

UNIVERSITY OF NAIROBI

UNIVERSITY OF NAIROBI

SOCIOLOGY DEPARTMENT

TOPIC : THE PERCEPTION OF HIV / AIDS AND ITS
IMPLICATIONS FOR SEXUAL BEHAVIOUR
AMONG UNDERGRADUATE STUDENTS AT
MASENO UNIVERSITY CAMPUS, MOI
UNIVERSITY.

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BY

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A THESIS SUBMITTED IN PARTIAL FULFILMENT OF THE

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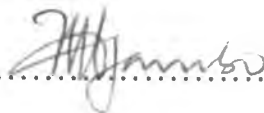
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DECLARATION

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This Thesis has been submitted for examination with my approval as a University Supervisor.

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DEDICATION

TO AGNETA, EDINA AND EDEL

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ABSTRACT

This is a study on the Perception of HIV/AIDS and its implication for Sexual Behaviour among Undergraduate Students of Maseno University College. It is based on the fact that, despite the Governments efforts to curb HIV/AIDS prevalence, for over a decade, the prevalence is still escalating. Hence need to investigate the perception of HIV/AIDS and Sexual behaviour focussing on the University Students as a model of young adults. This is because the most affected group of people with HIV/AIDS ranges between 18 and 34 years of age. The focus on one's sexual behaviour is because the main mode of HIV/AIDS transmission is through sexual intercourse. This being the case in Kenya, and other developing countries.

The study investigated 100 respondents, half of whom were males and half were females. This sample population was further divided by the year of study thus 2:3 ratio of the population representing the males and females in first and third years of study respectively.

The data was collected through both formal and informal methods of data collection namely, interview schedules, observation and discussing with some members of the society in question.

Analysis of the data was done through both the descriptive and inferential statistical methods. The Crosstabulation and correlation coeffeciency were used in the analysis. Frequencies and Percentages were also used to establish patterns of relationship, with some the data presented in form of tables. The theory of cognitive dissonance was employed in the theoretical framework.

The study revealed significant relationships between :

1. Condom availability and condom procurement,
2. Sex of condom seller and condom procurement,

3. Protected sex and duration of relationship,
4. Knowledge of the partner's past sexual experiences and communication between partners, and finally,
5. Student's financial resources and his/her risk behaviour.

CHAPTER ONE

1.1 INTRODUCTION

The study seeks to investigate the relationship between perception of HIV/AIDS and its implication for sexual behaviour among the undergraduate students (young adults) of Maseno University College , Moi University, in light of sero-prevalence (HIV/AIDS Prevalence). This will focus on one's knowledge of HIV/AIDS and the effect it has on one's sexual behaviour.

Sero as a concept refers to the status of the serum (sera), which is a portion of any liquid materials of animal origin separated from its solid or cellular elements. Therefore when we talk of sero-prevalence, we are referring to the prevalence of the positive status of the serum(sera) in relation to HIV/AIDS.

1.2 PROBLEM STATEMENT

Acquired Immuno Deficiency Syndrome (AIDS) is one of the most serious outbreaks of any disease in this century. According to the World Health Organization's (WHO) estimates of 1992, 12 million adults and one million children who were infected with the virus, eventually developed HIV, and died. About 7.5 million of these were said to be in sub-Saharan Africa (Kenya AIDS Control Programme 1994:1).

By the end of 1992, 600,000 AIDS cases had been reported to the Global Programme on AIDS (GPA) World wide. The GPA however estimates that the actual number of AIDS cases was about 2.5 million.

Every 18 seconds, someone in the World becomes infected with Human Immuno Deficiency Virus (HIV), the virus that causes AIDS. In Africa alone 3,000 new infections of AIDS occur everyday. By the end of the twentieth century 30-40 million people worldwide will have been infected with HIV (William 1993:1).

About half of those with HIV are expected to have reached the advanced stage of HIV infection known as AIDS before the end of this decade. AIDS is now a major cause of morbidity and mortality in most African countries South of the Sahara.

The WHO estimates for this region by 1992 for adults was about 7.5 million cases of HIV and 800,000 cases of AIDS, while for the infants and children there were 900,000 cases of HIV and 500,000 cases of AIDS that had occurred.

In Kenya the first AIDS case was recognized in 1984. By the end of the same year seven more cases were discovered.

In 1985, the National AIDS committee was established by the Ministry of Health and mandated to advise the Ministry on all matters pertaining to AIDS control. Despite all the efforts, the epidemic continues unabated.

Since 1990, the HIV prevalence rates have been rising rapidly from 3.3% in 1990 to 4.4% in 1991 and 5.6% in 1992 (K National AIDS P 1994). It is estimated that the prevalence rate might have been over 7.5 by the end of 1993. The urban prevalence rate is estimated to have risen to 14-15% in 1993 from its 1992 rate of between 10-11%.

It is thus estimated that out of every 18 adults in Kenya, one is infected with HIV. In the urban centers it is estimated that one (1) in every nine (9) adults is infected with HIV (K National AIDS P 1994).

The number of people currently infected with HIV in Kenya is estimated to be over 800,000. This includes about 35,000 children.

It is said that the danger of infection is highest among the youth and women (Caldwell 1989). HIV / AIDS is not discriminative and has no cure. Therefore thousands of young adults will suffer long and chronic illnesses ending in premature deaths. This is because 70% of the AIDS cases in Kenya, like in other developing countries are aged between 15-49 years. These are men and women of reproductive ages and who are expected to contribute a lot to the economic development of this country. It is also said that HIV/AIDS is predominantly spread through hetero-sexual intercourse in Kenya and in other developing countries. Young adults are the most sexually active members of the society and therefore become highly vulnerable to HIV/AIDS, especially when their judgement power is always clouded by alcohol or they are coerced into sexual relations by peers. Yet

the young adults (aged between 15-25) account for about 20% of the total population in Kenya (UN 1992).

Evidence drawn from various countries, indicates that some intervention aimed at behavioural changes are known to have led to the decreased numbers of sexual partners for some individuals and, in some cases, promotion of safer sex (Curran 1993).

Effective prevention in developing countries could reduce the number of new adult infections during the rest of this decade by 9.5 million. This could mean over 4 million fewer infections in Africa, Kenya inclusive.

1.3 JUSTIFICATION OF STUDY

The study covers undergraduate students at Maseno University Campus, Moi University. The campus is located in Nyanza Province within the outskirts of Kisumu town where HIV/AIDS prevalence is high.

