FACTORS INFLUENCING RESPONSIBLE MATURITY AMONG YOUNG PEOPLE LIVING WITH HIV: A CASE OF COMMUNITY PROJECTS IN KAYOLE SUB-COUNTY NAIROBI, KENYA

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A Research Project Report Submitted in Partial Fulfilment of the Requirements for the Award of the Degree of Master of Arts in Project Planning and Management of The University Of Nairobi

2015

DECLARATION

This research project report is my original work and it has not been presented in any other university for any award

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DEDICATION

To my loving parents Charles Karamoja and Florence Imbenzi Karamoja. Thank you for instilling in me Christian values, which became a great foundation of this work. For constantly praying with me and encouraging me throughout my schooling life especially during the time I was studying this Masters Programme.

ACKNOWLEDGEMENT

I am most grateful to the Almighty God for His unfailing love, provision and divine enablement as I did the course. My gratitude goes to my supervisor Ms. Antonine Auma Obiero for her professional advice and guidance during the research and report writing. Her continuous communication and availability throughout the study period enabled me to finish the project in time. I am thankful to the lecturers and University of Nairobi Extra Mural Centre for offering the Master of Art in Project Planning and Management as an evening course thus giving me an opportunity to conveniently do the course. I appreciate the services of the University of Nairobi and Kenya National Libraries that have made my research manageable due to the availability of reading material needed during the study. To the 2012 Master of Arts in Project Planning and Management class for all the discussions and consultations we had. I truly appreciate.

I am particularly grateful to my husband, Ambrose Ogutu for your immense support and encouragement; and children, Arnold, Stallon, Martha and Aaron for your patience during the study period. My colleagues and friends at CAFOD. Dr. Charles Namisi for your numerous insights while writing this report; Nivea Ikutwa and Nicholas Etyang for your constant reminder for me to complete the research report gave me the final push I needed to finalise this research. I am sincerely grateful

ABSTRACT

This project report sought to examine social and behavioural factors influencing responsible maturity among young people living with HIV in Kayole Sub County, Nairobi County. Most young people living with HIV experience challenges of transitioning to adulthood with HIV. The major factors influencing this trend have not been clearly understood. Consequently, this limits the ability of project implementers and other stakeholders to develop appropriate strategies address the problem. The objectives of the study were to investigate the extent to which HIV information, social structures, self-identity and personal choices influence responsible maturity among young people living with HIV. Research questions were formulated around the four objectives to guide the study. The target population for this study consisted of 139 Young People Living with HIV with a sample size of 45 young people living with HIV taken for the study. The research used simple random sampling in selecting the key respondents and a descriptive survey design. Data was collected using structured questionnaires and Statistical package for social sciences used to analyse data that was then presented in frequency tables and percentages. Specifically findings on the dependent variable on the extent to which social and behavioural factors influence responsible maturity among young people living with HIV indicated that Majority 35 (70%) strongly agreed, few 15 (30%) disagreed that social and behavioural factors influence responsible maturity among young people living with HIV. From these findings HIV information, social structures, a strong self-identity and informed personal choices were found to be equally important in enabling responsible maturity with HIV. The research concluded that a strong self-identity is the most dominant variable of responsible maturity with HIV with the highest mean of 4.100 and lowest standard deviation of 1.035. Recommendations drawn from the analysed data will support young people living with HIV to develop HIV information seeking and utilisation behaviour; link with structural support to optimise social assistance and enhance their integration into the society; develop a strong self-identity to boost their sense of belonging; make informed personal choices during the critical stage of progressing to maturity. Community based projects may use the findings to alter projects to implement youth friendly services that cover these social and behavioural aspects achieve responsible maturity with HIV among young people. Recommendations drawn from the analysed data should be improved, and used to make adjustments on community based projects. The findings may be used as a basis for further research with the aim of improving community based response. Relevant development agencies may adopt the findings of the study.

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LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CAFOD	Catholic Agency for Overseas AID
CDC	Centre for Disease Control and Prevention
DFID	Department for International Development
GNP+	Global Network of People living with HIV
HIV	Human Immune Deficiency syndrome.
KAIS	Kenya AIDS Indicator Survey
KYEP	Kenya Youth Empowerment Project
MAXFACTA	Maximizing facts on HIV and AIDS
NACC	National AIDS Control Council
NACOSTI	National Commission for Science, Technology and Innovation
NEPHAK	National Empowerment Network of PLHIV in Kenya
UNAIDS	United Nations Programme on HIV and AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization
YPLHIV	Young People Living with HIV

CHAPTER ONE

INTRODUCTION

1.1Background of the study

According to United Nations Programme on HIV and AIDS (UNAIDS) acquiring HIV no longer means certain death; a person on HIV treatment in a high-income setting now has nearly the same life expectancy as a person who does not have the virus. With the correct HIV treatment damage on immune system is reduced (UNAIDS, 2014). Therefore with a combination of both medical and social options people infected with HIV are able to live long lives with HIV.

Globally, Community based projects are doing a lot to create HIV awareness. Through community based projects HIV information has been collected and published to ensure people receive factual and timely HIV information. The UNAIDS (2014), presents statistics from community based projects reporting that people living with HIV experience low social support, poor physical and mental health resulting in a poorer quality of life. According to Gavin, (2009), young people are one of the fastest growing subpopulations afflicted with HIV, thirty years since the advent of HIV.

The enthusiasm of young people to advance to adulthood is often hindered by numerous developmental challenges at a varying pace. These challenges range from: biologically propelled challenges: increasing need for independence; evolving sexuality; consolidating advanced cognitive abilities, developing personal ethics and a healthy identity, to socially propelled challenges that include: transitioning through education and beginning employment; negotiating changing relationships with family, peers and broader social

connections; assuming legal responsibilities, (Cameron & Karabanow, 2003). This situation has particularly presented a lot of dynamics that have largely impacted responsible choices young people take as they progress to maturity.

Through community based interventions, Centre for Disease Control and Prevention (CDC) was able to document and report that of the 82,764 AIDS cases reported in the United States, less than 1% (335) were among young people, (CDC, 1989). By 2008, this number steadily increased with World Health Organization (WHO) estimating that five million young people between the ages of 15 and 24 were living with HIV and AIDS; and nearly 6,000 more become infected with HIV each day (WHO, 2008).

Regionally, HIV has a devastating effect on many developing countries of Africa, and continues to undermine human capital particularly in the southern part of the continent in: South Africa, Ethiopia, Botswana, Swaziland, and Uganda. Reports emerging from community based projects indicate that, among young people living with HIV, nearly 80% (4 million) live in sub-Saharan Africa (UNAIDS, 2012). People in their most productive years are affected, thereby thwarting their motivation to make responsible choices to save and invest. According to Rena, (2006) African economies desperately need human capacity building by expanding the institutional infrastructure and increasing public awareness of AIDS to realised development.

In Kenya young people living with HIV (YPLHIV) are a fast growing and diverse population; and most of what we know about the illness among young people is based on studies of high-risk adolescents that may not be typically nor contextually correct (Rotheram-Borus et al, 2003). From a gender perspective, Kenya AIDS Indicator Survey

(KAIS) records show a HIV prevalence among young people of up to 29 years. This prevalence is higher among women at about 8% percent and 4% among men (KAIS, 2012). The higher HIV infection rates among young women is linked to higher vulnerability of women (adults and young girls) to HIV infection, (NACC, 2014). HIV Vulnerabilities experienced by young people can be influenced by the levels of information and social structural support they receive; their individual self-identity and the personal choices they make during this crucial stage of advancing in age to maturity.

Kayole Sub-County is found in the County government of Nairobi and can be characterised with five villages namely: Mohra Moldada, Kyang'ombe, sokoni, Soweto and Matopeni village; with a population of about 50,000 people, (inventory on Nairobi Slums, 2009). The researcher's selection of Kayole Sub County is informed by a series of community projects implemented in these villages to reduce the effect of HIV on those affected.

Kayole has benefited from the services of a wide range of HIV community based projects to respond to challenges of HIV. According to Mansuri and Rao, (2004) community based projects are among the fastest growing mechanisms for channelling development assistance. The Maxfacta, a youth group organisation and Kayole II Sub County hospital exists to implement projects that empower young people living with HIV specific information (UNICEF, 2015). The organisation also promotes exchange visits between its members and members from other organizations to build individual capacity, share ideas and cultural experiences; it also applies sustained behaviour change and positive living strategies to ensure young people living with HIV are adequately supported to make informed choices in different aspects of their lives.

According to Brotman, Mensah, and Lesko, (2010); Christie and Viner, (2005) investigations that examine context specific factors associated with realising a mature adulthood are important. This study therefore seeks to analyse factors influencing responsible maturity among young people living with HIV in Kayole Sub County.

