is, AIDS and would imply potential deaths from AIDS.

AIDS was first diagnosed in America in 1981 in New York City as doctors observed young men mysteriously dying due to collapsed immune systems. These young men were active homosexuals and drug pushers (Clarke 1994:, Tuju 1996). This influenced people to assume that AIDS was a disease for homosexuals and also a disease for Americans or generally for whites. This idea led to people assuming their

sexual exposures to AIDS and by the time it was discovered that AIDS has no racial discrimination, it had spread widely much more in other parts of the world than in the U.S.A.

In Kenya, according to the Busia District Development Plan of 1994-1996, the first case of AIDS was diagnosed in 1984 and by the end of the same year, 7 more cases were identifiable (Forsythe et al, 1996). AIDS became a more notifiable disease in 1987. Although stated elsewhere, the development plan fails to point out that due to ignorance or imperfect equipment, and failure to report, there could have been more than the mentioned 7 cases. There is also a probability that the disease could have started to "establish" itself in Kenya even before 1980. Some other cases could have gone without being reported. For example, according to the (Kenya National AIDS Control Programme, 1996):

> ***These reported cases represent the visible part of the epidemic, that is, what most people see. However, there is much more to the epidemic than the number of reported cases***

By June 1996, only 65,000 and above cases of AIDS had been reported to the Ministry of Health since the beginning of the epidemic in Kenya. However, there are those individuals who had not been identified and had done a great damage in spreading the disease in the country. According to KNASCOP, at least 200,000 adults and children were estimated to have developed AIDS by the end of 1995.

It is important to note that the spread of HIV virus differs from one region to another and hence the difference in the prevalence in the disease in different areas. For instance, in Africa, it is mainly transmitted through heterosexual contacts, while in South and North America and Eastern Europe, it is mainly transmitted through drug injection

and homosexual contacts. Biological, social, cultural, economic and political factors play a key role in influencing the spread of HIV/AIDS. For example, according to KNASCOP, (1992):

> ***assessment of the economic impact of AIDS in Kenya implies that the disease is more prevalent among the economic elite and the best educated with highest-paying jobs who are generally found in urban areas and have a serious impact since these educated people cannot be replaced.***

According to Baltazar et al 1999, the AIDS prevalence in urban areas is estimated to be about 13-14 per cent meaning that there are at least more than 400,000 adults infected by AIDS. By 1995, the adults HIV prevalence had increased to about 7.5% and since then it has been increasing all through from 1990 to 1995, reflecting 3.1% (1990), 4.2% (1991), 4.6% (1992), 5.2% (1993), 6.7% (1994) and 7.5% (1995). This implies that the rate of adult HIV prevalence has continued to rise. This indicates that the basic increase of the epidemic can be averagely put at 9% to 10%. As indicated in the Kenya Programme Plan of Operations 1993, KNASCOP estimated that from 750,000 to 1 million Kenyans were infected and the incubation period of HIV leads to a large pool of the victims, especially the productive age.

HIV/AIDS in Developing Countries

The spread of HIV/AIDS and its existing reality in developing countries indicates that its influence pervades each and every aspect of the structure of society and the only approach should be a holistic way of designing intervention strategies and policies at the community level (WHO, 1993: Abudho, 1995). Consequently, the study intends to investigate the integrative role played by several structures in the community when

addressing AIDS. The assumption here is that human beings always act in response to events and crises that challenge their structured patterns of existence and survival, thus living on to evolve more societies (WHO 1993). Therefore, before any intervention strategies are formulated, it is better to analyse the collective effort in the development of educational and other prevention programmes available in the community.

AIDS attacks the most sexually active or the spouses of the most sexually active. This has implications in that we end up with a disproportionate number of deaths among those prime ages that are largely dependable upon for caring for both the very old and the very young (Cabrerra et al 1996). Consequently, there is a shift in roles whereby the old are now left with a lot of burdens to take care of the orphans who might also be positive.

AIDS also occurred at a time when several structural adjustment programmes (SAPs) were being implemented. This has rendered most households not to be able to meet their desired needs. Subsequently, there are many teenage girls and boys who resort to transactional sex to generate money to be able to help their parents run the families.

HIV/AIDS has for a long time been associated with several lay beliefs which, for example, convince old people to believe that young people are still ignorant and, therefore, not seropositive. This has made mature people to indulge in sexual relations with adolescents, thereby placing their lives at the danger of contracting HIV. On the other hand, the economic danger in our households makes it that most of the family heads, that is, the fathers move from their family homes to seek jobs in urban Centres. In such a situation they sought new sexual relations and are no longer capable of controlling the sexual activities of their daughters or wives back home (Caldwell, in Cabrerra et al 1996).

HIV/AIDS in Sub-saharan Africa

According to (Caldwell, in Cabrerra et al 1996), the African AIDS situation may be considered as the major current event. It is projected that almost two thirds of all HIV-sero-positive individuals in the world are in Sub-saharan Africa, which only accommodates nine per cent of the world's population. The situation here is so complicated in that, demographically, Sub-saharan Africa may lose many people to AIDS. Caldwell's position supports WHO (1993) when he states that of the 2.6 million AIDS cases which were estimated worldwide, 71 per cent were in Africa and the majority of these were in the Eastern and Southern African region. As already suggested, the majority of these are young people who are in their productive ages meaning that deaths from AIDS will have a big impact on Eastern and Southern Africa economies. The implications will be in terms of dependants and the utilization of meagre resources to care for those who are ailing and yet they cannot be productive. Their labour cannot be replaced meaning loss of resource-input. It was estimated that the deaths from AIDS during the 1990s of between 1.5 and 2.9 million women of reproductive and of course productive age in the Central and East African region would produce between 3.1 and 5.5 million AIDS orphans (Nyamongo, 1993). It is obvious that the orphans will strain community support systems, leading to increased under five mortality rate.

Cultural practices and beliefs do also play a key role in exposing the adolescents to HIV. In some cultures, the boys are encouraged to have multiple partners as proof of their manhood, and a boy who makes a girl pregnant, is always praised by the parents for bringing a grandchild to the family. These are some of the beliefs that tend to encourage boys to engage in premarital sex. Among East African societies, for instance, boys' sexual relations are not strictly controlled (Nyamongo, 1996). The cultural expectations, therefore, compel adolescents to indulge in earlier sexual relations posing danger to their health in these times of AIDS. From the foregoing, various factors come

into interplay to influence the spread of HIV/AIDS among the adolescents and there is need to study such factors.

2.2 Awareness

Awareness about HIV/AIDS among the Kenyan Population is high and, especially adolescents, do understand the concepts related to AIDS and its manifestations (Abudho 1995). There are those who have the general awareness that is achieved through the mass media, posters, public speech and general talks. However, the general awareness has shortfalls if it fails to pay attention to particular societal aggregates like the youths.

Whereas the level of awareness may be high, it has had no positive effect on the reduction of the AIDS victims or the change in the sexual behaviour of individuals (Nyamongo, 1996). To make the awareness have an impact will need close and more specific sex education focused on the youth. The approach to the means of preventing AIDS should be practical but not theoretical. We should also research extensively on lay beliefs about HIV/AIDS among the youth and analyse how people are likely to respond to public information, campaigns and health education interventions. It is important to note that young people's knowledge about AIDS and their awareness is uneven, cross-cultural and situational.

Despite the fact that a lot has been written on HIV/AIDS, the literature is still not well distributed to reach the majority of Kenyans and particularly the youth. To achieve this, the literature should be evenly distributed between the urban and rural areas and be easier to interpret and understand.

2.3 The role of the Government in the fight against HIV/AIDS

The prevailing government policy concerning AIDS is to provide information on HIV/AIDS as a way of motivating individuals to change their sexual behaviour. However, the policy is inadequate, especially in relation to providing information and support to young people to help them to abstain, postpone sex or engage in safe sex if need be. But on the other hand, the government cannot be blamed wholesale because part of the

responsibility is supposed to be played at the grassroots level by community members who however, also need adequate infrastructure and facilities from the government.

There are a number of indications to show that the government since the onset of HIV/AIDS, has been striving to combat the epidemic. Some of the approaches used by the government include the provision of counseling to promote abstinence before marriage and faithfulness to one another in marriage, promotion and availability of condoms, STD or STI control and the general combination of the above methods.

Since the onset of HIV/AIDS in 1984, the Kenyan Government decided to set up a national infrastructure under which all issues and functions relating to HIV/AIDS control could be co-ordinated (Kekovole et al 1997; Nzioka, 1994).

To start off, the government established the National AIDS Committee (NAC) in the Ministry of Health in 1985, whose purpose was to appraise the situation in the country and advise the government on strategies of intervention. A step further was taken by establishing a diagnostic surveillance and reporting infrastructure involved in the screening of all blood donated in the country. A five year Medium Term Plan (MTP) for AIDS control was formulated in which the government invited WHO for technical and logistic assistance. This culminated into the launching of the Kenya National AIDS Control programme in 1987, which was mainly engaged in health education, epidemiology, clinical services, laboratory and blood transfusion services. In order to strengthen the KNASCOP in promoting public health education campaigns and to create awareness of the disease and its prevention, the AIDS Programme Secretariat (APS) was established in 1987.

This was to organise the nation's efforts against AIDS. In fact, APS has since 1987 been establishing MTPs to focus on public awareness campaigns, strengthening of laboratory services, surveillance of HIV/AIDS and training of health workers and attempting to design comprehensive intervention programmes for Kenya (GoK), 1996).

2.4 Related Studies

The first study was conducted by Fred Nalugoda, Maria J. Wawer, Joseph K. Konde - Lule, Rekha Menon, Ronald H. Gray, David Serwadda, Nelson K. Sewankambo and Chuanjin Li between 1990 and 1992 in Rakai District, Uganda. Rakai district is bordered partially by Lake Victoria. The focus was on HIV infection in rural households. It was a population based cohort study which consisted of all residents aged 15 years or more living in 1945 households in 31 community clusters. It was prospective study of a detailed census that was conducted on deaths, births and migrations and following each census all consenting adults provided blood for HIV testing.

Results indicated that HIV prevalence was high, 19.1% of the respondents were positive, 31.3% of households had one HIV infected resident adult, 27% of heads of households were HIV positive and 3.6% of households experienced a death of an HIV positive adult per year. The researchers recommended that the family and household should be important social units for further studies and intervention.

The study provided important information on the prevalence of the virus and mortality rates in Rakai district. However, the study left a gap on the recommendation or information regarding individuals or groups that can provide counselling services to the residents

Korongo. A. 2000, carried out a study on AIDS and marital status among women in Sabatia Division of Vihiga District, Kenya. He examined women's HIV/AIDS knowledge and preventive behaviour. The study also focused on the factors that hinder women's ability to influence marital sexual behaviour for HIV/AIDS prevention.

Findings suggested that women were aware of the heterosexual transmission of HIV/AIDS. However, most women reported that they did not have the power to control their husbands' sexual behaviour as men are culturally considered sexually superior to

women. As a result, women had no influence on marital sexual behaviour in relation to HIV/AIDS prevention.

The study provided valuable information on the role of cultural resistance as hindrance to marital communication for prevention of HIV/AIDS. The gap in this study is that the author focused on married women only, leaving out their husbands and the study ran short of recommendation regarding who in Sabatia division would provide counsel to men about HIV/AIDS prevention.

The findings of the two studies suggest that there is need for further studies to focus on the role of local communities such as the church in the provision of information on HIV/AIDS in rural Kenya. Although the previous studies focused on important institutions such as women and adult household heads, there is need for studies that focus on another vulnerable groups the "youth".

2.5 Theoretical Framework

The cultural-ecology model was utilized to guide the study.

The Cultural-Ecology Model

The main proponents of the theory were scholars like Leslie White, Julian Stweward and Marvin Harris, who described cultural ecology in the cultural materialism context. It is one of those theories classified under the neo-evolutionary theories. In order to understand the gist of the cultural-ecology model a brief look at Leslie's and Julian's work was considered in the sections hereunder,

Cultural-Ecology according to Leslie White

According to Leslie White, culture is open and is constantly being influenced by the local environment and by the introduction to foreign traits from other societies, (Harch, and Elvin 1973). Cultural evolution is caused by advancing levels of technology and a culture's increasing capacity to capture energy, thus the equation **C=EXT** where C is Culture, E energy and T technology. Both the measure and source of the great growth process of culture is energy, which is derived from the environment.

According to White, (in Kaplan and Manners, 1972), development of culture is conceived as the progressive adaptation of man to the physical world. However, the key concepts in Leslie's works are technology, energy and culture.

Cultural-Ecology according to Julian Steward

In searching for the laws behind human institutions, Julian Steward got interested in the relationship between cultural evolution and adaptation to the environment (Kaplan and Manners 1972). He contextualised human institutions in the economic and environmental conditions. His approach was based on an analysis of the interaction between culture and the environment.

By focusing on the relationship between people, environment and culture, Steward was the first and leading proponent of the study of cultural ecology. According

to Steward, the Principal meaning of ecology is ***adaptation to environment*** (Edgerton 1971). He posited the argument that man's adaptation is achieved largely by means of culture.

According to Steward's cultural-ecology model, the environments necessitate distinctive forms of adaptation, so different cultures in similar environments should exhibit similar patterns of development. Steward referred to his approach as a **Multilinear** rather than a **unilinear** theory of evolution for he believed that cultures have evolved along a variety of different lines. He emphasised the fact that the environment is a creative element as well as a limiting factor behind culture. According to his approach just as in the Darwinian approach, a variety of cultural forms may be possible within the context of a given environment but some are more reasonable and adaptive than others and will tend to prevail. The environment is creative in the sense that it tends to select the most appropriate traits from among the possibilities. The belief in the model is that culture is rooted in the present conditions of the environment and is not merely limited by them and subject far less to historical contingency.

Just like the technological emphasis by White, Steward argues that a society with a sophisticated technology enjoys greater freedom from environmental limitations. He also suggested that in complex societies, components of the **social super-structure** rather than ecology seem increasingly to be determinants of further development. Culture, therefore, consists of parts, which in some degree predetermine, condition and/or delimit one another. In Steward's view, human institutions are to be understood in terms of their adjustments to the exigencies of life. The institutions are not virtually autonomous from the environment or human needs.

From the above briefs, cultural ecology reflects on the dialogue between cultures and their surroundings both biotic and a biotic. According to Kaplan and Manners, (1972), by the means of production, material demands of the social structures and in a

standardized perception, a culture allocates importance to specific external conditions. Therefore, this means a cultural development is designed along the ecological margins it is supposed to utilize, (Steward, in Kaplan and Manners, 1972). Cultures modify themselves in relation to significant external conditions to maximize the life chances of their subjects.

Whereas cultures mould themselves along the environmental margins, it suffices to argue that there is a co-existence, and an interdependence between the two. There is an interchange between a particular culture and the environment. The importance of environmental features and their weight on culture, is dependent on the culture itself. Human groupings, that is Societies, are typically contextualised in fields of natural and cultural influence. They are subjected to both and also adapt to both, natural and cultural influence.

The theory states that nature (biotic and a biotic environments) and culture (social matrix) are not independent entities and their interaction gives rise to the emergence of specific cultural types over time and space. At this juncture, it is worth noting the **"cultural Darwinism"** concept that brings in the **survival for the fittest** analogue amongst living things and plants. According to Steward, (in Kaplan and Manners, 1968), cultural progress is an outcome of adaptation and selection giving strength to the "cultural Darwinism concept". In case there arises a cultural system that does not fit well in the system, it becomes selected against hence becoming extinct. However, there may occur cultural changes that at the end become suited for a particular environment but with advance mechanisms to exploit the environment.