The study is aimed at testing the perception of HIV/AIDS and its effects on the students sexual behaviour.

HIV/AIDS ranks among the top leading causes of morbidity and mortality in the whole world as well as Kenya , Kisumu District inclusive. The study assumes that the knowledge on HIV/AIDS will influence the students' behaviour in an area where HIV/AIDS prevalence is high.

HIV/AIDS prevalence in the urban centers and the periphery is one out of every nine people (K National AIDS C P 1994). On this basis and on the basis of the location of the campus in Nyanza Province coupled with its location on the outskirts of Kisumu town, the campus is justified as an area of study. The campus is also located in Nyanza province which has the second highest prevalence of HIV/AIDS. The Province has a total of 10,278 reported cases of HIV/AIDS, accounting for 24% of the reported cases in the provinces of Kenya. (K National AIDS C P 1994).

The undergraduate students were seen to be suitable for this study because, most of them for the first time experiencing the freedom to guide their own behaviour. This also entails some financial autonomy which is one of the factors that can influence one's sexual behaviour.

Maseno University Campus has a big proportion of female students. It has a sex ratio of almost one male to one female. With such a fair proportion of males to females ratio, and bearing in mind that over 90% of the females are sexually active, then there is a tendency for students to indulge in sexual intercourse or simply have more than one sexual partner.

It is worth noting that University students are a good man-power potential resource for the Government and the Public invests a lot in them.

AIDS is a life threatening illness and the issues involved in HIV/AIDS infection may be painful, frightening and threatening to patients and those taking care of them.

The tragedy of HIV/AIDS pandemic conceals many ironies. Foremost among these is that, for so long the morbid social fascination with AIDS has gone hand in hand with conspicuous social denial. HIV/AIDS is infectious. It is likely that people infected with the virus will remain infected and infectious for life. There is no cure for HIV/AIDS. Yet the HIV/AIDS prevalence is increasing at an alarming rate.

Those most at risk are the young. Health and longevity have been assumed to belong to the young who until recently, have not been the focus of major health concerns.

In terms of significance this study:-

- 1 Will contribute to the on going study on whether knowledge about AIDS will make people to change their sexual behaviour. This will contribute to the policy orientation on the varying AIDS public awareness campaign programme.

These among others include public gatherings, radio and TV broadcasting and posters.

- 2 Will contribute to the search for a relationship between HIV/AIDS status and socio-economic variables among youths.
- 3 Will help in providing information that can help in drawing HIV/AIDS programmes.

1.4 OBJECTIVES OF THE STUDY

1.4.1 Overall Objective

This study seeks to investigate the relationship between perception of HIV/AIDS and sexual behaviour among undergraduate students.

1.4.2 Specific objectives:-

- 1 To examine the level of HIV/AIDS awareness and its effects on the sexual behaviour of the students.
- 2 To examine the effect of perception (as shaped by given the socio-economic environment) on the students' sexual behaviour.

1.5 SCOPE OF THE STUDY

This study examined the knowledge of HIV/AIDS and its effects on sexual behaviour among undergraduate students of Maseno University Campus, Moi University. The research was carried out in Nyanza Province, Kisumu District, Maseno University College, Moi University.

The study was confined to undergraduate students, covering, all students between the first year and fourth year of study. These are viewed as young adults who are very vulnerable to HIV/AIDS. They are also a good manpower potential source.

The study attempted to establish the effects of the perception of HIV/AIDS on the students' sexual behaviour among the undergraduate students of Maseno University College, Moi University.

CHAPTER TWO

LITERATURE REVIEW, THEORETICAL AND CONCEPTUAL FRAMEWORK

2.1 LITERATURE REVIEW

2.1.1 Introduction

This section is a review of the existing literature as well as the theoretical and conceptual framework micro-social details of young people's heterosexual encounter in relation to their perception of HIV/AIDS.

2.1.2 Communication

There is a gap between clinical-sounding sexual terminology and vulgar colloquialism (Lee and Spencer 1984: 17). This is perpetuated by the taboo against the explicit discussion of sexual behaviour. It should not be surprising then, to learn that in a sexual encounter there tends to be very little verbal communication during the transition from sexual intercourse being a possibility to it becoming a reality. In fact ambiguity is often deliberately maintained.

Much of the sexual behaviour over time, seems to be keeping the potential of having sexual intercourse there, but ambiguous, in case further progress is rejected by either partner (Kent 1987). Much of the communication seems to be non-verbal and coded.

For instance mutual agreement to change location (even, for example, from bed to floor) is frequently taken by both partners to mean agreement to have sexual intercourse. The muteness explains people's accounts that sex 'just happens'. The inhibition to talk frankly about sexual behaviour means to do so can be perceived as a sexual act in itself (Gagnon and Simon, 1974).

This is frequently interpreted as an invitation to have sexual intercourse, as several researchers have personally observed (Campbell and Williams 1993).

The lack of communication about sex has two serious consequences in relation to HIV transmission. It makes it almost impossible for the potential sexual partner to get 'to know' each other's sexual histories before having sex and it greatly constrains the negotiation of sexual behaviour. Only a few discuss their partners sexual history before their first ever sexual intercourse. The information learnt often only amounts to whether or not they are virgins and it almost never involves details of condom use (Cadwell 1989, Ammon 1991, Dusenbun 1991). Those who do discuss each other's sexual past do so for reasons to do with their relationship rather than through fear of infection. It is not surprising that they learn little to inform them of their partner's HIV status. Nevertheless this does not stop them from

assuming low risk on the basis of being acquainted to each other. Predictably, the shorter the period a couple have known each other before intercourse the less knowledge they have of each other's sexual histories, (Goodman and Cohall 1989) quotes Ingham as having learnt several strong reasons for not asking about one's partner's sexual history.

For some young women, trusting their boy friends means being sure that their sexual behaviour together will remain confidential, for a boy friend to reveal his previous sexual history would immediately destroy that trust. The attempt to maintain ambiguity about one's sexual intentions, and the general absence of explicit talk about sexual behaviour, means that contraception is often only discussed after first intercourse.

To talk about safer sex option involves far more explicit reference to genital and different sexual behaviours, even proposing the use of a condom against contraception is extremely problematic. It can imply either that one is oneself, or (more likely) that one's partner might be, bisexual (Caldwell 1989) hence promiscuous. This could imply that one is a carrier of some STD including HIV/AIDS.