1.2 Statement of the Problem

According to Hosek, Harper, & Robinson, (2002) HIV-diagnosis itself is distressful to young people, and shapes how they develop their identity and makes living with HIV difficult. According to the Kenyan constitution, young people living with HIV have a constitutional human right to live a normal life (Constitution of Kenya, 2010). However, the choices they make can result in additional harmful life experiences leading to new risky behaviours and increased anxiety about their future (Ordóñez & Marconi)

Social and behavioural factors play a key role in either enabling or impeding young people living to take charge and control how they enter adulthood with HIV. These factors determine young people's actions and ability to make decisions on how to mature with HIV. For Kayole Sub-county most young people living with HIV experience challenges of transitioning to adulthood with HIV. The major factors influencing this trend have not been clearly understood. It is against this background that it became necessary to investigate access to HIV information, social structures, self-identity and personal choices as social and behavioural factors that influence responsible maturity to reduce anxiety about the future among young people living with HIV in Kayole Sub County.

1.3 Purpose of the Study

The purpose of this study was to examine factors influencing responsible maturity among young people living with HIV in Kayole Sub County, Nairobi County

1.4 Objectives of the study

This study was guided by four objectives:

1. To examine the extent to which HIV information influences responsible maturity among young people living with HIV in Kayole Sub County
2. To determine the extent to which social structures influence responsible maturity among young people living with HIV in Kayole Sub County
3. To determine the extent to which self-identity influences responsible maturity among young people living with HIV in Kayole Sub County
4. To assess the level to which personal choices influence responsible maturity among young people living with HIV in Kayole Sub County

1.5 Research Questions

This research was guided by four main questions:

1. To what extent does HIV information influence responsible maturity among young people living with HIV in Kayole Sub County?
2. To what extent do social structures influence responsible maturity among people living with HIV in Kayole Sub County?
3. To what extent does self-identity influence responsible maturity among young people living with HIV in Kayole Sub County?

4. To what level do personal choices influence responsible maturity among young people living with HIV in Kayole Sub County?

1.6 Significance of the Study

The study investigated factors influencing responsible maturity among young people living with HIV so that project implementers and other stakeholders may be aware of how they impact on their progression to adulthood.

Recommendations from the study may aid young people living with HIV in Kenya in taking charge and controlling how they enter adulthood by equipping themselves with relevant HIV information, making informed personal choices; developing a strong self-identity and linking with social structures for support they might require.

Community based projects may develop stronger strategies and subsequently roll out services that are relevant and youth friendly.

This study may contribute to existing knowledge, address and provide the background information to research organisations, and to individual researchers and scholars who want to carry out further research in this area. It will aid researchers and academicians to expand their research into factors influencing responsible maturity among young people living with HIV in Nairobi County and the other 45 Counties in Kenya

1.7 Delimitation of the Study

The study delimited itself to young people living with HIV who access services from a fixed population at service providers facilities in Kayole. The study covered factors

influencing responsible maturity among young people living with HIV in Kayole Sub County.

1.8 Limitations of the Study

Key limitations of the study included limited time and resources for actual field study where the researcher was required to make several trips to two community based facilities to administer the questionnaire. To address these limitations, the researcher developed a workplan to ensure timely implementation and tracking of planned activities

1.9 Assumptions of the Study

The study assumed that respondents were available for the study and that they would answer questions truthfully

1.10 Definition of Significant Terms used in the study

This study was guided by five significant terms including**:**

HIV information refers to HIV facts young people living with HIV need to know to help them effect the decisions they make on their schooling, relationships, starting a family, choosing careers and making future plans

Personal choices refers to reasoned options made by YPLHIV based on what they know about a situation; a wide range of possibilities they have and in accordance with individual beliefs

Responsible maturity refers to the ability to take charge and control how one enters adulthood by being answerable for their actions and making appropriate decisions to access vital HIV information; make informed personal choices; develop a strong self-identity and link with social structures for support they might require

Self-identity refers to the awareness a person has of themselves when leaving childhood to adulthood and therefore being able to create who you want to be. A relatively permanent self-assessment, of character and acceptable manner in which one conducts themselves and connects with other people family and other social networks.

Social structures refers to communal support units available and accessible to support young people living with HIV to cope. These include family, peers,

learning institutions, religious institutions, legal institutions among others

Young People refers to persons within the age bracket of 19 to 29 years, which for this study is informed by issues of age consent in surveys; it also refers to the group of persons leaving childhood and entering adulthood

1.11 Organization of the study

The study was organised into five chapters. Chapter One contains the background of the study including objectives and research questions. Chapter Two presents a review of literature from global, regional and local perspectives. Chapter Three presents the research methodology to be used in the study. Chapter Four contains analysis of the data; their presentation and discussion of research findings; while Chapter Five offers a summary of findings, make a conclusion of the whole study and finally make recommendations for policy and for further study.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents reviewed literature on the four factors influencing responsible maturity of young people living with HIV from global, regional and local perspectives. It also presents the two theoretical frameworks and conceptual framework on which the study is based.

2.2 Concept of responsible maturity

Due to issues of consenting to for interview, the subject of responsible maturity applies to the age bracket of 19 to 29 years; and it this involves taking charge and controlling how one enters adulthood. It is based on the assumption that vital HIV information; informed personal choices; self-identity and social structures play a key role in enabling young people living with HIV to reduce anxiety about their future

According to Cameron & Karabanow (2003), the enthusiasm to maturity is hindered by numerous developmental challenges at a varying pace, and these include both biologically propelled and socially propelled challenges. Therefore ensuring that young people living with HIV successfully navigate the maturity phase of life responsibly may increase their chances of taking up advanced social roles and responsibilities for their own benefit and that of the community and the nation. This is from the understanding that decisions young people make (especially in the context of HIV) during this period of life affect not only the individual wellbeing of young people, but also the wellbeing of entire societies, (Hervish, 2012).

HIV information and responsible maturity with HIV

Today the range of choices YPLHIV make depend heavily on the information they have about HIV. According to Hervish and Clifton, (2012) it is also possible that they fall ill more often and could be less motivated to propel their lives. This is often when they are experiencing a time of transition, full of physical, psychological, emotional and economic changes as they leave childhood and enter adulthood, (Hervish and Clifton, 2012). It is therefore common knowledge that decisions young people make (especially in the context of HIV) during this period of life, affect not only the individual wellbeing of young people, but also the wellbeing of entire societies, (Hervish, 2012).

Globally, the United Nations Children's Fund, (2002) emphasises that National and community leadership must break the silence, challenge the stigma and eliminate the shame associated with HIV and AIDS. Presidents, prime ministers, youth leaders, entertainers, sports figures, religious leaders and other influential individuals must have the courage to talk openly and without judgement about adolescent sexuality. Datta, (2003) also alludes that 'Young people cannot be empowered to take control of their own condition if they are not well informed and educated at a level that is appropriate for them as individuals.

In Africa and particularly Kenya, issues of stigma and discrimination may hinder young people from accessing important information and limit their life chances of realising their full potential. This is against United Nations Educational, Scientific and Cultural Organization's (UNESCO) Youth Development agenda strongly identifies young people as contributors to local development and prosperity, (UNESCO, 2011). Policy makers must therefore ensure that adolescents have the information, services and necessary

support, and that Leaders must marshal the necessary financial resources for the fight against HIV and develop strategies based on thorough analysis of the local situation. (United Nations Children's Fund, 2002)

Regionally, community projects are addressing the needs of young people living with HIV by providing them with correct and clear messages and discuss myths regarding HIV as provided in Stop AIDS Now, (2011) guide for professionals. According to Stop AIDS Now, (2011) projects that only address the message of abstinence or sex delay among young people do not seem to have any effect on behaviour change and that instead factual information such as: HIV is a chronic disease; with the right medicines and a healthy life style, young people living with HIV have a long life ahead of them; people living with HIV can have a sexual life and sexual relationships; People living with HIV can have children; people living with HIV can have sex without transmitting HIV to their sexual partners, is important to share.

Young people should therefore receive sufficient and up-to-date information about the options of preventive behaviour, so that they are able to make their own decisions related to their sexual behaviour, (Stop AIDS Now, 2011). Adequate access to HIV information among HIV positive young people may enable them in identifying various subgroups necessary for formation of networks with such as those related to gender, literacy, age brackets and career networks among others.

In Kayole, HIV community projects including Maxfacta a youth group organisation and Kayole II Sub County hospital exist to roll out projects that empower young people living with HIV to live positively. HIV information provision is a major component of their

empowerment project. The peer support and education projects cover everything that a young person needs to know about HIV (UNICEF, 2015)

2.3 Social structures and responsible maturity with HIV

Social structures provide support which can be measured in terms of structural support or functional support. According to Wills, (1991) Structural support (also called social integration) refers to the extent to which a recipient is connected within a social network, like the number of social ties or how integrated a person is within his or her social network, family relationships, friends, and membership in clubs and organizations contribute to social integration.

Functional support looks at the specific functions that members in this social network can provide, such as the emotional, instrumental, informational, and companionship support, (Lakey, 2011). Family or friends and therefore play an important role as the first support structures. According to Jim Casey, (2012) living in healthy families enables young people to access strong, stable and supportive relationships that promote a young person's participation both at family and societal level.