The dual quality of the environment as mentioned earlier is sometimes caused by actions of nature and of the outside cultures from different directions setting off changes in different sectors of the affected cultures.

The argument in the theory is that the environment conditions the type of culture therein and the way people in an area react to a given situation. According to Bohannan and Glazer (1988), man like the other creatures, is a tamed animal, who is physically affected by his cultural activities.

Cultural-ecology studies are designed along two approaches, these are:

a) It is aimed at understanding the organic variations genetically and their functions from a biological perspective, and
b) It aims at determining how culture is affected by its adaptation to environment.

Cultural-ecologists argue that human beings react to webs of life through biological organic equipment but it is the culture that explains the nature of human societies (Bohannan and Glazer, 1988). This implies that if the purpose of the study, for example, is about the nature of human communities, then explanations and answers are to be found through the use of cultural and historical concepts.

The elements found within a culture entail technology, economy, language, religious beliefs and many others. However, technology and economy play a crucial role in the evolution and development of culture.

According to Forde (1968), physical conditions may limit the possibilities of the economy but, on the other hand, he states that the economy in turn may be a limiting or propagating factor in relation to the size, density and stability of human settlement. The social and political unit is also affected by the economy, either positively or negatively. What this implies is that all aspects of culture, just like the structural-functionalists aver, are functionally interdependent upon one another.

According to Harris (1980), the cultural components of a given society contribute to the continuity of the population and its social life. Consequently, modes of production determine the behaviour of social, political and spiritual processes of life.

Culture and its evolution is well understood by the study of the technology and the economy of the people. According to Leslie White, (in Gatwara, 1999), technology is the determinant of cultural systems as it is to biological ones. Technology is defined as the mode of production or reproduction. It is by the technological means that people exploit both the physical and biotic environment.

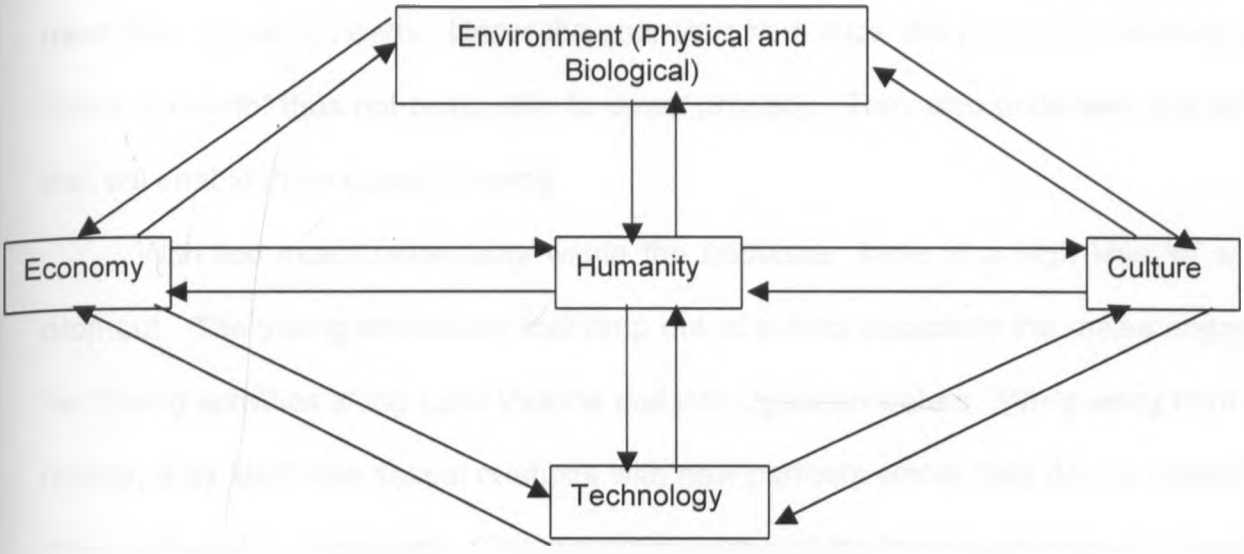
The environment also affects the technological aspects, just like culture as a whole, in a gainful or non-gainful way. Natural resources, when relevant to prevailing production, govern dispositions of technologies. Natural circumstances directly affect technical deployment, productivity, the cycle of employment and settlement patterns.

Cultural ecologists emphasise technology and economics in their analysis of cultural adaptation. The main concern is with the way in which man through culture, manipulates and shapes the ecosystem itself and how societies adapt themselves and their physical environment to attain the material and psychological needs of the community, (Campbell, in Gatwara, 1999).

Generally, cultural-ecology is interested in the interrelationship of physical, biological, and cultural features found in a particular territory. This means that the physical and social surroundings of man constitute the environment, do have a role to play in the situational and future behavioural traits.

The interdependent nature of the environment, technology, culture and economy, can, be briefly illustrated by Figure 1 below:

Figure 1. The Interaction of Culture, Economy, Technology and the Environment: Humanity Being the Recipient of The end Effect.



In brief, the gist in the cultural-ecology model is that cultural change is to be seen primarily in terms of ecological principles. Ecology is the key or a determining factor to cultural integration and change that is a process of evolution in itself.

2.6 The Relevance of the Theory to the Study

The relevance of the cultural-ecology model to the study can be understood by looking at the physical and social environment. The Lake Victoria surroundings, and the cultural beliefs together with the economic well being of the people in Busia have a big role to play in the way HIV/AIDS spreads within the population. To understand the relevance of the cultural-ecology model in the study, Lake Victoria (natural) wife inheritance (social), taboo to discuss sexuality and AIDS in the open and in front of the children (social) and the economic levels (cultural) of the people, are put into consideration as briefly discussed in the next section.

2.6.1 Lake Victoria and the Economic Conditions

Lake Victoria is one of the key natural resources within Busia District, which borders between Nanguba location and Uganda. It is also the source of livelihood to the locals through fishing.

Being a dry area most of the year, the area along Lake Victoria, that is Nanguba location, experiences a high level of poverty due to lack of enough capital resources to meet their domestic needs. Under the economic hardships, the population survives from "hand to mouth" thus not being able to invest properly. They also undertake any activity that will enable them to earn a living.

With too much uncertainty within the populace, there is a high level of school drop-out. The young individuals that drop out of school especially the males engage in the fishing activities along Lake Victoria and into Ugandan waters. While away from their homes, they start new sexual relations with new partners whom they do not understand their background adequately. Coincidentally, some of the female partners are forced by the economic hardships to start petty businesses, for example, as fishmongers, who happen to move to the Ugandan side, where the commodity is cheap but fetches enough profits in the Kenyan markets. Unfortunately, some of the female traders are widows, whose husbands may have died from AIDS. They utilize sexual relations to get favours in terms of fair prices. The other risk encountered by the fishermen and the fishmongers, is the fact that Uganda has had a long history of HIV/AIDS cases meaning that an individual is not sure of the other whenever they start an intimate relationship.

The school drop-outs also tend to be semi-literate with no proper knowledge to interpret any literature about HIV/AIDS thus making their awareness levels to be so generalistic and not in the position to convert the awareness into practise, by means of behaviour change.

The economic conditions have also led to the establishment of very many video Centres which do not have age limits in terms of attendance. This has led to the exposure of underage people to pornographic movies thus disseminating wrong messages on sexuality. Some of the young girls also indulge in undesired sexual affairs just in order to acquire money to attend the video shows. Alternatively, they are ready to

use their bodies to get free entry to the shows thus exposing themselves to the danger of contracting the HIV virus that causes AIDS.

Generally, the above circumstances under which the people operate determine their lifestyles that may be of dire consequences to their lives as far as HIV/AIDS is concerned. This justifies the cultural ecology model that the physical, biological and cultural environmental surroundings, like Lake Victoria have led to the exposure of the people to risks of contracting HIV/AIDS. This is also the same with the taboos related to sexuality like the prohibition that matters concerning intimate relationships should not be discussed in front of the children. This implies that the parents shy-off from advising their off-springs about AIDS as it has to do with sexuality. Another cultural factor is wife inheritance. Though it has reduced since the onset of HIV/AIDS, wife inheritance also does contribute to the increase of the AIDS cases. Being a cultural norm, it also falls in the category of cultural-ecology surroundings that do have an influence on the HIV/AIDS infection.

The cultural-ecology model provided the guiding matrix for the study in Nanguba location, Busia district. The study was conducted basing on the physical, biological and cultural surroundings. It helped in identifying the conditioning factors of the environment both physical and cultural that compel the people to engage in particular economic and social activities that may expose them to the dangers of contracting HIV/AIDS.

On the other hand, the study relied on the cultural-ecology model to identify attributes like values, attitudes, personality and the production activities. These may be of relevance in designing intervention strategies against HIV/AIDS in the area and how these attributes contribute to the worsening situation about AIDS in the area.

Generally, the model was used to offer both the physical and social matrices of studying AIDS both as a disease and illness in the area. It helped the research to understand how the people respond to AIDS in relation to their physical and social

environment. This was based on the argument by Harris, (1980) that there are variations in social components and such variations are adaptive to particular ecological contexts.

2.7 Assumptions

The study was guided by the following assumptions:

- Community based institutions are not sufficient for counseling the youth on matters that pertain to HIV/AIDS.
- Community based institutions do not provide adequate information to the youth on HIV/AIDS.
- Social and economic constraints influence information on counseling the youth.
- Perceptions that the youth have about the information that is provided by the community institutions influence the counseling process.

2.8 Definition of Variables

2.8.1 Independent Variables

Community based institutions

Include families, churches, schools, women institutions, health centres, peer institutions administration, and all the others that may be found out during the process of the study.

Perceptions

Refer to attitudes towards information on HIV/AIDS prevention.

Economic Constraints

Refer to lack of material well being and gainful occupation to generate money and resources.

Social Constraints

Refer to influence of peers, family members, friends and the cultural barriers.

2.8.2 Dependent Variables

Prevention of HIV/AIDS

This refers to information on behaviour change such as abstinence before marriage, faithfulness to one partner and correct use of condoms to avoid contracting the HIV/AIDS.

Youth

During the rapport building with the provincial administration personnel and those individuals who were well versed with the societal set-up in the area, the youth for this study was any individual who was not married and were either schooling or had recently finished schooling at the time of the study.

CHAPTER 3

RESEARCH SITE AND METHODOLOGY

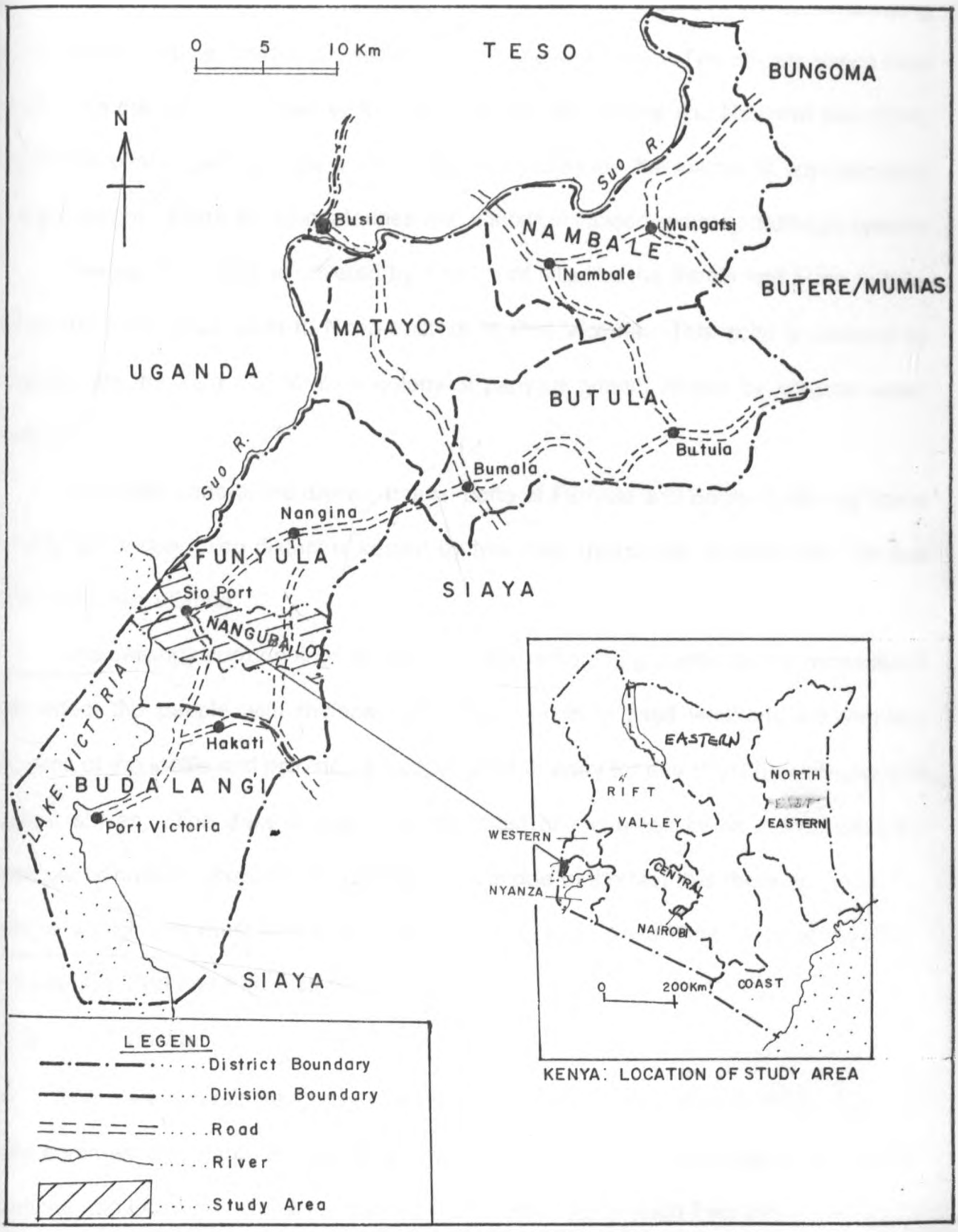
3.0 Introduction

The first part of this chapter focuses on the description of the research site in terms of climate, soils, economic activities, health, nutrition and education. The second part describes sampling, data collection methods and finally, methods used in data analysis.

3.1 Research Site

Nanguba location is found in Funyula Division, Busia District in Western Province of Kenya. Busia District is bordered by Kakamega District to the east, Teso District to the north, Bungoma District to the north east, Siaya District to the south east, Lake Victoria to the south west and Uganda to the west. The study site is as indicated in the map below:

Research Site Map:



Map1 Busia District: Location of Study Area (Nanguba Loc.).

3.1.1 Relief

The relief of the location can well be analysed in a wide context by considering Busia District. Busia District lies within the Lake Victoria Basin. The altitude varies from 1130 m on the shores of Lake Victoria to 1375m in the Central and Northern part (GoK, 1997) The central parts occupy a plain characterised by low flat divides of approximately uniform height. There are also laterines and a shallow incised swampy drainage system.

The southern zone is covered by a range of hills like the Samia and Funyula hills, which run from South west to North-east up to Port Victoria. This zone is covered by swamps like the Yala and forms a colony of papyrus growth broken by irregular water channels.