2.1.3 Gender-role Expectation

Gender stereotyping is very influential, particularly on the first occasion of sexual intercourse (Medroom 1978), partly because the sexual partners are usually older men presumed to be more experienced and more knowledgeable. Therefore many young women expect their partners to take the initiative in their sexual behaviour.

The corollary of the male initiating role is that women are considered to be the decision makers in a negative way among the young adults (Wight 1992, Burs Research Partners 1991). It is up to the women to decide how far things will go, the assumption being that men see sex as a process of attrition.

Spencer (1989) observes that the boys see their actions as governed by a set of social patterns which are amoral and followed by almost all boys, whereas the girls' behaviour is seen as much less of a group phenomenon, with each girl following her own personal moral code.

Apart from getting to know how far sexual behaviour proceeds, women are also expected to be decision makers in the use of contraception. Yet young men feel it is up to the young woman to recognize her personal life for protection and to decide whether or not to have unprotected sex.

The powerful social constraints on women carrying condoms might actually result in women refusing sexual advances, on the rationale that they have no protection, that is if the male partner acknowledges a risk of HIV transmission.

2.1.4 Gendered Power Relations

Some researchers argue that the factors concerning the negotiation of sexual behaviour 'cannot be understood without taking into account the gendered power relations which construct and constrain choices and decisions' (Wight 1992). It is the effect of these power relations on condom that is the prime focus.

If young women's predominant experience of relations between the sexes is that of the men's authority over women, then this might well shape their behaviour on a sexual encounter.

If women anticipate that men will, if necessary exercise their power to get their way (whether by refusing to have intercourse with a condom, by threatening to end the relationship or destroy the woman's reputation, or by rape) then they might as well not pursue their own interest, recognizing that they are unlikely to succeed (Holland 1991).

Economic factors also frequently disadvantage women in their negotiation over sexual behaviour. The convention of men taking women out, premised on their higher earning capacity, coupled with their greater access to cars and restriction on women's mobility at night, means that men have greater power to determine the location of meeting.

Evidently this can be contrived to make sexual intercourse more probable (Schina and Nahmis 1988) and make the woman's departure alone particularly difficult.

A woman's economic and social status is still largely determined by her husband whereas a man's is determined by his job. Consequently young women have far more to lose if they assert their wishes to the point of ending a relationship, especially if their concern is 'finding a husband'.

Another dimension of the gender inequalities that shapes the negotiation of sex is the expectation widely held by both sexes, that the man's pleasure is paramount in sexual encounter (Wight 1992). The privileging of men's gratification means that for a woman to ask her partner to use a condom 'is a potentially subversive demand. Aspects of gender power thus expose women to transmission of HIV and consequently death.

2.1.5 Condom Buying, Carrying and Using

There are a number of problems with condom buying, principally the embarrassment of asking for condoms in public, often from someone of the opposite sex (Ochola 1991).

Machines in toilets (for men) and family planning clinics (for women) are preferred to supermarkets or shops as source of condoms, (Ford K. and Norisa 1992). The vast majority of young people (particularly women) prefer to buy from someone of their own sex. A further problem is that they are mostly available in day time hours, in contrast to the period when they are normally required (Wight 1992, more and Roseenthal 1991).

A second difficulty with condoms is carrying them around. While the majority of young people feel it is acceptable for everyone to carry condoms, embarrassment prevents many people from doing so (Ochola 1991; Barnet & Blaike 1992). The main fear is being caught in possession of condoms either by peers or parents, and people's perception of women who carry condoms around with them.

If a woman takes contraceptive precautions for a casual date, it contravenes the romantic code that sexual activity only occurs when a woman is 'carried away' by love (Garcia 1992). This code makes it preferable for some to 'fall' pregnant through unpremeditated sex than to go on the pill and be labelled as promiscuous. The

same applies today with precautions against HIV transmission. For a woman to carry condoms it means she is both pre-meditating and self-initiating a sexual encounter, either of which can label her as promiscuous (Curran 1993).

Among the youth sub-cultures, failure to restrain female sexuality that is immoral and of obscene thoughts has added to the potential of one contracting HIV/AIDS. Furthermore for a woman to carry condoms to use outside a steady relationship is regarded as belonging to the powerful polluting category of prostitutes.

More problematic than buying or carrying condoms, is actually using them. In fact some men do not use condoms even though they carry them (Ochola 1991 and Barnet & Blaike 1992). Most men have negative views of condoms.

They refer to the awkwardness of putting them on halfway through, their unreliability, the decreased sensitivity and the embarrassment of removing them after use (Ochola 1991:23 Caldwell 1993; Wight 1992). However the main reasons given for not using a condom even when one had been carried are drunkenness, losing control and not caring and being worried about one's partner's response to the idea (Barnet & Blaikie 1992, Ochola 1991; Caldwell 1989; Wight 1992). This leaves an individual at risk even though one had the condom for protection.

2.1.6 Stages in a Relationship

The negotiation of sexual encounter tends to change with increasing familiarity between the partners (Wight 1992, Dusenbun 1991). The initial sexual intercourse with a particular individual is often described as retrospectively important because it was the culmination of a steady reason for having intercourse.

Clearly safer sex alternatives to penetrative intercourse cannot substitute for the symbolic significance of that act. During the largely non-verbal communication immediately prior to sexual intercourse such 'alternatives' as mutual masturbation are 'perceived' as the final stage indicating that intercourse is about to happen. These activities are seen as a prelude, not alternative, to intercourse (Ford and Noris 1992).

Once sexual intercourse has occurred between two partners, it is highly likely to be repeated, since it is particularly difficult to say no, having said yes the previous time. If a sexual relationship continues, the woman is likely to go on the pill if she had not been using it before. The condom is often associated with young people, pre-marital sex and one 'night stands' largely because of its suitability for sporadic sexual encounter (Barnet & Blaikie 1992, Wight 1992; Curran 1993). It is not surprising, therefore, that some young women contrast the condom with the pill which they associate with 'grown up status and grown up sex' (Norwegian Redcross 1988, Stonim 1992). Kent (1990) found that half of their interviewees used condoms when they first had sexual intercourse with a particular partner.

But this figure fell to a third for subsequent intercourse. The HIV risks of moving from condom to the pill are seen to reduce as the partner is now 'known'.

Another important finding of the "Women, Risk and AIDS" project (WRAP) is that whatever degree of explicitness and understanding about sexual behaviour a woman might establish within a relationship, with another, the negotiation of sex is likely to be quite different (Wight 1992).