Globally, participation has shaped how young people develop social confidence and boosted their sense of belonging. Through family support networks parents, or guardians, have supported YPLHIV in various ways including: answering questions about sex honestly and accurately; encouraged and modelled a healthy lifestyle, such as good eating habits and physical activity; supported them to take charge of their health, including setting medical appointments and adhering to HIV treatment; encouraged them and be a part of medical decisions, and helped them to make plans for their future, Family Support Agency, (2007).

Children who grow up feeling secure and loved have lower stress levels, better overall health and are likely to do better at school, (Family Support Agency, 2007). Another key source of protection for young people exists when family networks enable them to access social services, information, employment or other opportunities.

Supportive social networks or peer support groups also exist in many communities through which, HIV positive young people can enrol to enhance their psychosocial well-being (Stop AIDS now, 2011). Through support peer groups young people living with HIV or concerned about HIV exposure access open forums where they talk openly, safely, and confidentially with others who have similar situations and concerns. As a valuable support system, trusted family members, friends, teachers, counsellors, clergy, and health care providers often facilitate the group talks and engage with these group members.

Regionally, religious structures have been effective in constructing and reconstructing people's views on HIV and AIDS, (Toit, (2015). The UNAIDS and Department for International Development (DFID) have recognised psychosocial support to young people living with HIV as a key area requiring development (WHO/UNICEF, 2006). Both organisations recognise the critical role faith leaders play in supporting YPLHIV and particularly in tackling HIV-related stigma.

Projects in East Africa have embraced, spiritual and psychosocial support for YPLHIV by faith leaders. Within their areas of influence either locally or nationally Faith leaders are key opinion formers within their sphere of influence and have the potential to influence decisions taken for YPLHIV. Since the advent of HIV they have provided

spiritual support and counselling services to people living with HIV and particularly young people.

Service providers also run positive social skills training projects as these have been empirically tested and found to be effective to realising social competences in young people as a preparatory process for adulthood responsibilities. Susan H. Spence, (2003) advises that such trainings can provide models of desirable target behaviours and method of changing peer networks outside the sessions.

In Kenya, HIV and AIDS Tribunal handles HIV complaints with the aim of creating an enabling environment for all people living with HIV. This framework provides YPLHIV access to legal redress on issues of stigma and discrimination. This framework is important especially because YPLHIV are able and willing to work and therefore denying them the right to work delivers no advantage, (GNP+, 2012).

Service providers also run positive social skills training projects to enable YPLHIV to prepare for adulthood responsibilities. Kenya Youth Empowerment Project (KYEP) offers such an opportunity. Where YPLHIV are targeted social skills training are available to enable them benefit from: inter and intrapersonal skills development, time management and etiquette, core business skills training including financial planning, entrepreneurship skills and workplace internships for exposure to a real work environment, Kenya Youth Empowerment Project (KYEP, 2015).

For HIV community projects in Kayole linking young people living with HIV is a major component of their empowerment interventions. Maxfacta for instance promotes exchange visits between its members and other organization members in order to facilitate capacity building; share different ideas and cultural experiences.

2.4 Self-identity and responsible maturity with HIV

According to Kroger, (2007), a key feature of one's identity is that it involves a subjective feeling of a constant self; and that self stays the same in different places and in different social situations, this continuity and social order across multiple contexts is both a conscious and unconscious process.

The psychological process provides one with "unique feelings, interests, needs, and defences" and that gives an individual a sense of "I" that remains the same across time and circumstance (Kroger, 2007). According to Inter-agency gender working group website (2015), Gender identity is an individual's personal, internal sense of being a man or a woman or another gender. Although most societies define two categories of gender—man and woman—many cultures recognize other genders and individuals may identify as neither male nor female.

To enhance confidence, it is important that YPLHIV understand their gender identity as a means to negotiating intimate relationships and peer relationships. According to Cote & Levine (2002), many people gain a sense of positive self-esteem from their identity groups, which furthers a sense of community and belonging.

Another issue that researchers have attempted to address is the question of why people engage in discrimination, and why they tend to favor those they consider a part of their "in-group" over those considered to be outsiders. For the individual, the identity derived from the collective shapes a part of his or her personal identity.

Other aspects of identity, such as racial, religious, ethnic and occupational may also be more or less significant – or significant in some situations but not in others (Weinreich & Saunderson, 2003). In cognitive psychology, the term "identity" refers to the capacity for self-reflection and the awareness of self (Leary & Tangney, 2003). It is important to state

as they mature to adulthood, YPHIV use identity to connect with others and form character through memberships with wider groups.

Globally, a road map by Global and regional networks (2012) alludes that it can be impossible to control who finds out about one's HIV-status or identity once this information has been shared publicly. This is especially because there can be positive and negative consequences to sharing ones HIV.

The UNAIDS and Stop AIDS Alliance (2015) report alludes that gender identity is significant when mobilising communities to access services. From the collective identity perspective, Positively UK is a British organization that offers youth services and is run by young people living with HIV themselves. They understand the challenges young people living with HIV face and can provide practical support to help them achieve the best emotional, social, and physical well-being, (Positively UK, 2015).

According to (GNP+, 2010) the network assembled thirty five participants from the Global Young People Living with HIV to discuss priorities within the YPLHIV community in Amsterdam. Through this consultation they learned that HIV-positive young people (aged 15-30) have a diverse set of and a diverse set of needs. They collectively agreed that addressing these concerns and needs requires a coordinated effort that respects their individual and collective diversity. They evidenced that a safe and supportive environment for YPLHIV around the world is needed for them to effect changes in their own lives, (GNP+, 2010).

Regionally, a number of organisations run community-based projects that respond to psychological needs of young people living with HIV as a way of supporting them to develop a strong self-identity. For instance, Zimbabwe psycho-social support (PSS) for

HIV positive children is run through a number of organisations. The intensity and nature of such provision varies widely but importantly through this interventions, YPLHIV are supported become competent.

The Ministry of health agents within the region have established Psychosocial support guidelines to guide service providers as a way of addressing identity formation of YPLHIV. According to UNAIDS and Stop AIDS Alliance (2015) community projects are more effective where there is a strong collective identity combined with efforts to address the wider socio-political context. It is from this perspective that services providers in the community establish groups of young people with collective identity to provide services; through which their contribution to the society has been realised

In Kenya, collective and personal identity is shaped through families and relatives. In cases where the young people are orphaned, care is delegated to immediate relatives. This can be challenging for young people when they begin to integrate all their experience and understanding of themselves into a more unified sense of identity.

According NEPHAK, (2015), parents and other adults who live with YPLHIV are the most important persons in their lives. The actions and the words by such adults determine how these young people cope with HIV infection. This is a according to informal discussions facilitated by NEPHAK for YPLHIV, (NEPHAK, 2015). It is through such networks YYPLHIV access one to one and group counselling sessions to contribute to their own and collective identity formation

2.5 Personal choices and responsible maturity with HIV

The ability to participate or not participate in social and family activities is a personal choice. According to Ramjohn, (2012) social choices young people see as possible or not possible are inextricably tied to their HIV experiences. Young people are also seen to be increasingly participating in normal everyday activities Casey, (2012). Increased participation in family and social activities can be linked to positive health outcomes and which eventually result in reduced stress levels.

Participating in family and social activities gives young people a chance to effectively make decisions and as a result develop a strong sense of identity, social confidence and belonging, (Casey, 2012). It is this ability to make decisions that helps with eventual responsible maturity to adulthood.

Globally, the World Health Organisation (WHO) alludes that HIV infection is associated with some specific risks. These may include behaviours such as unprotected sex, or situations such as being forced to have sex, (WHO, 2005). Based on this knowledge, YPLHIV are making healthy sexual choices which range from: accessing sexual reproductive health practices including: delayed sex debut, maintaining faithful relationships and opting for safer sex practices even where both partners are HIV-positive. This choice enhances their avoidance to being re-infected which may present different strains of HIV. YPLHIV are also abstaining and restraining from abusing alcohol to reduce further risks and vulnerabilities; they are seeking advice in episodes of ill health, (Dorrell, J. et al, 2008)

Globally, Stop AIDS now, (2011) provides practical guidelines to YPLHIV on how to share experiences and challenges to help reduce levels of stress. It is however the choice

of YPLHIV to make an informed choices to participate in therapy sessions and share their experiences and challenges. By so doing, they are able to deal more effectively with shortcomings either individually or collectively and to promote their psychosocial well-being. It is important to note that anxiety in young people is likely to trigger avoidance of social situations.

Therapy sessions tent to remove what Spence, (1999) explains as social phobic problems which some children tend to exhibit. If not addressed this leads to a variety of cognitive problems such as: underestimation of social abilities, poor performance expectations, anticipation of adverse outcomes, and negative internal dialogue.

Regionally, even where YPLHIV feel that many things are out of control they are making choices to at least control what you eat and drink, (HIV InSite, 2014. By controlling what they eat YPLHIV are able to maintaining a good nutrition which is an important part of YPLHIV's key to staying health. According to HIV InSite (2014), eating right can make their bodies and immune system stronger to fight infections. A well-balanced diet consisting of protein, fat, carbohydrates and vitamins, often helps them stay healthy and strengthen their body's protective system. They should also drink plenty of liquids to help their bodies deal with any medications they are taking, (HIV InSite, 2014).