The lower parts of the district, that is, parts of Funyula and South Budalang'i have a fairly flat terrain. The district is served by two main rivers, that is Nzoia and Sio that drain into Lake Victoria.

The swampy surroundings provide the best breeding grounds for the mosquitoes that infect the people with malaria quite often. This in itself weakens the immune systems of the locals and provides a weaker point of entry for any HIV/AIDS infections in case it strikes. The area is also hilly with most of the areas being inaccessible for example to health information providers. This is due to the fact that there are no public service vehicles in most of the sections of the location other than the main Bumala, Funyula, Sio-Port and Port Victoria road.

3.1.2 Climate

There are two rain seasons in the district, the long rains and short rains. The long rains commence in March and continue into May while the short rains start in August and continue into October. The dry season is from December through February (GoK,1997). The mean annual rainfall is 1500mm with most parts receiving rainfall of between 1270mm and 1790mm and 1015mm of rainfall annually. The driest part is found along

the lakeshores while sections of Bunyala in Budalang'i Division and Samia in Funyula Division receive between 1020mm and 1270mm mean annual rainfall.

The annual mean maximum temperature ranges from 26°C and 30°C while the annual mean minimum temperature varies between 14°C and 18°C. The evaporation in the district is between 1800mm and 2000mm per year, this is due to the proximity of the district to Lake Victoria rendering humidity of the air to be relatively high.

The rain is not adequate for the agricultural activities. The dry seasons are long from October to February and they occur when the community is in a celebratory mood. This is the time that people arrange for the end of the year parties that are held from November up to January and they are mainly the youth who participate. This is also the time that those youths who have finished their primary and secondary examinations converge and celebrate. The migrant workers do come back home to join in the parties and Christmas celebrations. Under such circumstances, there are liable to be new sexual unions and therefore providing the best chance for the spread of the HIV/AIDS epidemic. In fact it is a known fact that it is after these celebrations that young girls start discovering about their unwanted pregnancies especially in January.

3.1.3 Soils

Most of the soils in the district are moderately deep, generally rocky and stony consisting of well-drained red clays of low natural fertility. These types of soils are common around Busia and Samia hills. Soils in the upper parts like Nambale and Butula Divisions are well-drained, deep brownish, sandy with moderate water holding capacity.

At the lower levels, soils are poorly drained but are mainly of a deep form and clay type although frequently flooded. Such soils are common in parts adjoining Lake Victoria, that is in Budalang'i division and parts of Funyula division

Hard soils are common in the bottom lands and in the swamps. The soils in this area are of heavy clay types which are very difficult to cultivate both when it is dry and wet.

The soils are not fertile to support crop farming. This is in fact why the locals prefer to turn to fishing to generate enough money and fish that provides proteins to support their families. The people move to the shopping centers to engage in petty businesses. As earlier stated, this allows the fishermen and the fishmongers both men and women to be away from their regular partners therefore, establishing new relationships to satisfy their sexual desires. Those who move to the shopping centers sometimes engage in commercial sex to supplement their incomes. All these surroundings make them vulnerable to HIV/AIDS infection.

3.1.4 Economic Activities

The main source of livelihood in Busia is agriculture, that is, land cultivation. Crops grown include maize, sugarcane, coffee, cotton, cassava, sorghum, finger millet, beans, groundnuts, rice, tobacco, oranges and sweet potatoes. The staple cereal is maize and it thrives well in the Northern parts like Butula and Nambale divisions.

Maize, sorghum, beans and the root crops like cassava play an important role in the food security of the district (GoK, 1997). Livestock production is also practiced in the district. These include poultry keeping, dairy farming, small-ruminants and pig rearing. However, the practice is not uniform due to varied climatic differences. The practice is low on the lake shores of Lake Victoria than those parts in Nambale and Butula.

Fisheries act as a source of income for the people in Busia district especially in Funyula where the study was conducted and Budalang'i divisions. The major sources of fish include the lake, rivers, fishponds, swamps and marshy areas.

There are small scale commercial activities that take place in Busia District. Most of the small businesses are found within the small market centres. Some of the

commercial concerns are fish mongering, vegetable vending, selling of second hand clothes and operating retail shops. They are mainly women who engage in these enterprises. Generally, enterprising scenarios are not high in Busia and this could be alluded to the residents' low levels of income.

The informal sector has become common among the major towns such as Busia, Nambale, Sio-Port, Bumala, Funyula and Port-Victoria and it is becoming a major source of employment. It includes masonry, carpentry, bicycle repair, brick making, bicycle transport *("boda-boda")* social amenities like video halls and food stalls.

As stated above agriculture is the main stay of the people but due to harsh weather, it is not sustainable. This has compelled the locals to engage themselves in petty businesses. The businesses are practiced at the shopping centers and along the lake shores. Whenever, the businesses fail to make returns, most of the women resort to commercial sex as another source of income. For example there are cases of young girls operating as commercial sex workers at Sio-Port generally referred to as "Kumi kumi", meaning one needs only ten shillings to buy them food in order to have sex with them. Fishmongers who are mainly women use their bodies to entice the fishermen so that they may be given a fair deal in pricing so that they are left with a big profit margin. The social amenities like the video halls are now a common feature in the location. They are not controlled or censured meaning that there is too much of pornography going on and the age limit of the attendants is not checked. All these happenings at the end of the day provide the conducive environment for transitory sex that contributes to high rate of HIV/AIDS infection.

3.1.5 Education

Busia District has 27 secondary schools, 225 primary schools, 241 pre-primary schools, 8 youth polytechnics, 1 farmer's training Centre and 3 family life training centres (GoK, 1997). Most of these facilities especially schools are underutilized due to low

enrolment and also high drop-outs especially in regions around the lake. The drop-outs could also be due to low incomes. The reasons for the high rate of dropouts include influences from the fishing sector along the lakeshores, business activities across the border, early marriages, early pregnancies and poverty among the parents (GoK, 1997).

Education is crucial for the interpretation of any verbal or written literature and also for decision making. The school drop-outs in the area have increased tremendously in the recent past. They are the same that now resort to fishing and petty businesses and also engage in transitory sex that exposes them to the risks of being infected with the HIV/AIDS. If they could be encouraged to go to school for example by the introduction of universal free primary education, then they would not be idling around to have time to attend local discos and video shows, where they are exposed to the dangers of starting sexual unions that lead to them being infected.

3.1.6 Health Facilities

The total number of health facilities in the district is 28 out of which 2 are government hospitals, 5 private nursing homes, 17 dispensaries and health centres run by the government and the other 4 (private or mission hospitals).

The facilities have been under utilised during the recent past. This is mainly because of the introduction of the user charges that have reduced patient visits to the facilities due to unavailability of enough income to pay the fees.

These are not evenly distributed and therefore some areas do not have proper medical care within their reach. Some are either under staffed or do not have the necessary medical facilities. The introduction of the cost-sharing system has also discouraged the locals to go for treatments. This implies that the people within this area therefore, cannot have the capability to go for any check-ups or treatments even if they feel unwell. This in itself weakens their immune systems which improves the chances of being infected with the HIV/AIDS.

3.1.7 Employment Levels

Agriculture remains the main employer and, therefore, employs the majority of the labour-force. However, fishing, commerce and trade are other major employers in the district. Very few individuals are employed in the formal institutions. Those in the formal institutions are found in public administration, security personnel, teaching, financial institutions and health facilities. Generally, agriculture employs the majority of the labour force of especially women.

The levels of unemployment and underemployment are so high. This means that the income levels are very low. Under such circumstances children are not taken to school, people cannot visit health facilities for any treatments and therefore, leading to the problems mentioned in the preceding sections that make them vulnerable to HIV/AIDS infection.

3.1.8 Nutrition

Malnutrition cases in the district are high and common among children of 0-5 years of age and breast-feeding mothers. The causes for high level of malnutrition in the district include large families faced with general poverty, over-reliance on starchy foods, cassava, millet and sorghum.

Food production in the district is below the total demand. This has affected the food security in the district. Food shortages have a role to play in poor nutrition status.

Generally, the welfare indicators in Busia district imply that the district is much behind in terms of development and growth. This could play a key role in determining how the community participates in the guidance and counselling of the youth on HIV/AIDS prevention. It also determines how the youth perceive the process.

The nutritional levels in Nanguba are very low especially among children and breast-feeding mothers. This makes them very weak and vulnerable to any type of ailments that weaken the body immune system. People toil a lot to acquire food for their

households. In fact this is why some report to fishing and petty businesses at the shopping centers and as stated earlier become exposed to transitory sexual affairs that expose them to the risks of acquiring HIV/AIDS.

3.1.9 Ethnography and Demographic Structure

Busia District is inhabited by Luyia speaking sub-ethinic institutions such as the Abasamia, Abanyala, Abakhayo; a few Luo immigrants from Siaya District and the Teso from Teso District.

In particular, Nanguba location is inhabited by Abasamia. Their culture is rich with a lot of emphasis being placed on wife inheritance and polygyny. Strong emphasis is placed on the boy child because of the patrimonial family set-ups in which the boy child is the one entitled to inherit family properties. The boys in the area are also encouraged to indulge in sexual relations in order to show manhood and the capability to procreate the future generations.

Busia District had a population of 275,074 according to the 1989 population census with a growth of about 2.95 per cent per annum. This implies that by the end of 1999, the population was about 369,459. The younger population of between 0-14 years accounts for 50.3% of the total population. This shows that the district is mainly composed of youthful population (GoK, 1997).

About 60 percent of the population is below 20 years while those that are over 60 years of age constitutes only about 5 per cent. The population density for Busia district has been on an upward trend. For example the population density for Funyula division increased from 235 per square kilometre in 1989 to 316 per square kilometre in the year 1999 (APPENDICES E and F).

3.1.10 Community Institutions

Nanguba location does not have a profound presence of informal community organisations. However, formal institutions common in the area mentioned by the

provincial administration include, churches/mosques, schools, health centres, community health workers, provincial administration, and the police force. Some of the informal organisations entail revolving fund institutions herein referred to as the merry-go-round institutions, the village youth institutions, mothers' union organisations from churches, end of the year celebration institutions, "maendeleo ya wanawake", male organisations and church youth institutions. Generally, all these institutions involve themselves with the improvement of the financial well-being of their members.

3.2 Data Types and Sources

Both primary and secondary data were used in the facilitation of this study. The data collected were both qualitative and quantitative. Focus group discussions, in-depth interviews using topic or interview guides and structured questionnaires were used to collect data for the study.

3.2.1 Sampling

The unit of analysis for the study was all the individuals in the community, that is, all women, men and the youth.

The sampling frame for this study was conducted from the range of 15 years and above. The first group comprised of adults in administrative positions like the school heads, assistant chiefs and health providers. Participants in this group were identified through purposive sampling based on their articulation of matters that pertain to health and HIV/AIDS.

3.2.2. Sampling Frame

All youth aged 15-29 years provided the sampling frame for this study, thus providing the **population universe** for the study. The sample frame was so decided to provide both the youth and old adults an opportunity to participate in the study. A small sample of opinion leaders participated in the indepth-interviews. The participants aged above 15 years were exposed to similar structured questionnaires and two institutions of

12 (twelve) participants were constituted from the youth bracket to participate in two focus group discussions in two out of the three sub-locations in the location.

3.2.3 Sample Size

A sample size of 150 respondents was randomly selected of whom 75 were from three primary schools, 50 from out of school and 25 from the forms 3 and 4 of the secondary school in the area. The primary school respondents were purposively selected from standard 7 and 8.

3.2.4 Sampling Procedure

Both **non-probability** and **probability** (Babie, 1994) sampling procedures were used to draw the samples for the study. These were the purposive and simple random sampling methods respectively.

By use of the ballot system, 3 primary schools were selected out of the 6 in the location. The same was used to identify the sub-locations from the data would be collected. 2 sub-locations out of 3 were picked. The secondary school was purposively selected because it is the only one in the area.

3.2.4.1 Key Informants

Through rapport building the study identified those individuals that are in the position to articulate health issues and particularly those related to HIV/AIDS. 9 participants were then identified purposively based on their articulation on matters pertaining to health and HIV/AIDS. Provide qualitative data as key informants.

3 head teachers from the three primary schools, 1 head teacher from the secondary school 2 assistant chiefs, 1 hospital staff and 2 church leaders were purposively selected to participate in the in-depth interviews. In general 9 key-informants were exposed to the interview-guide.

3.2.4.2 Questionnaire Interviews

By use of the school registers for standards 7 and 8 in three randomly selected schools, and forms 3 and 4 from the only secondary school, respondents to the questionnaires to generate quantitative data were randomly drawn.

The chiefs guided in the process of identifying the homesteads in each sub-location. A census of the sub-locations' residents was taken noting their age and sex. This only applied to the youth category. A list was drawn from the identified individuals. Simple random sampling procedure was used to select 50 out of school participants who responded to a similar questionnaire. The same procedure was used to select 75 primary school respondents from 3 primary schools, which had also been randomly selected. The school registers for standards 7 and 8 were purposively used to draw a sample of the students to participate in the study. A sample of 25 students was drawn from each of the 3 schools. Another sample of 25 students was drawn from forms 3 and 4 of the only secondary school within the location.

Sampling was done by the ballot method. A structured questionnaire was then administered to this group to collect information on the community participation in the counselling of the youth and the youth's perceptions about HIV transmission and prevention. The structured questionnaire was administered to 150 participants whereas the interview - guide was used to generate data from 24 focus group participants.

By use of the ballot system, 3 primary schools were selected out of the 6 in the location. The same was used to identify the sub-locations from which the data were collected. Thus, 2 Sub-locations out of 3 were identified. The secondary school was purposively selected because it is the only one in the area.

3.3. Data Collection Methods

Three methods were used to generate data as pertains to HIV/AIDS counselling for the youth by the community. The methods were both quantitative and qualitative.

3.3.1. i) Quantitative: Questionnaire

Structured questions were administered to the young adults aged between 15-29 years. The questionnaire had similar contents and was administered to the participants differently.

3.3.2 ii) Qualitative

a) Focus Group Discussion

A group of twelve participants at a time was constituted to participate in focus group discussions in two randomly selected sub-locations. This applied to those participants in the youth category. By use of unstructured questions the study used the help of an individual who falls within the same age bracket to guide the discussions. Focus group discussions were conducted with youths from the Catholic and Anglican Churches. The said individuals (who fall within the same age bracket but well informed) guided the discussions while the researcher took notes/points. The discussions took a general approach as relates to health matters before venturing into the problems of HIV/AIDS. During the focus group discussions, an interview guide detailing the identification of the community based institutions, the description of the methods used to advise the youth about AIDS, the youths' perceptions about methods used, impact of advice given and the suggestions by the participants on what the government needs to do to improve the processes of counselling the youth about AIDS was used.

There was one group to participate in each session per sub-location. This means that the study had two (2) institutions to participate in the discussions at different places and times.

b) Key Informant Interviews

Interview guides designed to the desired data specification were used during the key-informants interviews. The guide with a bearing to HIV/AIDS, and the youth was administered to the informants at different times and on an individual basis.

The interview guide for the key informants had the same contents as the one used in the focus group discussions.

3.4 Data Analysis

Both qualitative and quantitative data analysis methods were used to analyse the data from the field. Ms Access and Excel computer packages were used for quantitative data analysis to yield frequency distributions and percentages. Focus group discussions and key informant interviews provided qualitative data that were used as verbatim to supplement the quantitative data.