2.2 THEORETICAL AND CONCEPTUAL FRAMEWORK

Different theories and models have been advanced to explain behaviour, seeking to explain why human beings behave the way they do, under certain conditions. This study will make use of dissonance theory, the model of perception of HIV/AIDS on one's sexuality and the physical-social continuum model.

2.2.1 Cognitive Dissonance Theory

This theory is pre-occupied with the search for a micro-theoretical framework capable of explaining inconsistency between behaviour and attitudes. It was advanced by social-psychologists such as Festinger, Heider and Newcomb Blackwell (1973: 226). Cognitive dissonance denotes inconsistency between belief and overt behaviour. It focuses upon two principal sources of belief behaviour

inconsistency: the effects of making a decision and the effects of engaging in counter-attitudinal behaviour. Hence it is a tool of reducing dissonance, and thus a predictor of attitude change.

Each alternative involved in decision could be thought of as having positive and negative attributes. When a person makes a decision between two alternatives, the positive attributes of the chosen alternative and the negative attributes of the rejected alternative are consistent (or consonant) in terms of dissonance theory.

Dissonance is therefore looked upon as a post-decisional phenomenon. It examines the forces acting upon an individual to co-orient towards a specific object. Cognitive Dissonance theory thus investigates forces creating a relation of instrumentality between the person and the object.

This gives rise to a search for possible explanations of an anomaly (Blackwell 1973: 215). In this case the theory was used to predict change against the overt behaviour (sexual) with specific reference to unsafe sex. This will help to explain how sero-prevalence can be curbed. This is because if one practices unsafe sexual intercourse there are high chances of one contracting HIV/AIDS. And it is known that AIDS is a killer disease. So in order to curb the spread or prevalence of AIDS, the overt behaviour of practising unsafe sex, has to be reduced, yet this is a personal decision. Taking a look at a personal decision level in explaining cognitive dissonance, the physical-social continuum model will be applied.

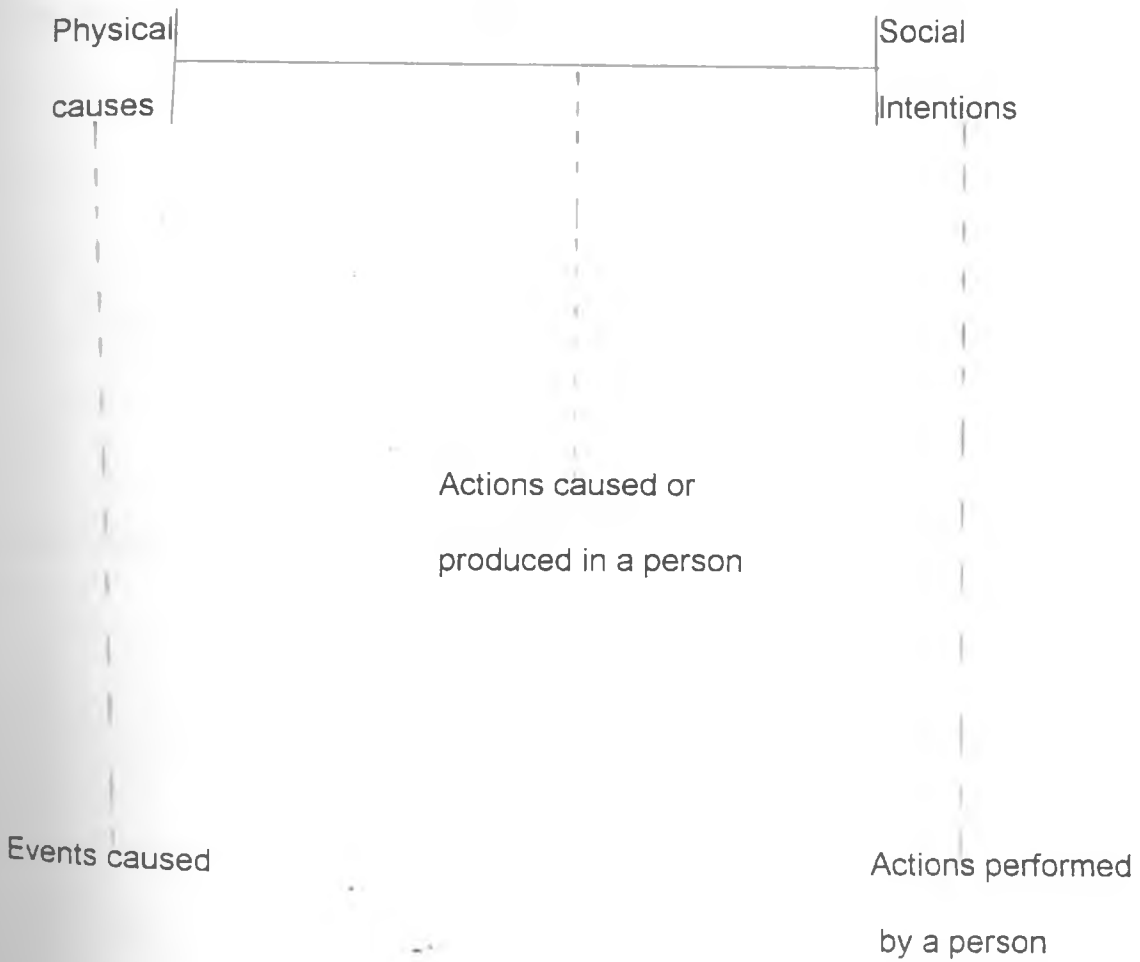
The model is conceptualized from physical to social or from explanatory terms of causes to that of reasons or intentions. This is generally from the notion of passivity to that through agency. Any entity located on the continuum depends on the degree of consciousness or self monitoring with which it is attributed (Blackwell 1973: 226).