In Kenya, more YPLHIV are now taking time to practice regular physical exercise and take adequately rest to improve and maintain their health. According to LaPerriere (1991) and Smith, (2001), significant increases in physical functional capacity has been reported following 12 weeks of regular exercise as long as the energy of YPLHIV allows. Some physical exercises they undertake range from moderate exercise (being more active around the house), to active team sports or jogging; walking to and from work; walking

to their places of worship; and indoor regular exercise routines (for example, work-outs early in the morning). The benefits of regular exercise includes increased energy levels, increased appetite and decreased nausea, which will also help them to maintain a good nutritional status. Exercise also helps to maintain muscle tone, which may be beneficial to prevent weight loss, (Dorrell, J. et al, 2008).

In Kayole capacitating young people living with HIV to make informed personal decisions is important. Maxfacta for instance applies sustained behaviour change and positive living strategy to ensure young people living with HIV make informed choices.

2.6 Theoretical framework:

According to Kombo and Tromp, (2000) a theoretical framework is a collection of interrelated ideas based on theories, it accounts for or explains phenomena an attempts to clarify why things are the way they are on theories. This study is guided by social interaction theory and supported by rational choice theory. The two theories are used to explain why self-focused behaviour, relationships with others and within existing structures are necessary in realising positive social effects for young people as they mature to adults with HIV.

Social interaction theory can be applied to everyday interactions people, where they are always looking to have a positive experience among those with whom they interact, (White & Klein, 2008). These individuals attempt to maximize the positive outcomes and minimize the negatives from these interactions. The theory includes two approaches to social interaction and relationships. The social interaction approach views people and individuals in particular, as rationally trying to get what they want or need by exchanging valued resources with others. The relationships approach focuses on exchanges between

groups or social systems as a whole and believes that by participating in a social system based on loyalty and sharing; individuals may contribute and derive benefits from their overall participation in the system, (Andersen and Taylor, 2009).

Witt, (2011) asserts that one way of analyzing social interaction is through the social exchange theory which interprets the society as a series of interactions that are based on estimates of rewards and punishments. Interactions which elicit approval from another person are more likely to be repeated than an interaction that elicits disapproval or rejection in the context of HIV. Punishments may come in many forms, from extremes like stigmatising and discrimination, gossip, or total exclusion from social activities on the basis of HIV infection, to subtle gestures like a raised eyebrow or a frown (Witt, 2011).

One weakness of the social interaction theory is that it neglects cultural context and variations of cultures. Meaning that the social interaction theory is based off a rewards concept, but all cultures are different and in some cultures they may not seek a reward for a relationship. Therefore, to ensure comprehensiveness of the study in terms of their adaptability to the society the researcher will also explore the rational choice theory

According to Grüne-Yanoff, (2012) Individuals choose the best action according to their personal preferences and the constraints facing them and that there is nothing irrational in preferring fish to meat, the first time, but there is something irrational in preferring fish to meat in one instant and preferring meat to fish in another, without anything else having changed. Sometimes people make decisions about how they should act by comparing the costs and benefits of different courses of action. As a result, patterns of behaviour will develop within the societies that result from those choices. According to Bernardi,

(2002) behaviour change models underplay the fact that people do not always make rational choices but may act out of habit, emotion or impulse. Individuals may even make here-and-now decisions choosing short-term gain over long-term gain. We can subsequently infer that YPLHIV will make rational decisions to practice safer sex when they are better informed about HIV and ways to protect themselves. On the other hand some may fail to consider the comprehensive aspects that characterise human action; for example, the use of here-now and later reasoning.

The two theories of social interaction theory and rational choice theory therefore supported this study in analysing how young people living with HIV navigate through maturity responsibly.

2.7 Conceptual framework

Miles and Huberman, (1994) defined a conceptual framework as a visual or written product which "explains, either graphically or in narrative form, the main things to be studied including the key factors, concepts, or variables and the presumed relationships among. This research assumes that responsible maturity among young living with HIV people is influenced by the level of HIV information they access, the social support structures they can access, their developed strong identity and the personal choices they make; and that the level of effect is determined by the interplay of independent and dependent variable: The relationship between the two variables demonstrates that independent variables bear an influence on the dependent variable. It is therefore with this influence that young people living with HIV realise responsible maturity.

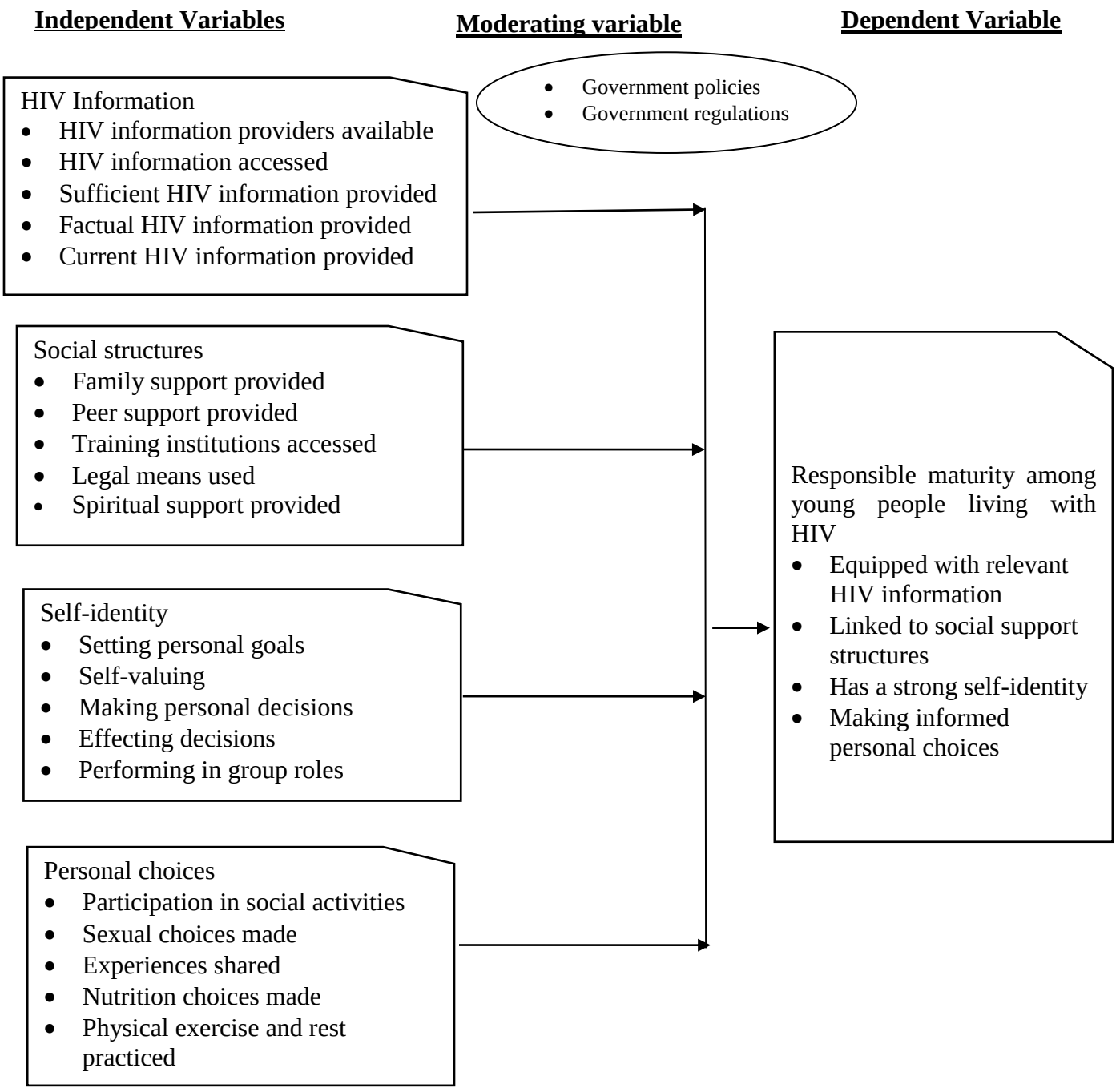

Figure 1: Conceptual Framework

2.8 Knowledge Gaps

Under HIV information variable the research reviewed literature from Ravinder Rena, (2014) and Symonds, Schwartz and Ferguson (2011). Ravinder Rena emphasised on coping strategies among children with no specific focus on young people preparing for adulthood; whereas Symonds Schwarts focused on young people only, both studies are more concerned about preparing young people for prosperity and not specifically with a positive HIV. This research contributed to this knowledge by identify challenges experienced by young people living with HIV.

While reviewing positive living examples, Stop AIDS, (2011) mainly focused on group therapy to reduce stress, deal more effectively with challenges, and promote their psychosocial well-being; whereas that by Jim Casey, (2012) focused generally on young people living in healthy families to help them thrive in opportunities. The study therefore concentrate on identifying additional positive living examples for young people in Kayole sub-county of Nairobi in Kenya; it also explored beyond Jim Casey, (2012) work to include additional examples of personal choices.