3.5 Other Issues

Ethical Considerations

The need to let the participants respond to the questionnaires and the group discussions freely and willingly was observed. The subjects' identities were also concealed in circumstances where they requested so. Finally all the scientific rules were adhered to in generating the research subjects' original data.

Community Linkages

The study intended to supplement any non- governmental and governmental research activities that may be planned in future to help address the HIV/AIDS problem in Nanguba location and Kenya as a nation.

CHAPTER FOUR

DATA PRESENTATION AND INTERPRETATION

4.0. Introduction

This chapter covers data analysis, interpretation and presentation of the research findings. Data collected from the field was sorted out for consistency and validity. It was then analysed and presented in form of tables, figures, percentages and textual form. The presentation was done on the basis of the study objectives and research questions raised in Chapter 1.

The overall objective of the study was to investigate the role played by community based institutions in the prevention of HIV/AIDS amongst the youth in Nanguba location in Busia District.

4.1 Objective One

Identification of Community Based Institutions available for HIV/AIDS Counselling

The first specific objective was to identify community based institutions, which are available for HIV/AIDS counselling. It was hypothesised that there are some institutions in the community that provide counselling for the youth on matters that pertain to HIV/AIDS. Data in Table I show the distribution of the youth according to their knowledge of the existence of the community institutions that provide information on HIV/AIDS

Table 1: The Distribution of the Youth according to the Knowledge of Community Based Institutions that Provide Counselling

Response	Frequency	Percentage (%)
YES	130	87
NO	20	13
TOTAL	150	100

According to Table I, 87 per cent, (130) had knowledge of the existence of community institutions that provide counselling on HIV/AIDS. Only 13 per cent (20) were not aware of any community based institutions.

Discussion through focus institutions revealed mixed perceptions of the role of community based institutions in the provision of information on HIV/AIDS. For example, one assistant chief disputed the existence of any local institutions by saying:

> ***What are you talking about! There is nothing like an organisation in this location that counsels the youth about HIV/AIDS.***

When he was told that it appears like the population was ignorant about the disease, he said

> ***... the people are aware of HIV/AIDS. The church members and the provincial administrators do pass over the messages and warnings to them during funeral meetings. However, the messages are so scaring that we have to put them across in proverbial manner.***

According to the study findings, Nanguba location does not generally have specific institutions to address the issues related to HIV/AIDS among the youth.

However, there are those few organisations, which aim only at improving the economic well-being of their members but do also strive on minor occasions to advise them on HIV/AIDS. Basically, it is the church that has of late started addressing AIDS as a specific subject in their programmes.

According to another key informant, it was very difficult for one to claim that there were organisations involved in the counselling of the youth or the community at large about AIDS. He talked of the church as the only community group that tries to discuss AIDS amongst its congregation.

> ***The idea to start addressing AIDS in the churches and other institutions might have started-off after some members realised the true and negative practical impacts of AIDS in the community. The evidence of dying victims compelled the society to change the previous assumptions that AIDS was a disease only related to either Ugandans or prostitutes and those from urban centres. Previously another hindrance on why people did not feel obliged to address AIDS and its related aspects was because of its relation to sexuality. Matters that pertain to sexuality are considered taboo and cannot be discussed in public or in front of children.***

However, according to the chief, this trend has changed because one can afford to find a few individuals especially those considered to be close friends discussing AIDS. The churches have also broken tradition and are now discussing the disease and allowing sero-positive victims to address church congregations about the disease.

According to one focus group comprising of 11 Catholic Church members, their church always organises youth camps where the youth interact with different people to discuss family life matters including AIDS. According to them, the approach makes the youth to have a sense of belonging and identity thus being able to discuss issues in a more elaborate and open forum. Most of the time the parish at a place called Dakhiro organises such gatherings. The youth also attend seminars facilitated by church elders. The seminars are sometimes conducted through the help of the staff at the Nangina Mission Hospital and also some personnel from the Pathfinder organisation (an international organisation dealing with matters related to family life education).

Another focus group discussion (FGD) was conducted with the Anglican Church members. The group comprised of 8 attendants made-up of 4 gentlemen and 4 ladies to be gender representative. According to this group, their church was coming up with church committees mainly comprised with the youth to address those aspects related to AIDS. At the time of this study, some members had gone for a seminar organised by Pathfinders about HIV/AIDS in Kakamega town.

When the group from the catholic church was asked to identify some of the institutions engaged in counselling the youth on HIV/AIDS they cited such institutions as Dakhiro parish, Family Planning Association of Kenya (FPAK), Community Based Health Care (CBHC) and the Nangina Mission AIDS Widows Association (NMAWA). The NMAWA brings together the few AIDS victims who have accepted their status of being positive and are ready to go around educating other members of the community about the reality of the scourge. Through NMAWA, Namasali Anglican Church has been

sensitised to establish a committee that handles all issues that pertain to AIDS. This was mainly through one victim who was a member of NMAWA.

Through the use of a questionnaire, the study established that 87 per cent responded that at least they knew of institutions that provide advice and counselling to the community about HIV/AIDS but not specifically for the youth. However, these institutions have financial needs as their main objective.

Whereas such institutions do exist, not all of them address the problems that relate to AIDS as their main area of interest. On the other hand, most of them do not incorporate them as members. Some youths come to know about the institutions through their friends, or relatives but they have not been able to get involved in these institutions' activities.

When the youths were asked to name some of the institutions that they knew, they identified fifteen of them. Table 2 shows the groups.

Table 2: Groups Identified by the Youth

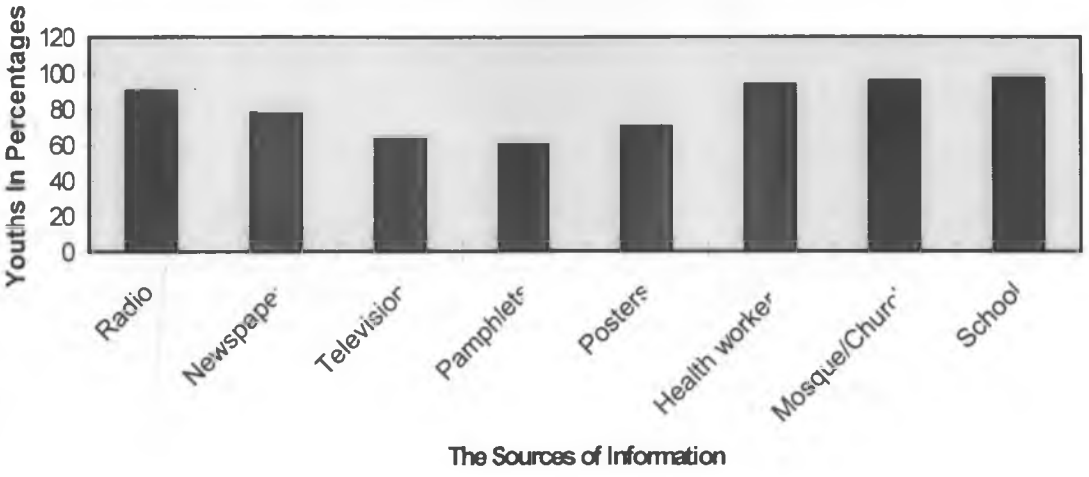
Groups	Groups
▪ Temakho Welfare Association	▪ Ageng'a Family Life Training Centre
▪ Kenya Medical Society	▪ AIDS Widows Association
▪ Sirindiro Women Group	▪ Pathfinders
▪ Church Youth Group	▪ Church Committees
▪ Chief's barazas	▪ Teachers
▪ Nangina AIDS Awareness	▪ Mass media and
▪ Community Based Health Care (CBHC)	▪ Family Planning Association of Kenya (FPAK.)
▪ Namasali AIDS Awareness Committee	

The findings show some variance between the key informants that were interviewed. For example, contrary to the assistant chief, one health provider at the Sio-Port Health Centre responded to objective one as thus:

I know of the Nangina Mission hospital who go around giving talks at the market places and the Dakhiro Catholic Church AIDS institutions which also moves around at least once per year in December during the World AIDS Day. The Anglican Church does invite an AIDS victim to give her practical experiences with the disease. Although some members did not initially accept the idea, they have realised the importance of the talks and can at least pay their attention to the lady. Sincerely speaking, the community is trying and I think...

According to the youths interviewed, the tendency of acquiring appropriate information from the media is relatively high. However, most of them stated that they get much more information from the school community. To confirm this, the research sought to find out the youths' source of information on HIV/AIDS. Figure 2 shows the major sources of information for the youths.

Figure 2: The Distribution of the Youth According to the Sources of Information About HIV/AIDS



According to Figure 2, above, the schools, religious organisations and the health workers were the most mentioned sources of information about HIV/AIDS to the youths. The schools were mentioned by one hundred and forty seven (147) respondents out of one hundred and fifty (150) representing ninety eight (98%) per cent, the church/mosque was mentioned by one hundred and forty three (143) and the health workers were mentioned by one hundred and forty (140) respondents representing ninety five point three percent (95.3%) and ninety three point three percent (93.3%) respectively.

The implications from the figure above are that in case of any interventions in the fight against HIV/AIDS among the youth population are to work, then the schools religious organisations and the health workers can act as the best points of contact to reach the youths. The other prominently mentioned sources of information include radio (90%), newspapers (78%) and posters (70%). This indicates that other than the most common sources, the above sources and others like pamphlets, and television can be utilised to pass any relevant information about AIDS to the youths. All the sources of information are above the average percentage of representation that is 50%, meaning that they are relevant in information dissemination to the youths.

Table 3: Distribution of Youths by source of Information about HIV/AIDS.

Source	Frequency	Percentage (%)
Radio	135	90
Newspaper	117	78
Television	96	64
Pamphlets	91	61
Posters	105	70
Health workers	140	93
Mosque/Church	143	95
School	147	98

A striking occurrence from Table 3 and Figure 2, is that though the respondents named various community institutions as listed above, they are only three of them that were highly rated as sources of information (schools/teachers, mass media for example the radio and newspapers and Ageng'a Family Life Training Centre representing the health workers.

None of the youths had heard about AIDS from place of work since most were either students or did not have any kind of formal employment. The other sources cited by the youths included films, public seminars and parental guidance.

From Figure 2 above, it suffices to point out that the school community, church, health workers, media and friends and relatives are likely to play a prominent role in disseminating information to the youths and the community as a whole. These sectors of the society then act as the best channels through which the youths can be reached and counselled adequately.

From another perspective, one key informant who was a school head said:

There are no particular institutions here but I do remember an AIDS victim giving a presentation in my local Anglican church during the Sunday service.

However, her message was not-group specific. There has also been another team from the Nangina Mission hospital and one from the Sio-Port health centre,

There are a few and well articulated institutions from schools, churches and health workers who can be relied upon to give appropriate information to the youths. This is for example confirmed by one of the church heads who said:

We do organise processions and we also have youth institutions that are encouraged to discuss matters that are AIDS related. However, I do not know of any other specific group that advises the people about the disease. In our church, we also have an AIDS victim who gives a talk every Sunday about the disease both to the youth and elderly members of the congregation. We have also established AIDS committees, which appoint individuals both the youth and the old to go for trainings on how to talk about the disease and many others. The individuals are trained by an NGO called The Pathfinders based in Kakamega.

4.2. Objective Two

Describe the Information that is provided to the Youth by the Community Based Institutions

The second specific objective was defined to describe the information that is provided by the community based institutions to the youth on HIV/AIDS.

It was assumed that the community based institutions do not provide adequate information to the youth for HIV/AIDS.

From the findings, most of the information address the preventive measures to be observed in order to avoid contracting the HIV virus. Young people are also advised on how to care for the AIDS victims in the community and also to have positive attitudes toward the victims who are already infected. Some of the precautionary measures the youths are told to follow include:

- Choosing the right peer institutions
- Avoiding socially tempting places like dances and bars.
- Abstinence
- Avoiding careless and risky sexual activities like oral and homosexual advances.
- Avoiding pre-marital sex
- Using condoms and
- Sticking to one partner.

From the youth's views, they are given general information about AIDS. For example, one of the youth said:

> ***We are mainly cautioned in the church to keep away from ill intentioned people by choosing on the right company that may not convince us to attend socially tempting places like dances and bars. In addition, we are also advised to use condoms,***

remain faithful to one partner. The strongest pre-cautionary measure that we are advised to follow is abstinence although it is not practically effective.

The youth are also educated about the signs of HIV/AIDS and its symptoms. The common statement that is mainly used is that AIDS ***is "dangerous, it kills and has no cure. It does not discriminate between the age of an individual or the sex or the economic status of individuals".***

The main methods used in the dissemination of the information according to the young people interviewed are processions by the Catholic Church, which according to one of the respondents shuts out some members of the community from the other church denominations. Whereas the processes used are educative, they should, according to the respondents, be extended to primary and secondary schools and not only to be conducted at the market places.

Whereas the information provided is relevant, it needs to be practical and not theoretical. For example, the suggestion on the use of condoms is much more practical than advising the youths to abstain. What the condoms advocates need to do is to practically educate the youth on how to use the condoms themselves. The suggestion on avoiding the tempting places is good only but one has to come up with ways of engaging the youth in responsible and productive activities that will restrain them from going to such places. Once they are not idle, they will not think of visiting such tempting places like bars and dances.

The counselling processes can go hand in hand with the counselling on drug abuse that is also prevalent in the location. Once one has taken drugs, he/she may not be in a position to make a wise decision as pertains to sexual matters. Drugs like cannabis sativa and local brews do worsen the situation. On the other hand, a number of video halls have sprung up in the shopping centres like Sio-port which screen any

movies that incite the youth to sex as the in – thing.

From the ***awareness level*** of the interviewed youths, it suffices to state that they have been well informed about HIV/AIDS. However, the rate of infection continues to rise meaning that the society has not been able to come up with the most appropriate means of educating the youth on how to reduce the impact of the scourge. To determine the level of awareness, the study designed a question to establish the distribution of youths according to awareness on the existence of HIV/AIDS.

Table 4: Distribution of Youths according to awareness on the existence of HIV/AIDS.