The physical-social continuum model

Attributed degree of consciousness

Passivity

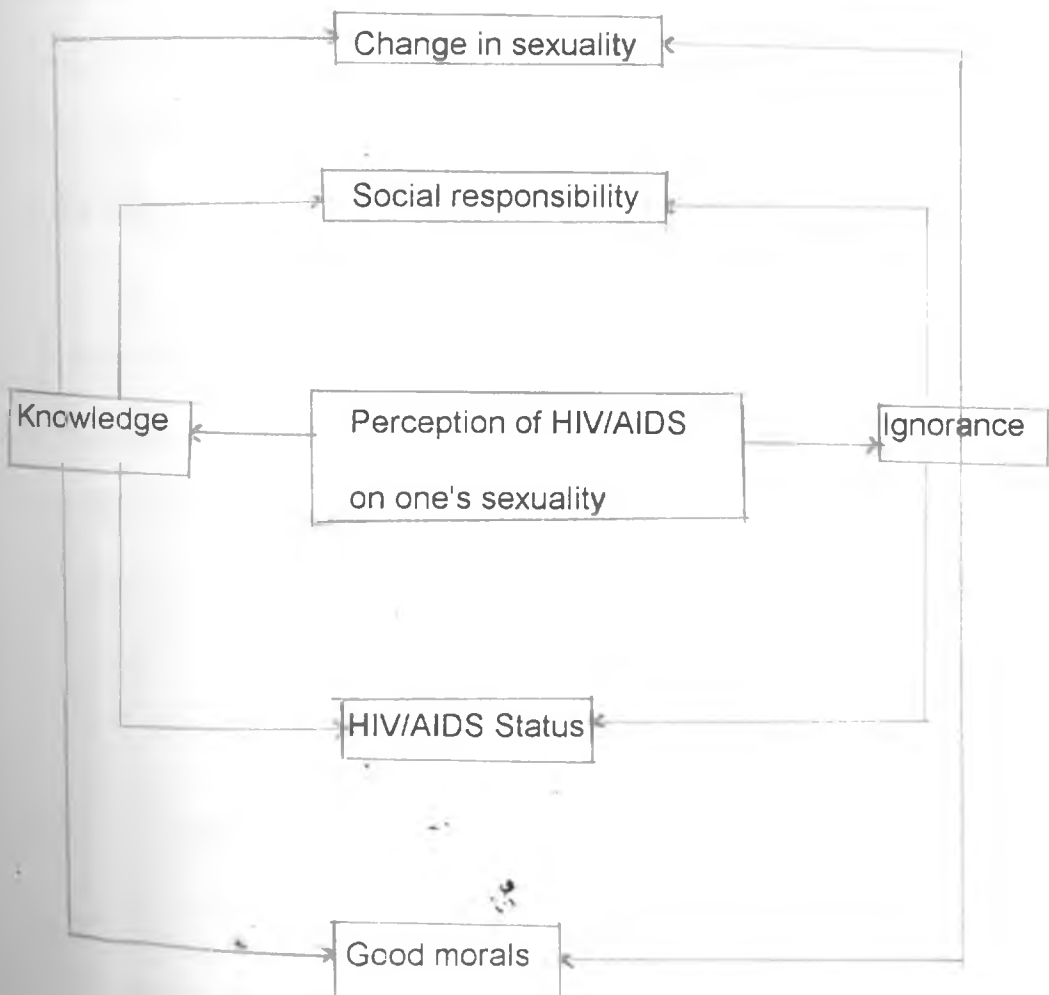
Agency



Source: B Blackwell 1973:227)

This model permits us to talk about actions that are caused or produced by external contingencies. Such cases in our study would be peer pressure or clouding of the mind by alcohol. These actions will fall somewhere towards the center of the continuum. It follows that if a person can be said to enjoy different states of consciousness, ranging from, for instance sleep and hypnosis to alertness, then these different forms of explanation will correlate with different situational states of an individual.

The Model on Perception of HIV/AIDS on One's Sexuality



Explanation

In the above model, we have two categories of personality in relation to perception of HIV/AIDS on one's sexuality. They are those with some knowledge about the existence of HIV/AIDS and its effects, on the left-hand side of the model, and those without knowledge at all (ignorant) on the right-hand side.

Examining those with knowledge, it is expected that each of the individuals with HIV/AIDS knowledge has acted either positively or negatively in these areas: socially responsible for one's sexuality (changed sexual behaviour or maintained good morals); enhanced knowledge on HIV/AIDS and sexual relations to his community (social responsibility); has had or is willing to have an HIV/AIDS test to prove his/her HIV/AIDS status (AIDS status). It is also expected that knowledge on AIDS status increases the HIV/AIDS perception.

Examining the one's without knowledge, it is expected that, despite having no knowledge, about HIV/AIDS they still keep good morals or have conditionally or unconditionally changed their sexuality. They are also expected to educate the community about responsible sex.

2.3 HYPOTHESES

The aim of this research was to examine the relationship between the perception of HIV/AIDS and the sexual behaviour of the undergraduate students. The study

assumed that HIV/AIDS awareness is an intervening variable with its impact incorporated in the sexual behaviour of the respondents.

The following hypotheses were then put forward to guide the study:

1. Condom procurement, relates negatively to time of condom availability.
2. Condom procurement, relates negatively to sex of seller.
3. Sexual intercourse relates positively to financial superiority.
4. Protected intercourse relates negatively to length of relationship.
5. Knowledge of partner's sexual experience relates negatively to communication between partners.

2.4 OPERATIONAL DEFINITION OF CONCEPTS AND VARIABLES

The following concepts and variables are defined as used in the study.

2.4.1 Concepts

HIV/AIDS

Refers to earlier states of HIV infection and the last fatal stage of HIV infection which is often called "full blown AIDS"

Seroprevalence Refers to the spread of HIV/AIDS.

Sexual Intercourse Refers to the act of having sex.

Undergraduate students

All students at the University College undertaking a first degree course. They are young adults mostly aged between 19 years and 25 years. In the case of the study they range from first year students to fourth year students.

2.4.2 Independent Variables

Perception This will refer to having knowledge and understanding of HIV/AIDS. This will be assumed to be an intervening variable with its impact incorporated in the sexual behaviour. It will be focused at, in light of the way it influences sexual behaviour in the context of, sex of seller, time of condom availability, financial superiority, communication and length of relationship.

Time of availability

This will refer to day time, being the time when institution stocking/dispensing condoms are open to enable procurement.

This will be assessed by focusing on the time when students feel they should find access to condoms.

Sex of seller

This will refer to the sex of the individual dispensing condoms. It will be assessed by seeking to know if the individual dispensing Condoms is of the same sex with the person procuring condoms, and the implications of the dispensers sex on condom procurement.

Financial Superiority

This will refer to the status one has due to monetary financial capability. This will be assessed by investigating whether someone financially able can influence one's sexual intercourse.

Communication

This will refer to discussing between the partners. This will be assessed by finding out whether the sexual partners talk to each other about their past sexual experience involving sexual intercourse.

Length of relationship

This will refer to the stage in relationship. This will be assessed by assessing the familiarity between partners and its implications for protected intercourse.

2.4.3 Dependent Variables

Sexual behaviour

This will include sexual acts or characteristics as well as social aspects that could lead to or not lead to any protective or precautionary measures against contracting HIV/AIDS. These will include condom procurement, sexual relations, protected intercourse, knowledge of the partner's sexual history and number of partners one has.