Review of literature by Spence, Sheffield, & Donovan, (2002) on HIV support structures realised focus on interpersonal relationships as a way of solving problems. Susan Spence, (2003), was more interested in using social skills training groups to realise social competency. This study teased out locally available solutions among young people living with HIV in Kayole Sub County and identify institutionally supported solutions to realise responsible maturity among young people living with HIV

2.9 Summary of literature review

This chapter reviewed literature on factors influencing responsible maturity of young people living with HIV narrowing down to Kayole Sub-county in Nairobi. Literature on the concept of HIV, the concept of responsible maturity, HIV information, social structures, self-identity and informed personal choices, was reviewed. The study has also presented both theoretical and conceptual frameworks on which the study is founded

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter focuses on the research method to be followed during the study. It includes aspects such as the research methodology, research design, population and sample, data collection and data analysis. It has also presented an operationalization of variables table.

3.2 Research Design

According to Cooper, (2003) research design is the blue-print for collection, measurement and analysis of data. It aids the scientist in allocating limited resources by posing crucial choices. For this study, a descriptive survey design was used to explore factors influencing responsible maturity of young people living with HIV. Descriptive survey is a method of collecting information by interviewing and administering questionnaires to a sample of individuals (Orodho, 2003; Kothari, 2003).

3.3 Target Population

According to Mugenda and Mugenda, (2003) target population is the members of a real or hypothetical set of people, events or objects the researcher wishes to generalise the results of the research. The target population comprises of 139 young people living with HIV mobilised from a fixed population in two community based facilities where young people living with HIV regularly visit for services.

Table 3.3 Target Population

Study Population	Young people living with HIV
At Maxfacta	21
At Kayole II sub county hospital	118
Total	139

3.4 Sampling Design

The sampling frame describes the list of all population units from which the sample was selected (Cooper and Schindler, 2006). Ngechu, (2004) emphasises the importance of selecting a representative sample through making a sampling frame. Random sampling techniques was used to select 57 primary respondents from a fixed population at two community based organisations;

The advantage of the method is that the participants have knowledge about the topic and they can give reliable information to help research on objectives of the study. The Kothari, (2006) sample of 30 percent of study population is found to be a representative sample for this study

Table 3.4: Sampling frame

Study Population	Sample size
At Maxfacta	14
At Kayole II sub county hospital	43
Total	57
Percentage	41%

3.5 Research Instruments

The research collected primary data using questionnaires. According to Denzin and Lincoln, (2000), an in depth questionnaire leads to generation of insightful facts,

statistical information and permits a better understanding of organisational complexity. The questionnaire was considered as appropriate because target respondents are literate and it saves time. The questionnaire ensured uniformity from the way questions are asked. Respondents self-administered the questionnaire tools and felt free answering sensitive questions as they were not required to disclose their identity. This is in line with (Mulusi, 1988) as cited by (Mugambi, 2006) recommendation

3.6 Validity of sampling instruments

According to Gay, (1992) validity refers to the degree to which an instrument measures what it is supposed to measure for a particular purpose or particular group. Instruments of this study was validated through application of content validity in consultation with the researcher's colleagues at CAFOD and also with the university research supervisor.

3.7 Reliability of instrument

According to Cox, (1996) reliability of instruments can be defined as the extent to which an instrument consistently elicits close to the same responses over time. To enhance reliability in this study, pilot testing of the research instruments was done by administering instruments to a small sample of ten respondents in Kayole Sub-County to realise consistency of the data collection instruments and information from pre-tests used to adjust the instruments where necessary. The group involved in the pre-testing did not participate in the main survey.

3.8 Data Analysis techniques

Collected data was analysed using descriptive techniques to determine opinions, attitudes, preferences and perceptions of young people living with HIV. Descriptive analysis

allowed the research to generate both numerical and narrative data to measure relationships between variables as well as determining factors that affect responsible maturity of young people living with HIV. This analysis helped to draw inferences over social and behavioural factors that influence responsible maturity with HIV. Research findings was summarised and presented in form of frequency and percentile tables

3.9 Operational definition of variables:

Table 3.9 offers the opearationalization of the variables of the study

Objective	Variable	Indicator(s)	Measurement of indicator	Measurement scale	Data collection method	Data analysis methods
To examine the extent to which HIV information influences responsible maturity among young people living with HIV	HIV information	Providers available Information accessed Sufficient HIV information accessed Factual HIV information accessed Current HIV information accessed	Extent of availability Extent of access Extent of sufficiency Contains truthful details Addresses current needs	Scale	Questionnaire	Descriptive statistics
To determine the extent to which social structures influences responsible maturity among young people living with HIV	Social structures	Family support provided Peer support provided Training institutions accessed Legal means used Spiritual support provided	Extent of support Extent of support Extent of utilisation Extent of utilisation Extent of utilisation	Scale	Questionnaire	Descriptive statistics
To determine the extent to which self-identity influences responsible maturity among young people living with HIV	Self identity	Setting personal goals Self-valuing Making personal decisions Effecting decisions Performing in group roles	Extent of personal goals Extent of self-valuing Extent of decisions made Extent of decisions effected Extent of group contribution	Scale	Questionnaire	Descriptive statistics
To assess the level to which personal choices influences responsible maturity among young people living with HIV	Personal choices	Participation in social activities Sexual choices made Experiences shared Nutrition choices made Physical exercise and rest practiced	Extent of participation Extent of sexual decisions Extent of experience sharing Considering balanced diet Type of physical exercise	Scale	Questionnaire	Descriptive statistics
Responsible Maturity of young people living with HIV	Responsible Maturity	Accessing HIV information Linking with social support Developing a strong self-identity Making informed personal choices	No. accessing HIV information No. linking with social support No. developing strong self-identity Making informed choices	Scale	Questionnaire	Descriptive statistics

3.10 Ethical considerations

The survey followed basic academic research requirements of the National commission for Science, Technology and Innovation (NACOSTI). This involved getting a government Research Permit as required by the Laws of Kenya and entailed submitting application documents to the council for clearance and subsequent permit issuance. Written participants' consent to participate in the research was sought by signing consent forms. The purpose of the study was explained to them adequately in a language they fully understand and comprehend. For purpose of confidentiality anonymous questionnaires or transcripts was coded. This being an academic research no monetary incentive for participation was given.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction

This chapter covers the data analysis, results and discussion of the study findings. The main objective of the study was to identify factors influencing responsible maturity among young people living with HIV. In this section, data was analysed and the results were presented based on the order of the questions in the questionnaire.

4.2 Response Rate

The study targeted 57 young people living with HIV in Kayole Sub County. A total of 50 filled questionnaires were collected from the 57 that the researcher administered. This is equivalent to 88% response rate which is sufficient for analysis because it's above the 50% threshold recommended by Babbie (2002).

Table 4.1: Response rate

Category	Frequency	Percent
Young people	50	88%
Missing	7	12%
Total	57	100%

4.3 Background Information

The study sought to establish age, gender, level of education, marital status, and occupation of the respondents as part of the background information.

4.3.1 Distribution of respondents by age

Distribution of respondents by age was important to confirm that the age bracket of 19-29 years specified for this research was followed. HIV Table 4.2 shows a summary of the findings. Most (44%) of the respondents who participated in the research were aged between 19-22 years followed by age 27-29 years at 32% and the least were in the age bracket of 23-26 years at 24%

Table 4.2: Distribution of respondents by age

Age	Frequency	Percent
Between 19-22 years	22	44%
Between 23-26 years	12	24%
Between 27-29 years	16	32%
Total	50	100%

These findings indicate that age was fairly represented in the research and that the age bracket of 19-29 years specified for this research was followed

4.3.2 Distribution of respondents by gender

Inquiring about gender was necessary in establishing gender balance among respondents who participated in the research. Table 4.3 shows that female (74%) were more with male constituting only 26%.

Table 4.3: Distribution of respondents' by gender

Gender	Frequency	Percent
Male	13	26%
Female	37	74%
Total	50	100%

These findings indicate that gender was fairly reepresented in the research

4.3.3 Distribution of respondents by level of education

Inquiring about the level of education was necessary in establishing education levels attained by young people living with HIV who participated in the research. 3 (6%) respondents have attained university education, 23 (46%) indicated they have attained tertiary education, 8 (16%) have attained secondary education, while only one respondent had no basic education

Table 4.4: Distribution of respondents by level of education

Level of education	Frequency	Percent
None (Zero)	1	2%
Primary	15	30%
Secondary	8	16%
Tertiary	23	46%
University	3	6%
Total	50	100%

These findings indicate that respondents' were fairly represented by levels of education in the research and that with this level of literacy they were capable of self-administering the questionnaire tool

4.3.4 Distribution of respondents by type of occupation

Determining the respondents' occupation was important to reveal the level of respondents pursuing career lives despite a HIV condition who participated in the research. Table 4.5 shows a summary of the findings. 15 (30%) respondents indicated they are casual labourers, 10 (20%) are in salaried employment, while 9 (18%) are in petty trade

Table 4.5: Distribution of respondents by occupation

Occupation	Frequency	Percent
Petty trade	9	18%
Casual labour	15	30%
Salaried employment	8	16%
Boda boda riders	10	20%
Others	8	16%
Total	50	100%

The findings indicate that respondents were fairly represented by career categories and that young people living with HIV are engaging in productive livelihood activities

4.3.5 Distribution of respondents by marital status

Determining the respondents' marital status was important to establish respondents who took part in the survey who are either married or single. Table 4.6 shows a summary of the findings. 38 (76%) of the respondents are not yet married while only 8 (16%) are married.