Response	Frequency	Percentage (%)
Yes	147	98
No	3	2
Total	150	100

According to Table 4, the level of awareness about AIDS is relatively high. 98% stated that they know about AIDS. Whereas the awareness level is high, the ***behavioural*** traits of the society have not changed to have a reduction in the AIDS infection rates in Nanguba location and the whole nation. During the in-depth interviews, the key-informants were asked to state what they thought was the impact of the advice given to the youth in relation to the awareness levels, according to one of the assistant chiefs,

> ***...at least the community members in attendance in a funeral listen carefully. But for the practical impact of the messages, please talk to health officers.***

This suggests that if the members are requested to turn up for any talk about the disease at least they will not hesitate to attend. As suggested by the assistant chief, the

same concept, that is the impact of the information, was used as a stimulus to get the opinion from one of the health providers who said:

> ***..at least the number of individuals turning up at the hospital with the sexually transmitted infections has increased and they are free to ask for any details about AIDS. Initially, people were shy to come for treatment when they contracted the disease. This usually made it to appear like there were STI problems in this area. However, with the advice that all STIs need to be treated to minimise the probability of one contracting the HIV, many people are now coming in for treatment against all sorts of sexually related problems. This has been of help because at the moment we are able to monitor the rate of sexually related infections.***

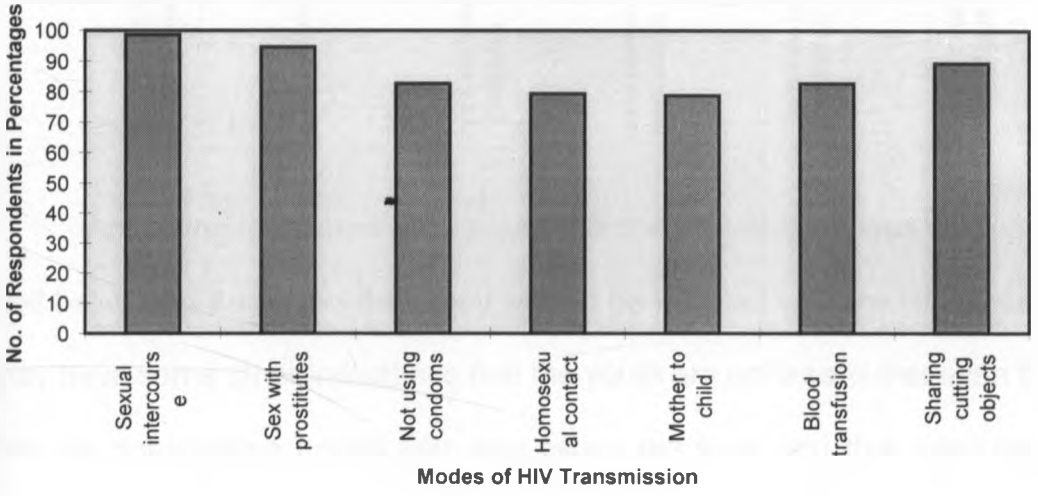
To establish the positive effect that the information provided has, another in-depth interview was conducted with one of the school heads who said:

> ***..at least there are people who can now talk about the disease openly without fear. The awareness levels are also improved. They can now be seen taking all the necessary precautionary measures***

about sexual relations. In the past people, especially the young ones, did not value the importance of condoms. They previously considered using a condom in a sexual act as "kutafuna big G ikiwa ndani ya karatasi",* (chewing gum in its' wrapper). *Do not be surprised today to find young men carrying condoms for unprepared circumstances in sexual relations.

In order to establish whether the youth know of any modes of HIV transmission, they were asked to list known modes of transmission. They provided the following as illustrated in Figure 3 below:

Figure 3: The Distribution of the Youth according to the Known Modes of HIV/AIDS Transmission

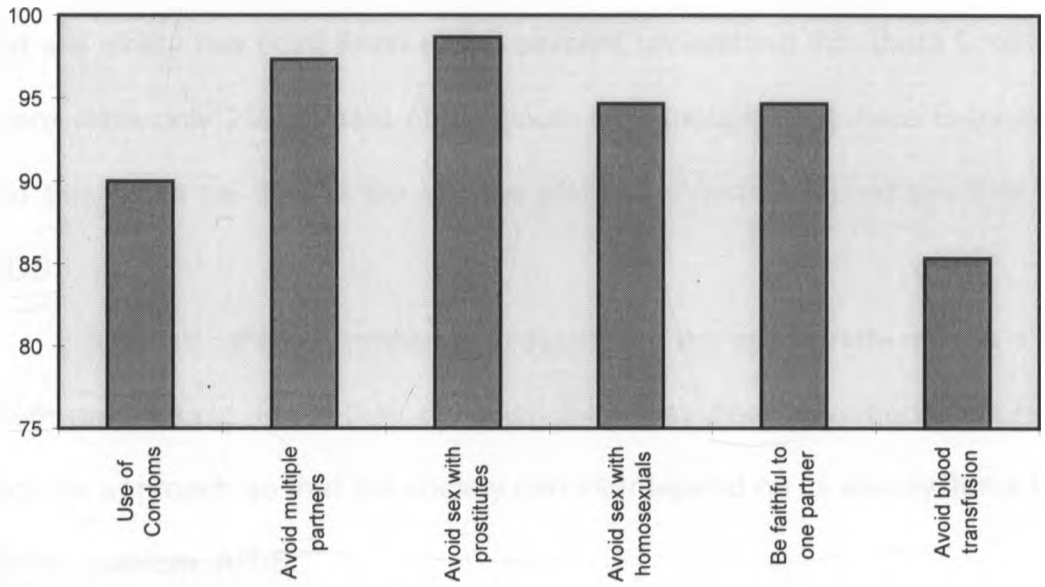


According to Figure 3 most of the youth (98 percent) consider sexual relations to be very risky. Ninety three percent believe that playing sex with prostitutes causes HIV and about ninety percent considered sharing cutting objects as the mode of HIV

transmission. The conclusion from the above figure then is that the awareness level among the youths is very high even in relation to the preventive measures. There were very few individuals, 0.67 percent who did not know modes of HIV transmission.

The respondents were also asked to name some of the preventive measures against AIDS and the opposite of the modes of transmission were mentioned as indicated in Figure 4 below:

Figure 4: The Distribution of the Youth according to known Methods of Preventing HIV



According to figure 4 above, sex with the prostitutes poses a danger to the youth's well being and if avoided then they will not be infected with the HIV virus. However, this may have some other indications that the youth are not aware that even those individuals who do not practise prostitution may cause the virus and that even the health looking individuals may be positive. Avoiding prostitutes and multiple partners were mentioned most as the methods to use to avoid HIV whereas the use of condoms which is much more practical was less rated by the respondents.

More data were recorded in the questionnaire about the respondents' knowledge of any known AIDS treatment and the majority of them stated that there is no treatment for AIDS as summarised in Table 4 below:

Table 5: Distribution of Youths according to knowledge of existence of cure for AIDS.

Response	Frequency	Percentage (%)
Yes	4	3
No	143	95
Does not know	3	2
Total	150	100

According to Table 5 above, it suffices to conclude that almost the respondents that are ninety five point three (95%) percent understand that there is no cure for AIDS. There were only 2% percent of the youth who thought that there is treatment for AIDS and this could be due to the various claims by certain individuals that they can cure AIDS.

Generally, the information is available but the appropriate means of transfer to the youth are lacking and if they do exist, then they need communal efforts or the multi-sectoral approach so that the society can interdepend on its sub-systems to address one similar problem, AIDS.

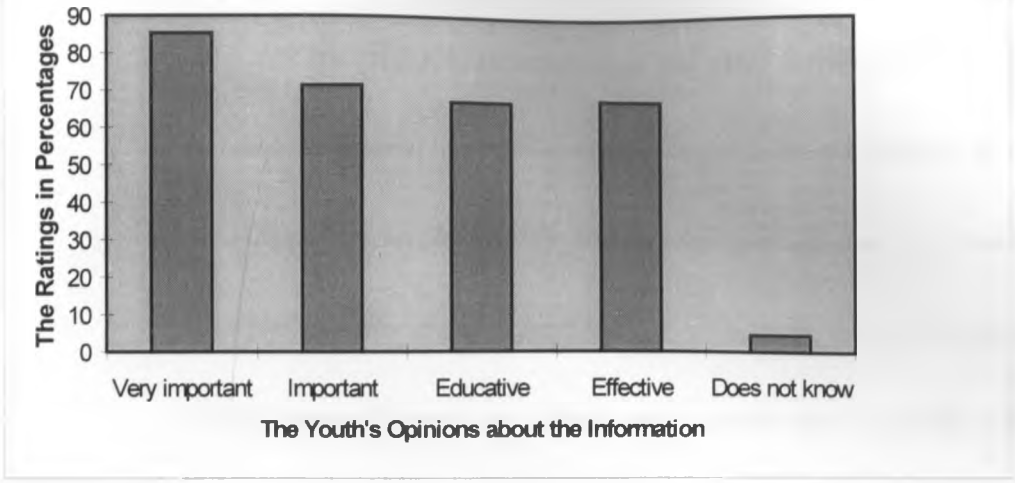
4.3 Objective Three

The Youth's Perceptions of the Information Provided by the Community

It was hypothesised that the perceptions the youth have about the information provided by the community institutions influence the counselling process.

The study sought to find out how the youth perceive the kind of information they are given by the community about HIV/AIDS. According to the findings, the attitude and perception of the youth as pertains to the information is positive and encouraging. Out of the 150 participants, 128 (85%), classified the information to be very important, educative and effective as far as counselling is concerned. This is summed up by Figure 5 below:-

Figure 5:The Youth Ratings of the Information Provided



The figure 5 above indicates that the youths perceive the information to be very important. 85.3 percent said that the information is very important 71.33 percent perceived the information to be important, 66.7 percent said the information is educative and 68percent stated that the information is effective. This is an indication that the youth are ready to be provided with any relevant and adequate information about HIV/AIDS.

According to the findings from the FGD (Focus Group Discussions), the methods used like processions, health talks and the talks given by the HIV/AIDS victims are educative and bring about a true picture of what AIDS is all about and how devastating it is both as a health, economic and social problem.

However, the respondents were of the opinion that the activity needs to be spread out to all sectors of the community and they (individuals involved in counselling), should be conducting frequent counselling and sensitisation but not only once per year. The technology used should also be improved by, for example, introducing cinema shows depicting the true picture of the AIDS victims.

According to the youth, the adults should not leave them (Youth) out when attending any seminars or gatherings that address sexually related matters. By allowing the youth-adult interaction, the messages delivered will have an authoritative impact on

the youth other than the messages they get from the media and peer institutions. This was emphasised by one of the youth during a focus group discussion when he said

> ***The adult members of the community have a tendency of discriminating against us when it comes to disseminating any information about sexuality. It would have been better if we are also included in their meetings so that we can get adequate and relevant advice.***

Generally, the perception is positive and with more active seminars, processions and talks, the community will be well educated and people will learn to live with HIV/AIDS positively. This will enable them to address all issues related to the disease and those who are HIV positive will be able to accept their statuses and go public about it. Going public alerts the society of who is positive and not to engage in any sexual affairs with them. At least this approach will minimise the rate of infection.

4.4 Objective Four

Investigating the Constraints that the Community Institutions encounter when providing Information on HIV/AIDS to the Youth

It was hypothesised that social and economic constraints influence the flow of information on the counselling of the youth.

The factors that happen to reduce the counselling of the youth on HIV/AIDS in Nanguba location are either economic, social, cultural or political in nature.

The people of Nanguba location are not economically blessed with enough resources in that most of the residents' time is spent on looking for means of survival like food and water. This, in itself, restrains the people from having that extra time to address the disease as a group. Every member in the society is left on his/her own. This

reduces the number of individuals who may have the collective responsibility of the community to address the scourge. Lack of enough time also reduces the chances of the people being creative and design appropriate mechanisms of addressing different age categories on AIDS. The movements of the people make it difficult to collectively educate the youth together. This was stressed by one of the assistant chiefs who said:

> ***The mobility of the community members to the lake and urban centres makes it difficult to gather the youth for counselling. In case those ones who are around are counselled, the information they acquire might be distorted by the new one from their relatives in town. The mobility makes the advice given to be inconsistent.***

Accessibility to some areas in the location is almost impossible due to poor road networks and lack of enough vehicles to move around by the available health providers. Establishments like the Nangina mission hospital do have a vehicle yet this is not enough to help them cover the whole of Funyula division. This minimises the frequency of visits by the educators, for example, to schools or market centres. On the other hand, there is a tendency by the mission to visit the catholic sponsored institutions only.

According to one of the health staff key informants:

> ***...the Sio-Port health centre does not have a vehicle to move around and even if they had the vehicle then there would still be the problem of lack of fuel. The funds to prepare the literature to distribute to the community are also scarce. The***

road network is so poor in that when it rains, it becomes impossible to visit some of the areas that are so into the interior.

The Socio-cultural constraints are concepts like wife inheritance, belief that the boys should be allowed to engage in sexual affairs to prove their manhood, belief in having more than one partner and the assumption by the adult members of the society that young girls are still ignorant and, therefore, not HIV positive.

Whereas wife inheritance has reduced of late, the practice makes some elements of the community to assume the existence of AIDS. In such circumstances, there is no way such individuals who inherit HIV positive widows can take an initiative to address the youth about the dangers of AIDS as a real disease. There are instances where young people are deliberately or unknowingly compelled to inherit their late relatives' wives without even putting the health status of the widows into consideration.

The cultural requirement that boys should engage in sexual relationships to depict their manhood exposes them to the dangers of contracting the disease at a very tender age. This may minimise their chances of growing into having their own recognised families.

The cultural freedom for the boys to have more than one partner predisposes them to risky sexual activities that may let them contract HIV/AIDS. There is also a tendency by the old people in the society to believe that young girls are ignorant and therefore HIV negative. Such men who believe that the young girls are still ignorant and negative end up passing over the disease to very young members of the society hence destabilising the health status of the whole community. Such unfortunate ladies do also have their specific partners who are of their age category. In such circumstance, the young male partners get trapped in the mess that is brought about by careless old male partners to the young school going girls.

There is also a retrogressive attitude that someone who is HIV positive should at least ***"die"*** with a number of people. With such an attitude some uncaring members of the community start indulging in reckless sex with young members of the society in the name of spreading the disease. Through this behaviour, according to one of the key informants, there has been a trend of the positive people moving up and down maliciously infecting young people with the disease.

Burial ceremonies also play a role in the spread of the disease. This occurs especially where people from different backgrounds meet in one home where they stay for a long period separated from their well-known partners. In the process of socialising in the notorious funeral ***"disco dances",*** they enter into sexual relationships that may endanger their own health by contracting HIV.

The cultural requirement that sexuality should not be discussed in front of the young people of the society also hinders the processes of counselling. For example according to a church elder key informant,

> ***The youth cannot be counselled in front of the adults because the information provided needs to be age specific. Culturally, the matters that relate to sexuality need to be articulated to the youth in a very sensitive manner and with a lot of precautionary measures.***

Nanguba location depends on Lake Victoria as the main source of income especially for the institutions found along the shores of the lake. However, there are also some immigrants who move to the area from the neighbouring Siaya District and even other divisions in Busia district to engage, for example, in fishing or the buying and selling of the fish. In the process of looking for fish to sell, some of the fishermen or the

fishmongers travel and set up bases in Uganda away from either their families or well known partners. Being away from their regular partners, they seek out new partners whom they do not understand their health status. Consequently, some end up contracting the disease and passing it over to their partners when they come back to their permanent/matrimonial homes.

Some widows from the other divisions or districts also move to those near towns like Sio-port where they are not known in order to operate some small businesses while engaging in sexual relations with the unsuspecting youths who end up contracting the AIDS virus.

After losing their parents at a very tender age through AIDS, the off-springs especially the girls who are left with the responsibility of taking care of their younger siblings engage in transactional commercial sex to earn a living. There was an example of one respondent who had lost both her parents to the scourge and was left with the responsibility of taking care of her younger siblings. However, she was a little lucky because her other relatives do assist them financially and by the time of this study, she was doing her form three studies.

The other constraint is due to the mobility of the community members either to towns or rural areas. These movements make the advice given to be non-consistent. This makes the youth to mix ideas about AIDS from diverse sources, a factor that makes them fail to know and understand the most appropriate information.

There is also lack of well-distributed literature in both the rural and urban areas.

4.5 Objective Five

Strategies of Reaching the Youth

The fifth objective focused on describing strategies that community based institutions employ to provide counselling to the Youth on HIV/AIDS.

It was hypothesised that community based institutions do not employ adequate strategies for counselling the youth on HIV/AIDS prevention.

The following were the common methods of information dissemination mentioned during the focus group discussions, key informant interviews and the youth interviews.