Condom procurement

This will refer to condom buying and carrying. It will be used to measure the problems with condom buying especially the embarrassment of asking for condoms in public and often from someone of the opposite sex.

Sexual Intercourse

This will refer to having sex. Sex will be used to measure what factors affect sexual intercourse.

Protected intercourse

This will refer to condom use during sexual intercourse. It will be used to measure factors that lead to condom use and reasons as to why condoms are used or not used.

Sexual experience

This will refer to one's past sexual behaviour/relations involving se intercourse. It will be used to measure one's knowledge of the partner's past sexual intercourse experience.

Sexual experience

This will refer to one's past sexual behaviour/relations involving sexual intercourse. It will be used to measure one's knowledge of the partner's past sexual intercourse experience.

CHAPTER THREE

SITE SELECTION AND METHODOLOGY

3.1 SITE

3.1.1 Location and selection

Maseno University Campus, Moi University, is located in Nyanza Province, Kisumu District, Maseno Division. Kisumu District is estimated to cover a total area of 2660 sq Km of which 267 sq Km is under water. It lies between longitudes 33 degrees 20" E and 35 degrees 20" E and latitudes 20" S and 50" S.

The district shares borders with South Nyanza District to the southwest, Kisii District to the south, Nandi District to the northeast, Kericho District to the east, Kakamega District to the northwest, and Siaya to the west (Government of Kenya 1994).

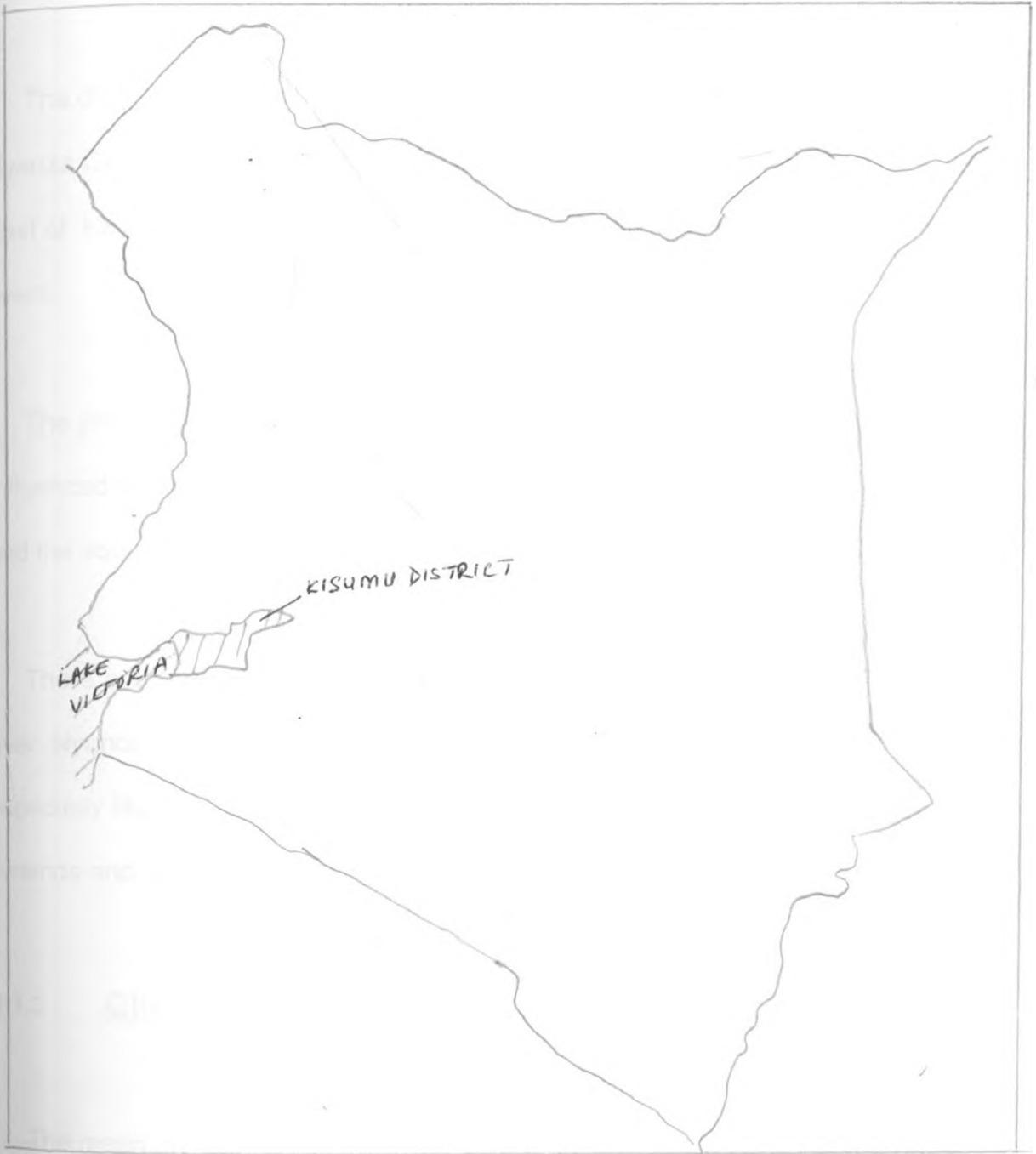
The choice of Maseno University College, Moi University was purposive and based on the assumption that the students' knowledge of HIV/AIDS will influence their sexuality in an area that has a high sero-prevalence rate.

The Campus was also chosen in light of its location in a society of poor sex morals (Government of Kenya 1994).

MAP OF KISUMU DISTRICT SHOWING THE LOCATION OF MASEND UNIVERSITY COLLEGE



MAP OF KENYA SHOWING THE LOCATION OF KISUMU DISTRICT



3.1.2 Physical characteristics

The district lies in a depression which is part of a large lowland. It surrounds the Nyanza Gulf, a protruding part of lake Victoria at the head of which is Kisumu town. East of Kisumu town are the Kano plains occasionally broken by low ridges and rivers.

The process associated with the formation of the Rift Valley are believed to have influenced some notable physical features, for example the carps in the north, East and the south.

There are three major rivers all flowing into the Nyanza gulf. They are Sondu river, Nyando river and Kibos river. However heavy silting along these rivers, especially Nyando and Sondu, has resulted in the formation of extensive lake side swamps and vegetation.