Table 4.6: Distribution of rrespondents' by marital status

Marital status	Frequency	Percent
Married	8	16%
Not yet married	38	76%
Divorced/separated	1	2%
Missing	3	6%
Total	50	100%

The findings indicate a fair representation of respondents who participated in the research who are either married or single.

4.4 HIV information and responsible maturity with HIV

Table 4.8 shows a summary of findings on the extent to which HIV information awareness influences responsible maturity among young people living with HIV. Respondents strongly agreed at 54% accessing sufficient HIV information, 50% percent being aware of HIV information providers in the community, 50% accessing HIV information, 38% accessing factual HIV information, and 36% accessing current information helps them to mature responsibly with HIV

Table 4.7: HIV information indicators

Responses	Providers available		Information Access		Factual Information		Sufficient Information		Current Information	
	Frequency	%	Frequency	%	Frequency	%	Frequency	%	Frequency	%
Strongly disagree	3	6	3	6	5	10	3	6	4	8
Disagree	5	10	5	10	3	6	0	0	2	4
Neutral	6	12	6	12	3	6	3	6	8	16
Agree	11	22	11	22	20	40	17	34	18	36
Strongly agree	25	50	25	50	19	38	27	54	18	36
Total	50	100	50	100	50	100	50	100	50	100

This findings show that HIV information is critical in addressing responsible maturity among young people living with HIV. Where possible information should be easily accessible, factual, and sufficient and capture all the present-day issues young people living with HIV need to know. This confirms Stop AIDS, (2011) allusion on correctness and clarity of messages and discussion on HIV discourse

The study investigated the key question of the extent to which HIV information influences responsible maturity. Table 4.8 shows these finding. The 36 (72%) respondents strongly agreed that receiving HIV information influences young people's responsible maturity with HIV while other responses constituting neutral to strongly disagreed were 14 (28%)

Table 4.8: HIV information influencing responsible maturity

Responses	Frequency	Percent
Strongly agreed and agreed	36	72%
Others	14	28%
Total	50	100%

This findings indicate to a large extent that equipping young people living with HIV information is important because they will then be able to make decisions based on what they know.

The study investigated where HIV information is most accessed by young people living with HIV. 20 (40%) respondents indicated they receive HIV information from combination of sources including: peer support groups, clinics, friends and family, television and radio.

Table 4.9: HIV information access avenues

Responses	Frequency	Percent
Peer support groups	20	40%
Clinic	5	10%
Friends and family	2	4%
Radio	4	8%
Television	5	10%
All combined	14	28%
Total	50	100%

Table 4.10 shows respondents' indicated that a combined mode of accessing HIV information is most preferred by young people living with HIV through open dialogues, facilitated workshops and drama and sports at 46%

Table 4.10: Mode of accessing HIV information

Mode of access	Frequency	Percent
Open dialogue	11	22
Facilitated workshop	14	28
Drama and sports	1	2
Electronic forms	1	2
1, 2 and 3	23	46
Total	50	100

4.5 Social structures and responsible maturity with HIV

The study sort to investigate the extent to which young people living with HIV are assisted through existing social structures to mature responsibly with HIV. Most respondents strongly agreed that spiritual support at 34% is the most important. Other types of social support they benefit from are family support at 32%, peer support at 20%, receiving trainings for new skills at 30%, and legal support at 18%

Table 4.11: Social support structures

	Family Support		Peer support		Skills Trainings		Legal Support		Spiritual Support	
Response	Frequency	%	Frequency	%	Frequency	%	Frequency	%	Frequency	%
Strongly disagree	6	12	8	16	4	8.0	3 3	6	6	12
Disagree	9	18	6	12	1	2	14	28	4	8
Neutral	6	12	11	22	10	20	14	28	7	14
Agree	13	26	15	30	20	40	10	20	16	32
Strongly agree	16	32	10	20	15	30	9	18	17	34
Total	50	100	50	100	50	100	50	100	50	100

This findings indicate to a large extent that linking young people living to social support is important because they it enhances their awareness on the kind of support they can access and

from which service provider. It also indicates that to a large extent spiritual support is the most preferred social support they require to enhance responsible maturity with HIV

The study investigated the key question of the extent to which structural support influences responsible maturity with HIV. Findings from respondents indicated that 37 (74%) strongly agreed that linking with social support structures influences responsible maturity with HIV.

Table 4.12: Link to Social Support Structure influencing responsible maturity with HIV

Response	Frequency	Percent
Strongly agreed and agreed	37	74%
Others	13	26%
Total	50	100%

In relation to the specific type of support provided by family as a primary social support structure, Table 4.13 indicates the specific type of support young people living with HIV receive. Majority, 17 (34%) of the respondents selected a combination of support they receive from family for a variety of needs, while 14 (28%) indicated they are guided by family on how to take their medication and 24% on HIV information.

Table 4.13: Type of support received from family members

Responses	Frequency	Percent
Sharing HIV information	12	24%
Hospital accompaniment	1	2%
How to take medicine	14	28%
Where to get support	4	8%
Information and hospital accompaniment	2	4%
All combined options	17	34%
Total	50	100%

In relation to the specific type of support provided by training institutions, Table 4.14 indicates the type of skills training responds have received to help them mature responsibly with HIV. Majority of respondents (36%) selected a combination of skills training they have received to aid

them in maturing responsibly with HIV. 28% indicated they have received self-awareness skills, and 16% have been trained on HIV disclosure and confidentiality

Table 4.14: Specific skills training received

Responses	Frequency	Percent
Communication skills training	2	4%
HIV disclosure and confidentiality	8	16%
Self-awareness skills	14	28%
HIV at the workplace induction	7	14%
All	18	36%
Missing	1	2%
Total	50	100

4.6 Self-identity and responsible maturity with HIV

Table 4.15 shows a summary of the findings on the extent to which a strong self-identity influences responsible maturity among young people living with HIV. Majority 26 (52%) strongly agreed that taking up group roles and responsibilities influences responsible maturity to a large extent. Others 20 (40%) indicated self-valuing, 17 (34%) effecting decisions made, 15 (30%) setting personal goals and 12 (24%) indicated that making personal decisions is an important aspect in influencing responsible maturity with HIV

Table 4.15: Self-identity influencing responsible maturity with HIV

	Setting goals		Self Valuing		Making Decisions		Effecting decisions		Group performance	
Response	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
Strongly Disagree	8	16	7	14	4	8	2	4	2	4
Disagree	8	16	6	12	3	6	6	12	4	8
Neutral	7	14	5	10	7	14	11	22	6	12
Agree	12	24	12	24	24	48	14	28	12	24
Strongly agree	15	30	20	40	12	24	17	34	26	52
Total	50	100	50	100	50	100	50	100	50	100

This findings indicate that group roles and responsibilities is a key aspect in influencing responsible maturity with HIV. This therefore affirms Core & Levin (2002), allusion that many

people gain a sense of positive self-esteem from their identity groups which furthers a sense of community and belonging.

The study investigated the key question of the extent to which self-identity influences responsible maturity with HIV. Table 4.16 shows responses from research respondents indicating that 37 (74%) strongly agreed that young people developing a strong self-identity are maturing responsibly with HIV

Table 4.16: Self-identity influencing responsible maturity with HIV

Responses	Frequency	Percent
Strongly agreed and agreed	37	74%
Others	13	26%
Total	50	100%

4.7 Making informed personal choices and responsible maturity with HIV

Table 4.17 shows a summary of the findings on the extent to which making informed personal choices influence responsible maturity among young people living with HIV. Majority of respondents strongly agreed that informed healthy nutritional choices 23 (46%), and doing physical exercise 23 (46%) helps sustain positive health outcomes. Others indicated that choosing to participate in social activities19 (38%), informed sexual choices 18 (36%), creating time for rest 20 (40%) are equaly important aspects of maturity responsibly with HIV

Table 4.17: making personal choices

	Social activities Participation		Sexual Choices		Taking Rest		Nutritional Choices		physical exercise	
Response	Freq	%	freq	%	Freq	%	freq	%	Freq	%
Strongly Disagree	1	2	2	4	4	8	4	8	3	6
Disagree	4	8	4	8	1	2	7	14	1	2
Neutral	5	10	10	20	4	8	0	0	7	14
Agree	21	42	16	32	21	42	16	32	16	32
Strongly agree	19	38	18	36	20	40	23	46	23	46
Total	50	100	50	100	50	100	50	100	50	100

These findings indicate a strong sense of confidence in good dietary practices and physical fitness as enablers of responsible maturity with HIV. It shows the ability of young people living with HIV to take control of their lives and staying healthy with HIV

The research investigated the key question on the extent to which informed personal choices influence responsible maturity with HIV. Table 4.18 shows findings from respondents indicating that young people living with HIV who make informed personal choices also mature responsibly with HIV 36 (72%) strongly agreed or agreed, while other responses were 12%

Table 4.18: Informed personal choices influencing responsible maturity

Responses	Frequency	Percent
Strong agree or agreed	36	72%
Others	12	24%
Missing	2	4%
Total	50	100%

On specific sex choices young people living with HIV as they mature responsibly with HIV Table 4.19 shows the findings. A bigger percentage 14 (28%) use condoms, 13 (26%) use a combination of all the sex choices, 10 (20%) are faithful to their sexual partners. Only 2 (4%) from a sample population of 50 delayed to start sex

Table 4.19: Specific sex choices made

Responses	Frequency	Percent
Abstaining	11	22%
Being faithful	10	20%
Delayed when to start sex(debut)	2	4%
Use condom	14	28%
All	13	26%
Total	50	100%

On specific type of physical fitness young people living with HIV undertake to mature responsibly with HIV, Table 4.20 shows the findings. Majority, 26 (52%) indicated they choose to walk to college or work, while 10 (20%) prefer a combination of exercises to keep fit.