1. Identifying a willing victim to talk to a gathering about the scourge.
2. Health talks at the market places and schools
3. Drama festivals
4. Seminars
5. Processions carrying posters
6. Community gatherings and
7. Barazas/Funeral speeches

According to a lady participant in one of the focus group discussions,

> ***We are usually talked to during community gatherings. There are those of us who are sponsored to attend seminars and participate in church drama institutions. On the other hand, our church organises processions about HIV/AIDS from the Dakhiro parish to sensitise the community.***

4.5.1 Willing victims to give talks

Whereas Kenya has achieved a lot of success in making the information on AIDS available, (Baltazar et al, 1999), the information is mostly theoretical. However, by introducing the concept of a real victim talking about HIV/AIDS will practically sensitise the community members who will change their notion that AIDS is not real.

The talks also help the society to accept the victims as normal members of its own. By so doing, there will be more individuals coming forward to declare their HIV

statuses and they may be utilised by the community to adequately address the scourge. This will help to increase the number of participants in the counselling process. With more counselling participants, the more the number of the youths will be reached by the counselling processes. This will be mainly because of the reduction in the stigmatisation of the HIV positive individuals.

4.5.2 Health talks at the Market places and Schools

The health workers and church members do organise health talks in schools and market places. The Catholic Church members conduct most of the talks. Such talks are common during the end of the year, (December 1st), when the world is observing the World AIDS Day. In order to have adequate and consistent messages, such talks should be conducted on a regular basis so that the recipients of the messages do not tend to forget. The frequent talks will keep on reminding the people about the continued presence of the disease and its dangers. This might have a positive impact on behaviour change among the members of the community.

The talks are also held in schools and especially secondary schools. There is need to spread the talks to all the learning institutions within the area, and this will in itself increase the number of informed individuals who can also be depended upon to deliver adequate and appropriate information to the few who might not be able to attend such gatherings.

4.5.3 Drama Festivals

The majority of the respondents to the structured questionnaires stated that they had heard about AIDS from drama festivals. Eighty two of the 150 participants, that is, 54.67 per cent said that they had heard about AIDS through creative performances like drama. This gives the idea that drama festivals can play a crucial role in the dissemination of information on HIV/AIDS. For example, according to GoK, (1998), well understood drama pieces can be utilised to pass information to the community.

According to the survey, the level of education determines how one comprehends items and the message in the drama sets. About 6.1 per cent of the interviewees affirmed that they had heard about AIDS from (College) institutional drama festivals.

4.5.4 Seminars

According to the research findings, by use of focus group discussion approach, and the key informants, seminars are also used by institutions especially the church to counsel the youth on HIV/AIDS. A group of individuals is selected and then sent to specific places to attend seminars on AIDS. One of the shortcomings of seminars was pointed out to be the tendency of the chosen individuals failing to utilise the attained skills and knowledge to educate the other members in their congregations.

4.5.5 Processions carrying posters

The Catholic Church at Dakhiro parish organises yearly processions mainly comprising of youths who march to the shopping centres and then conduct free plays to the audience. The complaint from the respondents was that whereas the processions are well intended, the organisers should at least have enough pamphlets or written literature to distribute to the audience at the end of the day. The processions should also incorporate members from other organisations and denominations but not only from the Catholic Church.

4.5.6 Video Shows/Flicks/Cinemas

According to the research findings, this method is rarely utilised by the organisations to educate the community on HIV/AIDS. However, there was an agreement by one of the focus group discussions that the method had been previously used but only once. They compared this approach to the one of having the AIDS victims talking about the disease publicly.

However, the respondents argued that the exercise seems to be expensive and that could be the reason of its infrequent use. The other problem with the approach is

that the video shows are always held at the urban/shopping centres thus leaving out the majority of people living in the rural areas.

4.5.7 Community Gatherings

Usually there are Chiefs' *"barazas"* (meetings), which are called to address various issues affecting the residents of the area. It is through such gatherings that the administrators might decide to talk about AIDS if they remember to. The other meeting point where the community seem to be utilising in the fight against AIDS is through funerals whereupon the provincial personnel present try to caution the members about the presence of ***"a bad disease"*** which they do not mention by name. However, they are restrained by the fact that the people in attendance are moaning the deceased.

4.6 Conclusion

The study set out to investigate the availability of community based institutions that offer counselling to the youth, the kind of counselling, constraints, the youth's perceptions about the counselling and the strategies that are employed by the institutions to counsel the youth. This was to answer questions as to whether there are enough community based institutions that offer counselling, what kind of information do they give to the youth and how do the youth perceive the institutions counselling and it also sought to answer the question of any constraints that are faced by the institutions. All these was based on the assumptions that there are not enough community based institutions to counsel the youth, economic hardships limit the process of counselling and the information that is provided is not youth specific. These guided the study and it was found out that the institutions are not enough, the counselling is not youth specific, there are many economic constraints that hinder counselling and that cultural factors hinder the adult to youth communication about sexuality. Based on these findings, the study came up with the recommendations in the next chapter hoping that these will lead to a sustainable and more aggressive counselling of the youth leading to behaviour change hence a reduction in HIV/AIDS infections.

CHAPTER 5.

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter discusses, draws conclusions and makes recommendations from the study findings. It is divided into 6 sections. The first 5 sections are discussed in reference to the research objectives whilst the last section gives recommendations and direction for further studies.

5.1 Community Based Institutions

According to the research findings as presented in chapter 4, there are no specific group organisations that have had a clear purpose to address HIV/AIDS. However, some financially focused institutions have started including the subject in their programmes. Initially, the institutions' main aim was to take care of the members' financial needs in terms of loans or consolation in case a member was bereaved. Such institutions need to be sensitized on the need to incorporate matters related to HIV/AIDS in their discussions when they meet. They can even call - upon any individual with appropriate knowledge on how to care for each other's family in case it happens to be infected and affected with AIDS. This in essence will reduce situations whereby both parents are dead or sick and all the domestic chores are left to the children as young as 10 years (UNAIDS, 1999). Such circumstances compel the youth to drop out of school hence increasing their rate of ignorance. Poverty may take advantage of such a situation and reduce the young females of such a family into sex workers as a source of income. For example, according to Little, in UNAIDS, 1999, there were reported cases of young girls of 12 years old in Malawi that were forced into sex work to fulfill short - term financial needs. Such a situation in a way may continue to add to the already alarming rates of HIV/AIDS infections among the young adults.

In Nanguba location, it was found out that the church was attempting to play a contributory role in sensitizing the community members on the dangers of HIV/AIDS. Church organisations like the Mothers Union (MU), are so influential among the women folk and if well utilized they can be of great importance in the process of information dissemination to the members. Through talks, they can be appropriate in educating the mothers on how to talk to their young ones on HIV/AIDS. There are also the youth institutions in the churches comprising both boys and girls. With a well informed personnel who must be of a higher age than the youths, the institutions can also play a far reaching role in the counselling of each member on the dangers of HIV/AIDS.

Such church units as stated above can play a relevant role by for example advocating for behavioural changes in traditional practices that predispose individuals to HIV infection, like funeral activities and the gender related matters like multiple partners and reduction of risky sexual practices, (UNAIDS, 1999).

Whereas the CBIs that are available like the church or Merry - go- round may tend to educate the community about the scourge, they are generally not holistic in their approaches and they are also exclusive in nature. For example, most of them may like to consider sexuality as the main cause of AIDS. Whereas this is right, they also need to look at the behavioural factors that are connected to the economic, cultural and political factors that may influence the sexual behaviours of the societal members. By putting all these inputs into focus, they will be able to have a multi - sectoral approach to how to address HIV/AIDS.

The members will now be able to get proper advise from other sectors of the community on how to address the disease but not only to depend on what they think is the right method to them even if it is inappropriate. For example, if they take a holistic approach, then perhaps the government and the non - governmental sector can

supplement their role by supporting them in establishing income generating projects and training the members, (UNAIDS, 1999).

> ***The institutions are also exclusive in the sense that they only address their members and leave out other members of society. This discriminative kind of approach may have no positive impact. This is mainly because, the organisations' members might end- up with a negative notion that the messages are strictly meant for them. Consequently, they end - up not sharing the information with non - members. On the other hand they may end - up sharing intimate activities of life like sexuality with the other people not imagining that they may already be infected. This will make all the messages that they acquired from their organisations irrelevant. Therefore, there is need of the institutions like those of the church to look at the society as a whole but not as made up of divisions. The religious support needs not to be discriminatory by supporting those households that are of the same religious affiliation (UNAIDS, 1999).***

Another sector of the community that was mentioned to be passing over the messages a bout HIV/AIDS, is the school community. However, it is imperative to note

that most of such information is not complete. For example, the teachers only caution the pupils not to indulge in sexual affairs but fail to explain all the issues related to HIV/AIDS. If the pupils get any information from their peers, then it is so scanty and sometimes not well articulated.

Whereas the government has plans to introduce family life education (FLE) in schools, it is appropriate to come - up with a syllabus containing educative literature on HIV/AIDS prevention which should be well balanced in order not to give some teachers a leeway to exploit the pupils ignorance on matters related to sexuality. The government should also look for a proper forum through which the non - school going youths can be reached and counselled.

It is encouraging to observe that of late there is the most desired political will by the government to address the epidemic. However, a lot needs to be done so that there are appropriate and well informed people to handle the matter. This is mainly due to the fact that some societal units may not perceive the messages delivered by politicians in good faith, for they are always seen to have political ambitions thus failing to tackle the real issues as far as the epidemic is concerned.

The establishment of village or constituency committees needs both financial and social support so that the youths can be easily reached in all areas in Nanguba location. The financial support need not be discriminatory on the political basis for this might lead to the exclusion of the worst affected areas.

Generally, if the society is well counselled, and especially the youth who will in turn participate in peer counselling, then we are going to have important effect on the fight against HIV/AIDS. However, the dilemma brought about by the scourge summons for a multi-sectoral and all inclusive approach that will bring a diversity of actors together, (NASCOP, 1999). This will increase the number of the counselled individuals who will then be reliable to counsel the few that may have not heard anything to do with

counselling. But if matters remain the way they are, that is, having few young people receiving appropriate and accurate information about AIDS (UNICEF, 1999), then we will not have any positive feedback from what has been done in the past on counselling the youth a bout HIV/AIDS.

5.2 The kind of information provided to the youth.

The youths who were interviewed in this study proved that at least the information that they are given about HIV/AIDS is educative and makes them to see the point of not putting their lives in danger. However, they lamented that the information is so general and sometimes narrow.

They are mainly taught about choosing the right kind of peer institutions and to avoid premarital sex. The other issues that are taught to the youths are about preventive measures, care for the victims, signs and symptoms, avoiding tempting social places like bars and dances and the use of condoms. Whereas they are given such knowledge, what was found to be the shortcoming in the whole process is the fact that most of the information is theoretical and not practical a part from the use of condoms that should also be shown practically to them and how to put them on. However, the need to observe moral values should be emphasised so that the youth do not declare sexual activities as a must even before maturity and marriage.

Generally, the messages are well intended and they keep the youths ever warned that AIDS kills and has no cure, hence the need to take care not to contract it. However, one of the major shortcomings of these messages is that they are not consistent and persistent. For example, one CBI may advocate for the use of condoms just once per year and then the others like the Catholic Church denounces the use of condom. This means that one youth who gets to hear of both messages about the condom may become much more confused and decide to make a personal decision for example by

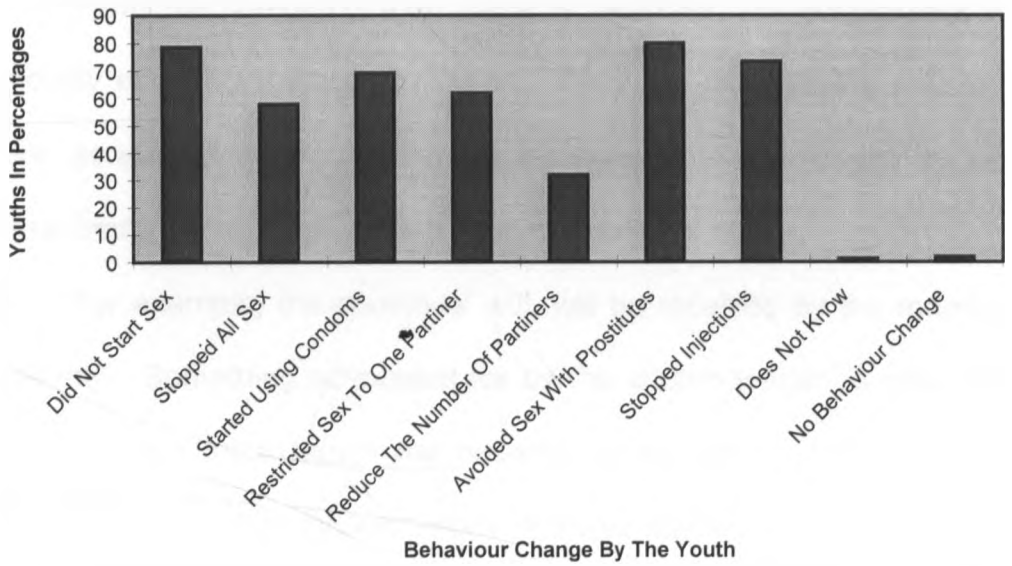
now engaging in sexual affairs without use of condom therefore, risking his health further.

All in all, the information is appropriate and needs to be stressed every-time and given enough time but not just as a by the way.

5.3 How do the youth perceive the messages given?

According to the research findings, the information was rated as very important by 85.3% (128) youth. This is an indication that they are willing and ready to listen to the counselling that is given by the CBIs. For example when it was inquired whether the respondents had changed their behaviour based on the information provided by the CBIs, 147 98% agreed to have changed their sexual behaviour. They changed their behaviour by a number of methods as advised by the community institutions as depicted in figure 6.

Figure 6: Behaviour Change By The Youth Upon Community Counselling



According to Figure 6 above, 80% of the youth believe that avoiding sex with prostitutes will help them avoid HIV/AIDS infection. Those who had not started sexual relations representing seventy eight percent, (78 %), did not think of starting any. And for those who had started the relations before the counselling and the onset of the disease decided to stop all the relations that they had previously established.

It is important to note that knowledge, attitude and practices are very important aspects of humanity and if the knowledge being provided by the institutions is being accorded positive attitude by the youth then they will not fail to change their social way of life. This will impact positively on the rate of infection among the youth, thus, reducing the rate of infection. After perceiving the information as very important, then they will not hesitate to attend any gathering within the area(s) that seems to be addressing the epidemic and other social issues in the community. The end product of such acceptance will be the large number of those educated about HIV/AIDS. As mentioned earlier, the larger the number of well educated individuals, the higher the number of educators, and the well articulated they become on matters that pertain to HIV/AIDS. This will improve on the accessibility of the appropriate and accurate information about HIV/AIDS, hence leading to the reduction in the infection rates.

From the foregoing then there is need for the government to view the CBIs seriously and give them due support. They are close to the people, therefore, much more accessible than government agencies that would like to employ too much bureaucratic approaches to such sensitive national issues.

For example, the churches' will, will be received by the members of the society positively. Something advocated for by the church leader; is seen in terms of coming from a sacred force hence the need to believe in it. The church also has a wider outreach if given enough resources in terms of material support. The church, mainly Christians, comprise a large proportion of Kenya's population, 70% to 80% as stated by (Kiiti, N and Dortzbach 1996). This means that if they are given the required freedom, then they can access a big proportion of the Kenyan population in terms of education about HIV/AIDS.