3.1.3 Climatic conditions

The mean annual rainfall which varies with attitude is between 1260mm and 1630mm with two rainy seasons. The long rainy season occurs in April/May while the short rainy season occurs in August/September and averages between 450mm and 600mm.

The reliability of the short rainy season is low and the rains are scattered over long period such that cultivation of second crops is difficult.

The mean annual temperatures range from a maximum of 25°C to 30°C and mean annual minimum ranges from 9°C to 18°C.

3.1.4 Demographic Characteristics

The population of Kisumu district was estimated at 536,754 (Government 1979) with a sex ratio of 1 to 1.03 (males to females). The annual population growth rate is estimated at 3.0%. Over 50% of the district population is found within the municipality and Maseno Division.

3.1.5 Prevalence of HIV/AIDS in Kisumu District

The first case in the District was diagnosed in 1987 and by the end of the same year 117 cases had been reported (Kenya Government). So far reported cases of HIV/AIDS have risen from 117 in 1987 to 4,353 in 1993, giving an average of 52 cases per month. In 1993 alone 524 HIV/AIDS positive cases were reported by the month of September. The reported number of cases depict an upward trend which suggests that as years go by, the spread of HIV/AIDS continues to increase. Kisumu District registered 45.2 % of all cases reported in Nyanza Province during 1986-93 period.

In Kisumu District, like in the rest of the districts and towns in the country, the key factors responsible for the spread of HIV/AIDS disease are namely :- social

cultural practices, unprotected sex with infected persons and use of unsterilized surgical/medical equipment/practices.

The major cause for the spread of HIV/AIDS disease in the district however, remains unprotected sex with infected persons due to poor moral standards. With a 1993 population of 183,447 and 196,814 male and female respectively in their active sex life (ages 15 - 49), the poor societal moral standards are likely to cause a major blow to this population age bracket, which comprises the labour force.

3.2 METHODOLOGY

The study was a purposive investigation as suggested in the topic. It focused on the undergraduate students, whose choice was based on the fact that they are located in a high sero-prevalence zone, characterized by poor moral standards or behaviour. However it assumed that the students' knowledge of HIV/AIDS will influence the students' sexual behaviour in an area with a high sero-prevalence rate.

3.2.1 Sampling Procedures

The study employed stratified random sampling of first and third year students. The study assumed that the length of time one stays at campus, influences one's sexual behaviour.

The population was further stratified by sex. This was based on the assumption that moral behaviour in a given sex, say male or female is homogeneous.

Thereafter the sample size was picked on using simple random sampling. This was done by numbering from zero to the maximum per the two strata by year of study using a register. The first required number was randomly picked. Where a member of the sample population was not traced another was picked on randomly

The choice of random sampling was based on the fact that each member was assumed to be capable of answering as many questions as other members since they were in the same groups. With this kind of situation applying and bearing in mind that they are all literate the use of interview schedule was an appropriate tool for drawing information from the respondents.

However random sampling suffers from a shortcoming of generalizing about the sample which is taken to represent the total population despite the variation in their knowledge and responses.

3.2.2 Sample Size

This study took a sample of 10% of the total population under observation (1000) hence 100 students as the sample size. Due to the unsystematic ratio between the first and third years, a ratio of 2:3 was used to select the sample. Hence 20 males and 20 females represented third year students and 30 males and 30 females represented first year students. This sample ratio , was based on the fact that the

proportion of males to females is about 1:1, hence the same number of males as females in the sample size.

3.2.3 Methods of Data Collection

A number of data collection techniques were employed in this study. These included the use of interview schedule, informal interviews, projective techniques and observation.

3.2.4 Interview Schedule/Questionnaire

This was carried out through recording schedules self administered by the respondent. It contained both open - ended and closed - ended questions.

3.2.5 Informal Interviews

This was in form of informal discussion between the researcher and some informants. It works under the assumption that the researcher knows some people who have appropriate information on certain issues e.g. consumption of condoms at the family planning clinic, any AIDS related diseases. This helped in bridging the gap on the knowledge of students' sexual behaviours and other aspects related to HIV/AIDS. Such key informants included the medical officer, Assistant dean of students, and the in charge of family planning clinic.

3.2.6 Observation:-

This was carried out with other methods because of the fact that there are certain things which can also be directly observed.

3.3 DATA PROCESSING

3.3.1 Data Analysis:

After data collection the information was coded for tabulation. The computer service was employed in data processing. This was done using statistical package for social science (SPSS/PC+).

The findings were in form of frequencies, tabulations, totals, percentages, means, variance, standard deviation and pearsons correlation co-efficients and cross tabulation.

3.4 PROBLEMS ENCOUNTERED IN DATA COLLECTION

These may perhaps not be taken as real problems, but rather as notes on the field more so as conditions influencing the quality of the research and findings.

On the premise that all respondents were literate, interview schedules were distributed to be self administered. However as expected not all of them were returned. This forced me to go and produce more to top up the deficit.

Meeting the respondents was a very difficult task. Though I had used a register to sample out the respondents and having known their room numbers, I would call at their rooms only to find that they were not in and the doors were locked.

Maseno University College Security is very strict. Therefore I faced a lot of harassment time and again as I appeared new to them, despite the fact that the administration had cleared me to carry out the research.

Accommodation was a problem and I had to stay in lodging at Luanda which is some distance from Maseno Campus. This made it difficult for me to get in touch with the respondents at night, despite the fact that, that was the best time to catch up with them. I had to leave the campus fairly early in order to get transport to where I was staying. This also made the study more expensive.

This research was carried out almost immediately after another one similar to it, was done. Thus some respondents felt they were being bothered a lot as they perceived this research and the previous one to be one and the same.

This matter was aggravated by the fact that it was the time when many of the respondents were preparing for their exams and CAT.

Finally, being a self sponsored student, I generally had a financial problem, although I persevered until I completed the research.

CHAPTER FOUR

SELECTED CHARACTERISTICS OF RESPONDENTS

This chapter deals with various respondents' characteristics. These include age/sex distribution, marital status, home district, source of information on HIV/AIDS, whom to educate on HIV/AIDS, knowledge of one's HIV status and financial influence on one's sexual behaviour.