Table 4.20: Specific physical fitness young people prefer

Responses	Frequency	Percent
Jogging	5	10%
Working out at the gym	4	8%
Cycling	5	10%
Walking to collage/Work	26	52%
All	10	20%
Total	50	100%

4.8 Responsible maturity as a dependent variable

The research examined the dependent variable to determine the extent to which social and behavioural factors influence responsible maturity among young people living with HIV. Table 4.21 shows this findings. Majority 35 (70%) agreed, 15 (30%) disagreed that social and behavioural factors influence responsible maturity among young people living with HIV

Table 4.21: Responsible maturity as dependent variable

Responses	Frequency	Percent
Yes	35	70%
No	15	30%
Total	50	100%

The study examined the levels of maturity attained by respondents who took part in this research a scale of four components comprising of: HIV information utilisation, linking with social structures for support, developing a strong self-identity and making informed personal choices Table 4.22 shows this findings. Averages represent the four components of: 1=immature, 2=mature low, 3 mature medium and 5 mature high. Majority 28 (56%) of the respondents have attained responsible maturity with HIV, 11 (22%) moderate maturity, 7(14%) low maturity and 4 (8%) immature. Table 4.22 shows these findings

Table 4.22: levels of maturity

Response	Frequency	Percent
Immature	4	8%
Low maturity	7	14%
Moderate maturity	11	22%
High maturity	28	56%
Total	50	100%

4.9 Utilisation of variables of responsible maturity

Table 4.29 shows how the listed areas of social and behavioural factors are utilised in responsible maturity. HIV information utilisation has a mean and standard deviation of 3.9800 and 1.26958 respectively, linking with social support structures has a mean and standard deviation of 3.9599 and 1.10582, developing strong self-identity has a mean and standard deviation of 4.1000 and 1.03509 and making informed personal choices has a mean and standard deviation of 3.8571 and 1.17260 respectively. Developing a strong self-identity is a key behaviour in influencing responsible maturity as shown by the highest mean of 4.1000 and lowest standard deviation of 1.03509

Table 4.23: Areas of Responsible maturity

Response	N	Minimum	Maximum	Mean	Std. Deviation
HIV information utilisation	50	1	5	3.9800	1.26958
Linking with Social structures	50	1	5	3.9599	1.10582
Developing strong self-identify	50	1	5	4.1000	1.03509
Making informed personal choices	50	1	5	3.8571	1.17260

CHAPTER FIVE: SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter covers summary of the study, conclusion and recommendations. The summary of the study entails an outline of how the study was conducted and findings. The conclusions and recommendations of the study are based on the study findings.

5.2 Summary of the Findings

The following are a summary and discussion of the main findings.

5.2.1 HIV information and responsible maturity with HIV

The analysis revealed the level of awareness by respondents on HIV information providers in the community with 20 (50%) strongly agreeing they are aware, 50% accessing this information, 38% who access the information found it factual HIV information, 54% strongly agreed the information is sufficient and 18 (36%) strongly agreed that the HIV information provided is current information that helps them address their needs as they mature into adulthood and make personal future plans.

5.2.2 Social structures and responsible maturity with HIV

The analysis revealed that a fairly good percentage of young people living with HIV receiving structured support from family at 32%, peer support at 20%, trainings in new skills at 30%, legal support at 18% and spiritual support at 34% to help them mature responsibly with HIV. The analysis also revealed that families are considered important by respondents in providing information on where to access additional structured support and in accompanying them to hospital; respondents indicated they received training on HIV disclosure and confidentiality and

self-awareness skills to enable them mature responsibly with HIV. Majority of the respondents selected more than one optional support they receive from either of the support systems.

5.2.3 Self-identity and responsible maturity with HIV

The study findings revealed that a reasonable number of young people living with HIV develop a strong sense of self-identity irrespective of their HIV status to help them mature responsibly with HIV. Majority, 26 (52%) strongly agreed that taking up group roles and responsibilities is an important aspect of self-identity, 20 (40%) self-valuing, 17 (34%) effecting the decisions made, 15 (30%) respondents felt setting personal goals is important, and 12 (24%), making personal decisions.

5.2.4 Personal choices and responsible maturity with HIV

The study findings revealed some of the informed personal choices young people living with HIV in Kayole Sub County are making. Majority of the respondents 23 (46%) strongly agreed they make informed nutritional choices, and an equal number of 23 (46%) choose to do physical exercise to sustain positive health outcomes. Others 19 (38%) respondents strongly agreed they choose to participate in social activities, 18 (36%) strongly agreed they choose to make sexual choices, 20 (40%) strongly agreed they choose to take rest The most preferred protective measure they use to avoid contracting sexual diseases are condoms at and remaining faithful in their sexual relationships.

5.4 Discussion of findings

HIV information is therefore provided to young people living with HIV because they need it to help them address their changing needs and priorities as they progress into adulthood. This confirms Datta, (2003) reference that young people cannot be empowered to take control of their

own condition if they are not well informed and educated at a level that is appropriate for them as individuals

Linking with social structures is important for young people living with HIV because it contributes to their social integration. To a large extent it enhances their awareness on the kind of support they can access and from which service provider. It also indicates that to a large extent spiritual support is the most preferred social support young people living with HIV require to enhance responsible maturity with HIV. These findings therefore confirm Lakey, B (2011) concept that members of social networks enable functional support such as emotional, instrumental, informational, and companionship support.

A result of the research analysis, a strong self-identity was ranked as the most paramount with the highest mean and lowest standard deviation. Self-identity was therefore found to be the most important aspect for responsible maturity with HIV because young people living with HIV use this identity to connect positively with others and form character through memberships with wider groups. This findings confirm Cote & Levine (2002) concept that many people gain a sense of positive self-esteem from their identity groups, which furthers a sense of community and belonging.

Informed personal choices are important in sustaining positive health outcomes. Young people living with HIV indicated they have strong confidence in good dietary practices and physical fitness as enablers of responsible maturity with HIV. This strongly demonstrates the ability of young people living with HIV to take control of their lives and stay healthy with HIV. This confirms Ramjohn, 2012 concept that social choices young people see as possible or not possible are inseparable from their HIV experiences

5.5 Conclusion

The study established from respondents that a strong self-identity is the most dominant variable of responsible maturity with HIV with the highest mean of 4.100 and lowest standard deviation of 1.035 Other social and behavioural factors as examined by this study are equally important and found to influence maturity of young people living with HIV to a great extent. Young boys and girls living with HIV are seeking and utilising HIV information to be more aware of what needs to address, they are linking with social structures to optimise social assistance and enhance social integration opportunities, they are developing a strong self-identity to strengthen their sense of belonging and are making informed personal choices to ensure their maturity to adulthood is not impeded by a HIV status.

5.6 Recommendations

On the basis of results from this study the recommendations are as follows;

1. Since HIV information is integral for responsible maturity with HIV, community based projects should sensitise young people living with HIV to develop HIV information seeking and utilisation behaviour to address their changing needs and priorities as they progress into adulthood

2. Since social support structures are significant for responsible maturity with HIV, community based projects should strive to link young boys and girls living with HIV to structural support to optimise social assistance and enhance their integration into the society

3. Self-identity is the most paramount aspect of responsible maturity with HIV, community based projects should sensitise and support young boys and girls living with HIV to develop a strong self-identity to boost their sense of belonging

4. There is need for community based projects to educate young people living with HIV on informed personal choices during the critical stage of progressing to maturity. This is because social choices young people see as possible or not possible are inseparable from their HIV experiences and contribute to their sustained positive health outcomes

5. Community based projects should alter projects to implement youth friendly services that cover the four aspects of: access to HIV information, link them structural support, support them to develop strong self-identity, and educate them to make informed personal choices to help them achieve responsible maturity regardless of their HIV status

5.7 Suggestions for Further Research

The following are suggestions for further research:

1. Further research can be undertaken to investigate the reasons for irresponsible maturity among young people living with HIV

2. A similar study can be carried out with HIV free young people as a control group to measure behavioural and social factors influencing HIV on responsible maturity among young people living with HIV

3. A similar study can be carried out in other counties for comparison purposes.

4. A study on challenges facing young people living with HIV should be undertaken to enable community based projects strengthen approaches to development.