The churches and schools are at the grass roots, and act as integral parts of the community. The school in this sense may refer to the local schools that cater for pupils

from within the locality. According to Kiiti and Dortzbach, (1996), church leaders and special youth and women institutions like the "Maendeleo ya Wanawake" or the Sirindiro women group, can contribute a lot to the counselling processes of the youths if well trained.

The community organisations are well received and perceived as part of the area but not as foreign agencies. With such a perception, for example, the church becomes a powerful influence in the community. It has appropriate semi-structures that can be used to put policies and programmes into place. Therefore, the CBIs can be well utilised as the appropriate means to channel information to the youth and the community at large.

As pointed out earlier, therefore, there is need to make the youth to perceive the whole process of counselling positively and identify themselves with it. In such circumstances, the messages delivered about HIV/AIDS will be communicated to a larger number of individuals thus making the community to be well informed.

5.4 Constraints faced by the CBIs

The constraints experienced by the CBIs in the process of counselling the youth may seem few but they actually have a devastating effect on the process.

If one wants to address HIV/AIDS properly then he/she has to utilise the holistic approach as spelled out in section 5:2:1. Any organisation that wishes to address HIV/AIDS is always limited by the economic hardships and lack of political will. However, the political part of it is being handled and with time at least every constituency in the whole Government will be able to be allocated government resources to combat HIV/AIDS.

The economic part of the constraints is both direct and indirect. Directly, the CBIs that are available are constrained in terms of funds to sustain their movements within the area. The households are also not very well endowed with resources. This means that it may be difficult to gather the members of such households together for a talk on

HIV/AIDS mainly because most of them do spend their time looking for resources for domestic use, and in modern times the extended families have become of no importance to the society thus the individualisation of family matters. This in itself does not provide a well constituted forum through which members can depend on each other for material and moral support. Therefore, there is less interaction within and between families thus reducing the rate of information flow. This implies that some households may end-up being cut-off from the most relevant information as it pertains to HIV/AIDS due to ignorance. But if the government and other non-discriminative organisations enable the accessibility to quality education and information about sexual and reproductive health, then the problem of HIV/AIDS will be adequately even if not completely, addressed (UNICEF, 1999).

As stated in chapter 4, small girls are sexually exploited by adults who assume that such girls are still ignorant and therefore HIV negative. Such ideas make such girls to become HIV positive at teenage ages. But according to UNICEF, (1999), such children can avoid such circumstances if they are equipped with skills that will enable them to discern anything wrong or bad. Such skills can only be achieved by allocating enough resources for such children's counselling about sexuality and reproductive health and even providing adequate and relevant formal education to all to reduce the level of illiteracy. There is need for external support that should build the existing communities financially and socially for stability purposes so that they are capable of addressing HIV/AIDS and other social problems affecting them instead of depending on experts from outside. Such structures that can be build include the churches, women institutions, schools and foster families (UNAIDS 1999). With such strong structures then the assumption here is that there will be sectoral interdependence to address the epidemic adequately. In fact, this will enable households to cope with the epidemic once they have access to resources, are able to check on their sizes and composition, they have

access to resources of the external families and if the community has the ability to provide support. With appropriate external support, then the role of extended families and their unity will be revived. If the extended families are revived and begin to provide both moral and material support to the sick, then there will be reduced pressure on the resources available. Consequently, the remaining part of the resources can then be re-focused on educating the youth about HIV/AIDS.

The adult members of the community also need to be educated on the need of not assuming the ignorance of the youths of the community and exploiting them sexually. They ought to be warned that such behaviour may lead to the extinction of the human species. This is mainly so because they are the youth who are supposed to perpetuate the human species in the world.

It is advisable for the community to pull together resources both material and moral so that it does not become overwhelmed by the human need for help. This will also reduce the lack of resources and manpower for counselling.

In general terms, the constraints can be adequately addressed by first trying to reduce the poverty levels in the community. The key to poverty reduction will be the key to an informed society hence behaviour change and a reduction in the spread of the HIV.

5.5 Strategies used to convey information to the community in general

The CBIs use both oral and silent methods to address the youth about HIV/AIDS. Such methods include willing victim talks, health talks at the market places, drama festivals, seminars, community meetings (Oral) and processions carrying posters, and video shows (silent).

The above methods are appropriate but they are situational in a way. For example a victim giving a talk needs proper guidance by either a parent or an elderly guardian in order to reduce shock. This is especially if the victim has the true and scary body signs of the disease, AIDS. At least the victim also needs some training so that

he/she may know what to tell the youth and which one not to. This is due to the need of reducing the chances of an individual transmitting the information in a wrong way.

The method that seems to be popular with the youth could be drama, music, and flicks (live shows). These are appropriate convergence zones for the youth. Therefore, with availability of willing supporters this method can be adequately utilised to reach the youth. It is only hindered by the scarcity of resources.

The health talks at the schools or market places are also appropriate but they are mainly hindered by lack of manpower to move around all the schools. They are mostly the schools in shopping centres or along the main roads that are visited by health personnel to talk about HIV/AIDS and other health related issues. With such a situation then we shall end-up with a few people being educated and a majority being ignorant. The talks should be made uniform through the provision of enough vehicles and training of more community health experts who should focus on HIV/AIDS.

Posters and seminars depend on the literacy level of the community in question. Generally, most of the people in Nanguba location drop out from school at the primary level especially when they reach Standard Four. With majority of such individuals, it becomes difficult for them to interpret the messages conveyed at seminars or by the posters.

The methods as mentioned above are alright but before one decides on which to use, he/she must look at both the situations and matrix of the recipients of the message to be delivered.

5.6 Conclusion

There is generally the lack of specific institutions that address HIV/AIDS in Nanguba location focusing on the youth only. The few that are there have financial aims as their major objective and target the community as a whole. The counselling agencies should take advantage of the fact that the youth rate the information provided as very important to capture them further in continued forums to advise them on HIV/AIDS. With the community facing what is a national problem vis-á-vis economic difficulties in terms of constraints, it would be better for the available institutions to identify the cheapest methods by which to counsel the youth.

However, the findings of this study indicate that the information that is provided by the community institutions is valuable and its impact can be effective for the youth if it is targeted to them separately as opposed to the community collectively.

5.7 Recommendations

Based on background information, problem statement study objectives, methodology and study findings, the following recommendations have been drawn:

1. There is need for concerted efforts by all stakeholders to set up convenient venues for the youth gathering for easier counselling by trained personnel.
2. The community based institutions should collaborate with the government and well wishers to establish a fund to enhance mobility in the area.
3. The content of the material for counselling should be practically relevant to the needs of the youth's sexuality.
4. The people who deliberately infect others need intensive education and counselling so that they may understand the need of voluntary tests and know that they can lead a healthy life even if positive and also to demystify the disease.
5. The government should introduce free universal primary education to reduce levels of illiteracy.
6. Video halls should be regulated and all funeral discos abolished.

5.8 Areas for future studies

The cultural construction of HIV/AIDS and the norms that surround the disease among the Samia people of Funyula Division and the Explanatory Model (EM study) (Helman, 1994) and its contribution to the infection rate within the area need to be conducted. Such a study will help the other interested organisations in the fight against the disease to understand and establish the best way forward.

BIBLIOGRAPHY

Babbie, E. 1994. The Practice of Social Research. Belmont; CA: Wadsworth, 7th edition.

Baltazar, G.M., Stover, J.; Okeyo,T. M., Hagembe, B.O.N., Mutemi, R. and Olola,C.H.(Edts). 1999. AIDS in Kenya. Background, Projections, Impact and **Bicego, G. 1997**. Measurement of adult mortality in populations affected by AIDS: An Assessment of Orphanhood Method. In Kofi – Awusabo – Asara, J. Ties Boema and Basia Zaba (eds.). Evidence of socio-demofigureic impact of AIDS in Africa. Health Transition Review 2 (7) pp 166-188.

Bohannan, P. and Glazer, M. 1988. High Points in Anthropology. New York: Alfred Knopf, 2nd edition. Edition.

Cabrera,C,Pitt,D and Staugard,F (Eds).1996.AIDS and the Grassroots. Problems,Challenges and Opportunities.Nairobi.Ipelegeng Publishers

Caldwell, J., Caldwell, P. and Quiggin, P. 1988. "Social context of AIDS in Sub-Saharan Africa". Population and Demographic Review pp 185-234.

Caldwell, J.C., 1997. The impact of the African AIDS epidemic. In Kofi Awusabo – Asara, J. Ties Boema and Basia Zaba (eds.) Evidence of the socio-demographic impact of AIDS in Africa. Health Transition Review 2 (7) pp 195-203.

Caldwell,J, Orubuloye,I and Caldwell,P. **1996**.Methodological Advances in Studying the Social Context of AIDS in West Africa. In Cabrera,C Pitt,D and Staugard,F (Eds). AIDS and the Grassroots Ipelegeng Publishers. PP-86-99.

Caldwell,J, Orubuloye,I and Caldwell,P.1991.The Destabilization of the Traditional Yoruba Sexual System. Population and Development Review.Volume 17 Number 2.June 1991. PP229-259.

Clarke, S. D. 1994. AIDS: The Biblical Solutions. Nairobi. Evangel Publishing House.

Edgerton, R. B. 1971. The Individual in Cultural Adaptation. Calfornia. University of California Press.

Forde, C. 1948. Habitat, Economy and Society. London. Methuen Inc.

Forsythe, S, Rau. B. and Okeyo T. 1996. An Introduction to Kenya's Epidemic Impact and Policy Implications. Family Health International/AIDSCAP.

Gatwara, A 1999. Management of Malignant Catarrhal Fever among the Maasai of Kajiado District, Kenya. Unp-M.A. Thesis. Institute of African Studies: University of Nairobi.

Government of Kenya 1993. AIDS Surveillance report. Nairobi. Government Press.

Government of Kenya 1993.Busia District Development Plan 1994-1996. Nairobi. Government Press.

Government of Kenya 1993.National Council for Population and Development. Demographic and Health Survey. Nairobi. Government Press.

Government of Kenya 1993.Programme Plan of Operations-AIDS, 12th March 1993, 7th draft. Nairobi. Government Press.

Government of Kenya. 1996. Sessional Paper No. 4 of 1997. AIDS in Kenya. Nairobi: Government Press.

Harris, M. 1980. Cultural Materialism: The Struggle for a Science of Culture. New York: Random house.

Helman, G.1994: Culture, Health and Illness. London: Butterworth. Heinemann, 3rd (edition).

Kaplan, D. and Manners, R. A. 1968. Culture Theory. New Jersey. Prentice Hall.

Kaplan, D. and Manners, R. A. 1972. Culture Theory. New Jersey. Prentice Hall.

Kekovole, J., Kiragu, K., Muruli, L., and Josiah, P. 1997. Reproductive Health Communication in Kenya: Results of a National IEC Situation Survey. Country Report. Baltimore, Johns Hopkins Center for Communication Programs, March 1997.

Kiiti, N. and Dortzbach, D. 1996. Christianity and AIDS in Kenya. In Forsythe, S and Rau, B (eds.): AIDS in Kenya, pp 129-144. Nairobi. Family Health International/AIDSCAP.

Kioli, F. 1996. The Sociocultural and Economic Factors that Explain Pre-marital Sexual Behaviour among the Adolescents in Makadara Division, Nairobi. Unp – M.A. Thesis.

Korongo .A. 2000. AIDS and Marital status: A study of Women's HIV/AIDS Knowledge and Preventive Behaviour in Sabatia Division of Vihiga District Kenya. Unp - M.A. Thesis. Sociology Department. University of Nairobi. Nairobi.

Nalugoda, Maria, Warner, J., Joseph K. Konde-Lule Rekha Melnon, Ronald Gray, David Serwadda, Nelson, K. Sewankambo and Chuanjin L. 1997.HIV Infection in Rural Households, Rakai District, Uganda. In Kofi Awusabo-Asara, J. Ties Boema and Basia Zaba (eds). Evidence of the Socio-Demographic Impact of AIDS in Africa. Health Transition Review 2 (7) pp 127 - 140.

Nduati and Kiai, 1996. Communicating with Adolescents on HIV/AIDS in East and South Africa. Nairobi. Regal Press.

Njeri, M.1996. Where did AIDS come from? In Kithusi, M (Edt).The Social Focus: The Big Gender Debate. Volume 2 No.1 Nairobi. Philm Promoters.

Nyamongo, I .1993.Anthropology: A social Science in the Control of HIV Transmission in Africa. Paper presented at the 13th International Congress of Anthropological and Ethnological Sciences, 29th July to 5th August, Mexico City.

Nyamongo, I. 1996. Comparative Study of Secondary Schools Adolescents from Rural and Urban Schools in Kenya. Paper presented to the International Conference of PAAA/AASA, September 1996, Pretoria, South Africa.

Nzioka, C.O. 1994. The Social Construction and Management of HIV/AIDS among Low-income Patients in Nairobi. Unp - PhD Thesis. Sociology Department: University of Nairobi. Nairobi.

Obudho. R. A. 1995. STDs HIV, AIDS and Urbanization Process in Kenya. African Journal of Health Sciences 1 (2). Department of Geography; University of Nairobi. Nairobi.

Ocholla – Ayayo and Muganzi. Z. 1992. The Sexual Practices and the Risk of the Spread of HIV/AIDS in Kenya. Population Studies and Research Institute; University of Nairobi. Nairobi.

Ojwan'g, K, A. 1992.The Economic Impact of AIDS. In The African Urban Quarterly volume 7 numbers 3 and 4 of August and November. Nairobi. African Urban Quarterly.

Orubuloye, O, Caldwell, J, and Caldwell, P.1997.Men's Sexual Behaviour in Urban and Rural Southwest Nigeria: Its Cultural, Social and Attitudinal Context. Health Transition Review: Supplement to volume 7. PP 315-328.

Ritzer, G. 1992. Sociological Theory. New York. Mc Graw Hill, 3rd edition.

Tuju, R. 1996. AIDS: Understanding the Challenge. Nairobi. Ace Communications.

UNAIDS. 1999. A Review of Household and Community Responses to the HIV/AIDS Epidemic in the Rural Areas of Sub-Saharan Africa. UNAIDS, Geneva.

UNICEF 1993. AIDS: The Second Decade. A Focus on the Youth and Women. UNICEF, New York.

UNICEF 1999. Children Orphaned by AIDS. Front-line responses from Eastern and Southern Africa. New York: UNICEF.

WHO. 1993. Global Programme on AIDS. WHO, Geneva.

APPENDICES

APPENDIX A

THE QUESTIONNAIRE USED FOR THE YOUTHS' INTERVIEWS.

BIO-DATA

101. Questionnaire No._____

101 A. IDENTITY -SEX MALE ☐

FEMALE ☐

101.B. In which month and year were you born?

MONTH ☐

YEAR ☐

101.C. How old will you be at the end of this year?

YEARS ☐

101.D. Have you ever attended school?

YES ☐

NO ☐

101.E. What is the highest class did you complete?

CLASS_____

101.F. In total how many years of schooling have you completed?

YEARS COMPLETED_____

101.G. Can you read and understand a letter or a newspaper/ magazine?

YES ☐

NO ☐

101.H. How do you read and understand a letter or a newspaper?

EASILY ☐

WITH DIFFICULTY ☐

NOT AT ALL ☐

101.I. Are you currently working for someone for pay?

YES ☐

NO ☐

101.J. What kind of work do you usually do?

STUDENT ☐

KIND OF WORK_____

101.K. What is your father's occupation?

1. _____
2. _____
3. _____

101.L. What is your mother's occupation?

1. _____
2. _____
3. _____

101.M. Do you have a brother or sister who provides financial support to your family?

YES ☐

NO ☐

101.N. What type of marital union do your parents have?

Monogamous ☐

Polygamous ☐

101.O. What is your marital status?

Married ☐

Single ☐

Widower ☐

Widow ☐

Separated ☐

101.P. What type of marital union do you have?

Monogamous ☐

Polygamous ☐

101.Q. What is your religion?

Catholic ☐

Protestant ☐

Muslim ☐

Traditional ☐

None ☐

101.R. Do you belong to any social clubs in the community?

YES ☐

NO ☐

101.S. Which ones are you actively involved in?

1. _____
2. _____
3. _____
4. _____

102. Awareness About HIV/AIDS And Other Sexually Transmitted Diseases.

102.A. Have you heard about diseases that can be transmitted through sex?

YES ☐

NO ☐

102.B. Which diseases do you know?

Gonorrhea ☐

Syphilis ☐

Genital wart ☐

AIDS ☐

Other (specify)_____

Does not know ☐

102.C. If you were or one of your friends gets infected with one of the above diseases where would you seek advice or treatment?

Government hospital ☐

Government health center ☐

Government dispensary ☐

Mission hospital or clinic ☐

Private doctor ☐

Community based distributor ☐

Community health worker ☐

Shop ☐

Traditional practitioner ☐

Relative/friend ☐

Other source _____(specify)

Does not know ☐

102.D. Have you ever heard of an illness called AIDS?

YES ☐

NO ☐

102.E. From which sources of information have you learned most about AIDS?

- Radio ☐
- Television ☐
- Newspaper ☐
- Pamphlets ☐
- Posters ☐
- Health workers ☐
- Mosques/Churches ☐
- Schools ☐
- Teachers ☐
- Community meetings ☐
- Friends/Relatives ☐
- Work place ☐
- Creative performances like drama ☐
- Any other sources

1. _____
2. _____
3. _____

102.F. How can a person get AIDS?

- Sexual intercourse ☐
- Sex with prostitutes ☐
- Not using condom ☐
- Homosexual contact ☐
- Mother to child ☐
- Blood transfusion ☐
- Sharing cutting objects ☐
- Injections ☐
- Kissing ☐
- Mosquito bites ☐
- Other (specify)_____
- Does not know ☐

102.G. Are there means that an individual can use to avoid getting AIDS?

YES ☐

NO ☐

102.H. What can a person do?

Abstain ☐

Use condoms ☐

Avoid multiple-sex partners ☐

Avoid sex with prostitutes ☐

Avoid sex with homosexuals ☐

Be faithful to one partner ☐

Avoid blood transfusion ☐

Avoid injections ☐

Avoid mosquito bites ☐

Seek protection from traditional healers ☐

Other (specify)_____

Does not know ☐

102.I. Is it possible for a healthy - looking person to have the AIDS virus?

YES ☐

NO ☐

Does not know ☐

102.J. Can AIDS be cured?

YES ☐

NO ☐

Does not know ☐

102.K. Do you personally know someone who has AIDS or has died of AIDS?

YES ☐

NO ☐

102.L. Does any of your parents discuss with you about AIDS?

YES ☐

NO ☐

102.M. If yes, who between the mother and father?

Mother ☐

Father ☐

103.N. What do they tell you?

1. _____
2. _____
3. _____

103 Community Based Institutions

103.A. Are there any community institutions that provide information on HIV/AIDS prevention to the youth like yourself?

YES ☐

NO ☐

103.B. Name the institutions

1. _____
2. _____
3. _____
4. _____
5. _____

103.C. From which of these institutions have you learned most about HIV/AIDS?

1. _____
2. _____
3. _____
4. _____
5. _____

103.D. Rank these institutions according to their efficiency in providing information to the youth about HIV/AIDS

	Institutions	**Ranking**
1.	_____	
2.	_____	
3.	_____	
4.	_____	
5.	_____	

103.E. How often does the most efficient group visit you?

Everyday ☐

Once per week ☐

Once per month ☐

☐

Once per year

103.F. What kind of information do the said institutions provide?

1. _____
2. _____
3. _____
4. _____
5. _____

103.G. How do you perceive the information provided?

- Very important ☐
- Important ☐
- Educative ☐
- Irrelevant ☐
- Below expectations ☐
- Effective ☐
- Not effective ☐
- Does not know ☐

104. Behavioural Change

104.A. Since you heard of HIV/AIDS have you changed your behaviour to prevent AIDS?

- YES ☐
- NO ☐

104.B. If yes, what did you do?

- Did not start sex ☐
- Stopped all sex ☐
- Started using condoms ☐
- Restricted sex to one partner ☐
- Reduced number of partners ☐
- Avoided sex with prostitutes ☐
- Stopped injections ☐
- Others Specify)_____
- No behaviour change ☐

104.C. Has your knowledge about AIDS influenced or changed your decisions about having sex or your sexual behaviour?

YES ☐
NO ☐

104.D. If yes, in which ways?

Did not start sex ☐
Stopped all sex ☐
Started using condoms ☐
Restricted sex to one partner ☐
Reduced number of partners ☐
Avoided sex with prostitutes ☐
Others (Specify)_____
No change in behaviour ☐
Does not know ☐

104.E. Do you know of a place where you can go for an AIDS test?

YES ☐
NO ☐

Where would you go?

Government hospital ☐
Government health centre ☐
Government dispensary ☐
Mission hospital/clinic ☐
Private doctor ☐
Pharmacy ☐
Other (Specify) _____
Does not know ☐

105. Opinions/Suggestions

105.A. What do you suggest is the most important thing that the government should do for the people who have AIDS?

Provide medical treatment ☐
Help relatives to provide care ☐
Isolate/jail them ☐
Others (Specify) _____
Does not know ☐

105.B. What do you suggest is the most important and effective thing the government should do for the youth on family life and HIV/AIDS matters?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

105.C. What would you like to be your role in the issues related to HIV/AIDS and sexuality?

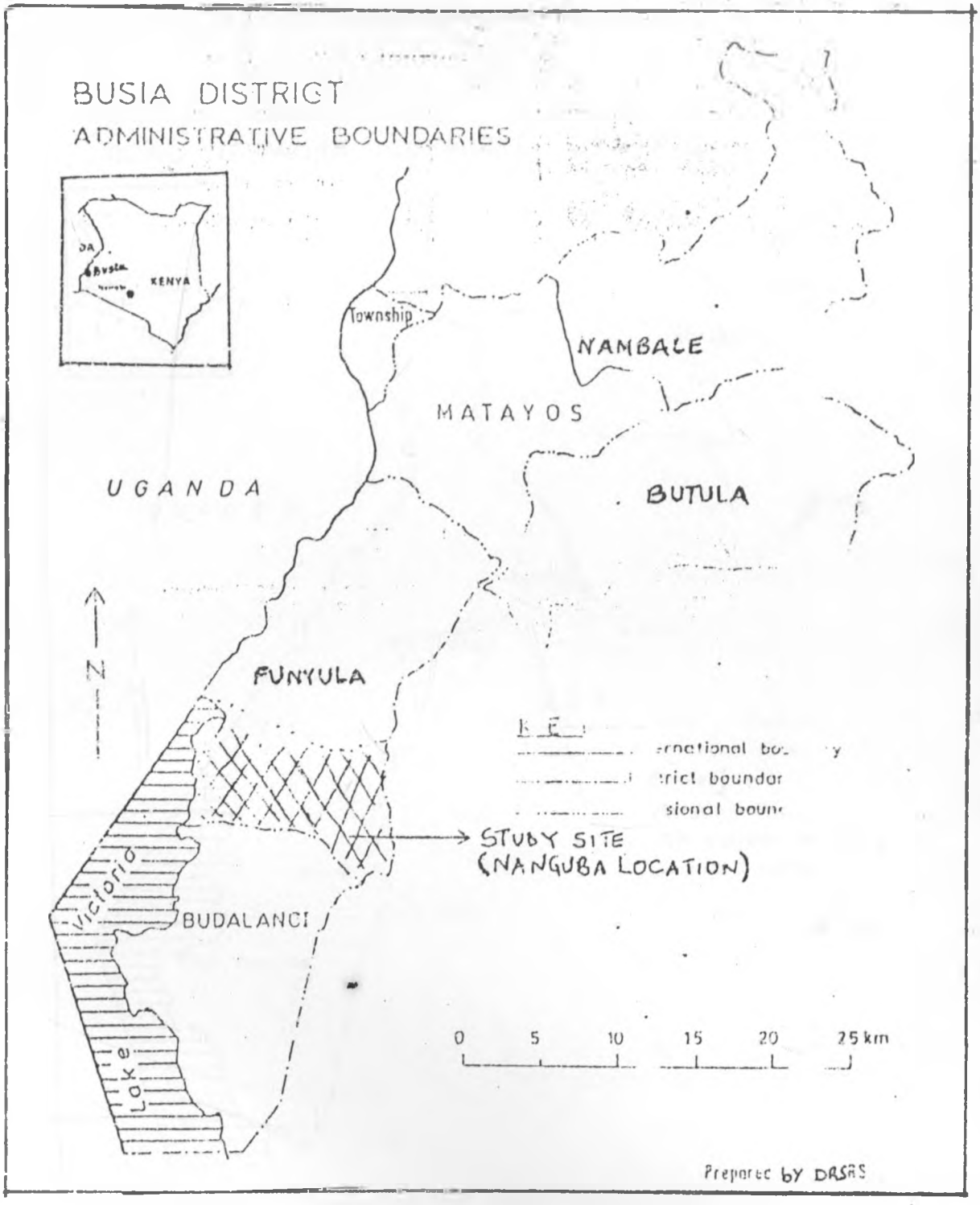
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

APPENDIX B

INTERVIEW – GUIDE FOR KEY INFORMANTS INTERVIEWS AND FOCUS GROUP DISCUSSIONS.

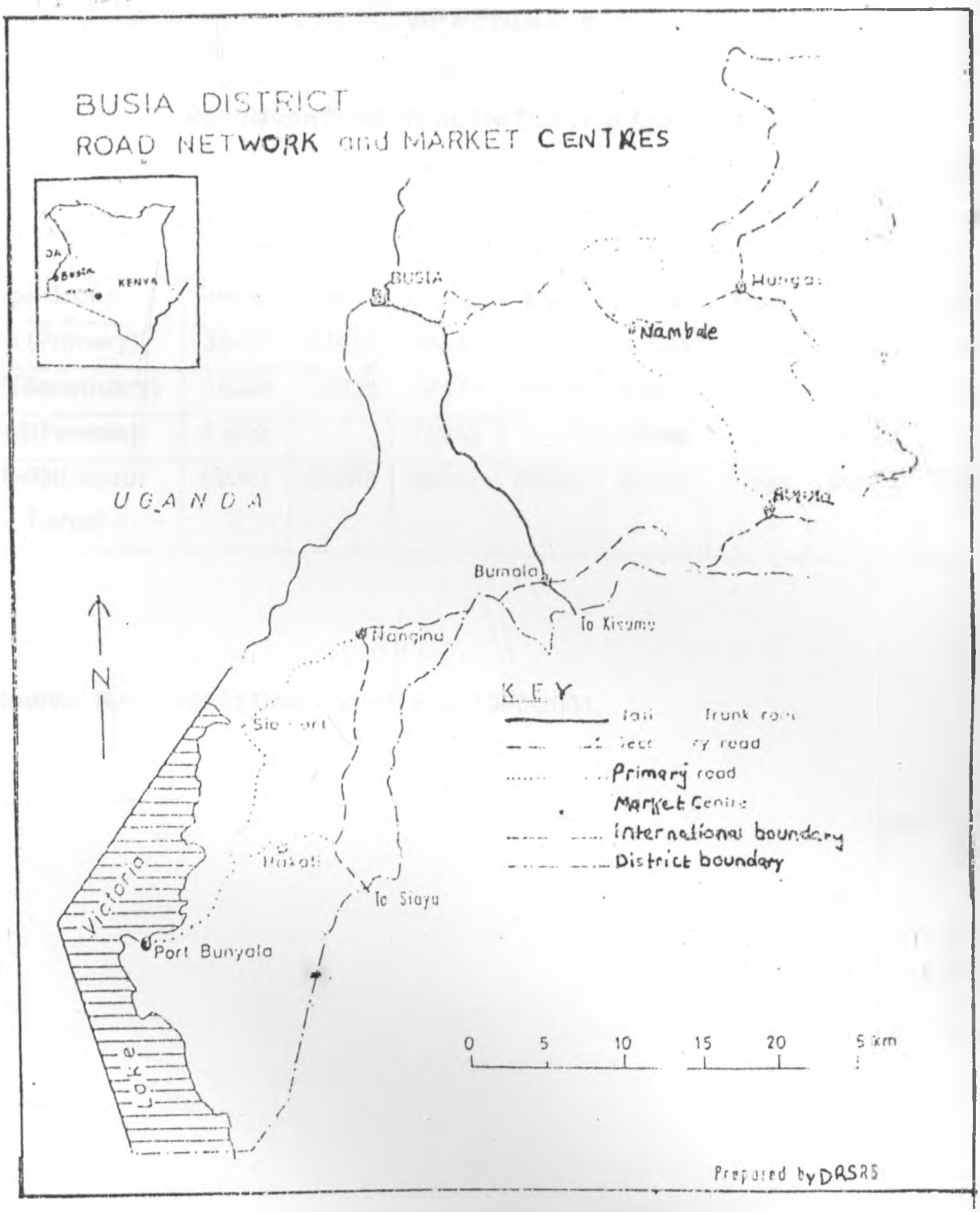
1. Identify any community based institutions in this area that engage in the process of youth guidance on HIV/AIDS and health related issues.
2. Describe the methods that the above named institutions employ to advise the youth on how to prevent HIV/AIDS.
3. What do you think about the processes employed?
4. What do you think is the impact of the processes of guiding the youth in this area as pertains to HV/AIDS?
5. What do you suggest that the community and the government needs to do to address the problems related to the youths' health and HIV/AIDS better.

APPENDIX C



Source: Busia District Development Plan 1997-2001.

APPENDIX D



Source: Busia District Development Plan; 1997-2001.

APPENDIX E

Population Projections On Selected Age Institutions

	1989		1997		1999		2001	
Age Group	Female	Male	Female	Male	Female	Male	Female	Male
6-13 (Primary)	33417	33423	44214	44222	47544	47428	50991	50867
14-17(Secondary)	13204	13528	17471	17899	18938	19197	20096	20621
15-49(Female)	62428	-	79042	-	83848	-	88942	-
15-59(Labour Force)	69941	52988	88557	67092	93939	71169	99649	75495

Source: Busia District Development Plan-1997-2001.

APPENDIX F

Population Density by Division

Division	Area (sq. km)	1989	1997	1999	2001
Nambale	228	198	251	366	282
Butula	265	269	341	362	384
Funyula	256	235	297	316	335
Budalang'i	192	198	251	266	282
Busia Township	19	964	1222	1296	1375
Matayos	165	254	322	341	362
Busia District	**1127**	**244**	**309**	**327**	**347**

Source: Busia District Development Plan 1997-2001