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APPENDICES

Appendix I: Consent Form

My name is **Mabel Kagonya**. I am a student at University of Nairobi. I am collecting information to support my studies in Masters of Arts degree in Project planning and management. The research I am conducting is on factors influencing responsible maturity among young people living with HIV

Kindly respond to all the questions provided in the attached questionnaire which will help me complete these studies.

The information collected in this interview was used for academic purposes only, and to ensure confidentiality, I will not write your name on the questionnaire. If you would like to know more about other measures that we are taking to protect your confidentiality, please ask me to provide you with these details.

If you would like to proceed with the interview please sign below

Signature _____ Date. _____23 November 2015_____

Appendix II: Letter of Authorisation

UNIVERSITY OF NAIROBI
COLLEGE OF EDUCATION AND EXTERNAL STUDIES
SCHOOL OF CONTINUING AND DISTANCE EDUCATION
DEPARTMENT OF EXTRA-MURAL STUDIES
NAIROBI EXTRA-MURAL CENTRE

Your Ref:

Our Ref:

Telephone: 318262 Ext. 120

Main Campus
Gandhi Wing, Ground Floor
P.O. Box 30197
N A I R O B I

9TH October, 2015

REF: UON/CEES//NEMC/22/374

TO WHOM IT MAY CONCERN

RE: MABEL KAGONYA –L50/83431/2012

This is to confirm that the above named is a student at the University of Nairobi, College of Education and External Studies, School of Continuing and Distance Education, Department of Extra- Mural Studies pursuing Master of Arts in Project Planning and Management.

He is proceeding for research entitled **"factors influencing responsible maturity among young people living with HIV"** A case of community projects in KAyole sub-county Nairobi County, Kenya.

Any assistance given to him will be appreciated.

UNIVERSITY OF NAIROBI CEES P.O. Box 30197 09 OCT 2015 NAIROBI NAIROBI EXTRA MURAL CENTRE

CAREN AWILLY
CENTRE ORGANIZER
NAIROBI EXTRA MURAL CENTRE

Appendix III: NACOSTI Research Permit

CONDITIONS

1. **You must report to the County Commissioner and the County Education Officer of the area before embarking on your research. Failure to do that may lead to the cancellation of your permit**
2. **Government Officers will not be interviewed without prior appointment.**
3. **No questionnaire will be used unless it has been approved.**
4. **Excavation, filming and collection of biological specimens are subject to further permission from the relevant Government Ministries.**
5. **You are required to submit at least two(2) hard copies and one(1) soft copy of your final report.**
6. **The Government of Kenya reserves the right to modify the conditions of this permit including its cancellation without notice**

REPUBLIC OF KENYA

National Commission for Science, Technology and Innovation

RESEARCH CLEARANCE PERMIT

Serial No. A 7313

CONDITIONS: see back page

THIS IS TO CERTIFY THAT:
MS. MABEL KAGONYA OGOLA
of UNIVERSITY OF NAIROBI, 0-100
nairobi,has been permitted to conduct
research in *Nairobi County*

on the topic: *"FACTORS INFLUENCING RESPONSIBLE MATURITY AMONG YOUNG PEOPLE LIVING WITH HIV" A CASE OF COMMUNITY PROJECTS IN KAYOLE SUB-COUNTY NAIROBI COUNTY, KENYA*

for the period ending:
23rd November,2016

Permit No : NACOSTI/P/15/2368/8404
Date Of Issue : 23rd November,2015
Fee Recieved :Ksh 1,000

Applicant's Signature

Director General
National Commission for Science, Technology & Innovation

Appendix IV: Questionnaire

Section O1: To be completed at the start of the Interview

Questionnaire No.		Date	

	Questions and filters	Coding categories	
1	How old are you?	1	19-22
		2	23-26
		3	27-29
2	Sex of respondent	1	Male
		2	Female
3	What is your highest level of education?	1	None (Zero)
		2	Primary school
		3	Secondary school
		4	Tertiary College
		5	University
4	What is your marital status	1	Married
		2	Not yet married
		3	Divorced/Separated
		4	Widowed
5	State your **main** occupation?	1	Petty trade
		2	Casual labourer
		3	Salaried employment
		4	Boda boda
		5	Other (specify)

1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree

Section A: To examine the extent to which HIV information influences responsible maturity among young people living with HIV						
Please tick against the answer which closely reflects your opinion on HIV information		Responses on a scale of 1 to 5 by ticking (√) a box				
		1	**2**	**3**	**4**	**5**
A1	I am aware of HIV information providers in Kayole					
A2	I know where to get important HIV information when I need it					
A3	The HIV information I receive contains truthful details					

1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree

A4	The HIV information I receive is enough to address my needs as I grow older					
A5	HIV information I receive addresses my current HIV concerns as I grow older					
A6	The HIV information I receive, is adequate to help me make me plan for my future					
A7	The HIV information I receive makes me confident about my future					
A8	The HIV information I receive is shaping how I am maturing with HIV					

A9 I access HIV information I need in these places

[1] Peer support groups
[2] Clinic
[3] Friends and family
[4] Radio
[5] Television

A10 I receive HIV information I need through the following channels

[1] Open dialogue
[2] Facilitated Workshop
[3] Drama and sports
[4] Electronic forms
[5] Printed forms

Section B: The extent to which Social structures influence responsible maturity among young people living with HIV.						
Please tick against the answer which closely reflects your opinion on HIV information		Responses on a scale of 1 to 5 by ticking (√) a box				
		1	**2**	**3**	**4**	**5**
B1	I receive support from family to helping me cope with HIV					
B2	I receive support from friends to help me cope with HIV					
B3	I have been trained for new skills to help me cope with HIV					
B4	I have reported people who discriminate against me on the account of HIV to other authorities					
B5	I have received spiritual guidance to cope with HIV					
B6	Social structures are shaping the way I am maturing with HIV					

B7	My family has supported me in the following ways to cope with HIV	[1] Sharing HIV Information [2] Accompanying me to hospital [3] Guiding me on how to take medicine [4] Information on where to get support
B8	I have reported someone who discriminated against me on the account of HIV to the following authorities	[1] Area chief [2] HIV tribunal office [3] Church elder [4] The police
B9	My friends have supported me in the following ways to cope with HIV	[1] Sharing HIV Information [2] Accompanying me to hospital [3] Guiding me on how to take medicine [4] Information on where to get support
B10	I have received the following skills training to help me cope with HIV	[1] Communication skills training [2] HIV disclosure and confidentiality [3] Self-awareness skills [4] HIV at the workplace induction

1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree

Section C: The extent to which self-identity influences responsible maturity among young people living with HIV						
Please tick against the answer which closely reflects your opinion on HIV information		Responses on a scale of 1 to 5 by ticking (√) a box				
		1	**2**	**3**	**4**	**5**
C1	I have developed personal values that guide on how I live your life					
C2	Other peoples' opinions do not change how I value myself					
C3	I am committed to making personal decisions					
C4	I am likely to effect a decision I have made					
C6	When connecting with people I share similar values with, I am likely to engage actively					
C7	The way I identify myself is shaping the way I am maturing with HIV					
C8	Identifying with groups I relate with is shaping the way I am maturing with HIV?					

C7 I consider myself a member of the following groups

[1] HIV support groups
[2] Family
[3] Sports club
[4] Religious group

C8 I connect with other members of the groups I have selected above

[1] Satisfactorily well
[2] Moderately Well
[3] Somehow well
[3] Not well

1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree

Section D: the level to which informed personal choices influence responsible maturity among young people living with HIV						
Please tick against the answer which closely reflects your opinion on HIV information		Responses on a scale of 1 to 5 by ticking (√) a box				
		1	**2**	**3**	**4**	**5**
D1	I make it a habit to help with doing house chores at home					
D2	I make it a habit to participate in social activities as a way of coping with HIV					
D3	I take it as a personal responsibility to discuss safe sex in a relationship					
D4	I purpose to take a good balanced diet as a way of building my immunity					
D6	I choose to do some light physical exercise as a way of coping with HIV					
D7	I take time to rest for purpose of improving my health					
D8	Personal choices are shaping the way I am are maturing with HIV					

D2 Some of the social activities I often participate in are:

[1] Weddings
[2] Church service
[3] Funerals
[4] Meetings
[5] Parties

D4	Some of the healthy sexual decisions I make are:	[1] Abstaining [2] Being faithful [3] Delayed when to start sex (debut) [4] Used condoms
D8	Some of the physical exercises I often choose to do are	[1] Jogging [2] Working out at the gym [3] Cycling [4] Walking to college/work

Thank you for contributing to this study that will help me complete my studies in Masters of Arts degree in Project planning and management.