4.1 AGE

The age range of the respondents was between 19 and 25 years of age, with a mean age of 22 years. Over half (67%) of the respondents were aged upto the mean age and 33% of the respondents were above the mean age. The lowest age was 19 years, accounting for 3% of all respondents, while the highest age was 25 years, accounting for 7% of all the respondents. The mean age (22 years) had the highest frequency of respondents, accounting for 26% of all the respondents. This is shown in the table below:-

Table 1. Distribution of respondents by age

	N	%	Cumulative	%
19	3	3	3	3
20	14	14	17	17
21	24	24	41	41
22	26	26	67	67
23	12	12	79	79
24	14	14	93	93
25	7	7	100	100
TOTAL	100	100		

It can therefore be concluded that all respondents fall in the group of young adults. Young adults are in their prime age of sexual encounter (UNICEF 1993) which has great implication in light of HIV/AIDS transmission. The female within the age bracket in the table 2 below are more vulnerable to HIV/AIDS infection because of underdeveloped cervix which tends to be a less efficient barrier to HIV/AIDS than the mature genital track of older women.

Table 2. Sex/Age distribution

age	19	20	21	22	23	24	25	total
sex								
female	3	7	14	8	7	8	3	50
male	0	7	10	18	5	6	4	50
total	3	14	24	26	12	14	7	100

4.2 MARITAL STATUS

There were 98 (98%) respondents who were single and 2 (2%) respondents who were married. The married respondents were all female students in their third year of study. The above marital status distribution shows that almost all respondents were single. Having no legal contract with anyone, they are highly susceptible to changing sexual partners as they wish. This makes them highly vulnerable to HIV/AIDS transmission unlike their married counter parts. Being married tends to commit one to one's partner.

4.3 SOURCES OF INFORMATION

Responses were given for one's sources of information on HIV/AIDS as shown in table 3 below:-

Table 3 **Sources of information on HIV/AIDS**

Sources of Information	Frequency	%
Radio	97	27.8
Newspapers	91	26.1
T.V.	72	20.6
Friends	69	19.8
Parents	14	4.0
Counsellors	6	1.7
TOTAL	349	100.0

The most popular source of information as shown above is the Radio, with a total of 97 response accounting for 27.8% of the cumulative response about the source of HIV/AIDS information. The popularity of the Radio as the source of information on HIV/AIDS, may be due to the wide spread distribution of radios among the Kenyans.

Next in importance as a source of information were newspapers, with a total of 91 responses, accounting for 26.1%. This could be due to the fact that all respondents were literate and highly accessible to Newspapers which are bought for Library use daily and at least in every three months there is an article on HIV/AIDS.

Televisions are also reported to be popular sources of information on HIV/AIDS. This could be because of a wide distribution of Television sets in various common

rooms. A number of these students also have television sets in their homes. This accounted for 20.6% of the responses.

Friends were also cited as a source of HIV/AIDS information. About 19.8% of the respondents reported their source of information to be friends. It is a fairly popular source because, HIV/AIDS as a topic has become very common among all people.

Parents as a source of information on HIV/AIDS accounted for only 4%. It was no surprise that parents as a source of HIV/AIDS information featured low, as HIV/AIDS is mainly contracted through sexual encounters. A sexually related topic is highly objected to (a taboo), socially as a topic to be discussed between parents and their children in most cultures. It was the responsibility of relatives within joking relations such as aunts, cousins and grandparents to educate one's children about sexual affairs. However the social structure today hardly exposes the children to their grandparents or aunts.

Least in line as a source of information on HIV/AIDS is counsellors at 1.7%. This could be because, a few of the respondents or students ever seek counselling services which put them face to face with counsellors.

4.4 EDUCATION ON HIV/AIDS

A total of 88 (88%) of all the respondents reported that all people should be educated about HIV/AIDS. Of the 88 respondents who cited the need to educate

everyone about HIV/AIDS, 46(52.3%) of them were males. Twenty five of the 46 males were third year students and 21 were first year students.

Forty two (47.7%) of the 88 respondents above were females, with 25 being third years and 17 being first year students.

Nine (9%) of the 88 respondents reported that education about HIV/AIDS should be focussed on youths only. They were all first year students, four of whom were males and five of whom were females.

However (3.4%) of the 88 respondents reported that education on HIV/AIDS should be addressed to the sexually active only. They were all first year female students. It can be observed that the third year students realise that there is lack of knowledge about HIV/AIDS within the community, than the first year students.

It can be observed that the need to educate everybody about HIV/AIDS is high. This is due to the fact that in order to effectively control the incidence and prevalence of HIV/AIDS, we need to educate almost all people starting from those yet to become sexually active. It may be difficult to identify who is sexually active and who is not, especially with the females who tend to keep it as a secret. It is also worth noting that HIV/AIDS transmission has various modes which should be known to all for personal safety.

4.5.1 Knowledge of One's HIV/AIDS Status

The distribution of one's knowledge of his/her HIV/AIDS status is as shown below in table 4 below.

Table 4. Knowledge one's HIV/AIDS status

Have knowledge	Frequency	%
No	80	80
yes	20	20
TOTAL	100	100

As shown in the table above 80(80%) of all the respondents reported lacking knowledge of their HIV/AIDS status. But 20 (20%) said that they knew their HIV/AIDS status.

This is a very low percentage. Of the respondents who did not know their HIV/AIDS status, 27(33.75%) said to have the desire to know, while 24 (30%) did not desire to know their HIV/AIDS status, probably for fear of any chances of being HIV positive.

Among the respondents who lacked knowledge about their HIV/AIDS status and did not wish to know their HIV/AIDS status 6(25%) reported that they did not want to know their HIV/AIDS status because they have had multiple sexual partners.

Ten (42%) feared to know their HIV/AIDS status because they had sexual encounters without using condoms. The remaining 8 (33%) gave reasons ranging from having had sexual encounters with prostitutes, with someone he/she knew little about and having

one's partner die under suspicious circumstances. Above all they feared that in case they were sero-positive they would start worrying. This could lead to an early death than if they were ignorant.

The majority of respondents did not know their HIV/AIDS status. This is also true for the student community at large.

Knowledge of one's HIV/AIDS status helps one to responsibly live in the society. Knowledge of ones HIV status may for example help one to seek HIV/AIDS counselling services which prepare the person to live positively with HIV/AIDS or without it. Although to some knowledge of sero-positive status would culminate in the wide spread of HIV, indiscriminately. This arises due to a notion of revenge, hence one saying one should not die alone.

It was noted from the dean of students that there were indicative signs of students who were sero-positive. This was manifested by about 10 cases of students suffering from Tuberculosis (T.B).

4.5 FINANCIAL INFLUENCE

Asked whether one could be influenced by those with better financial abilities, the respondents had the following views (see table 5).

Table 5: Sexual intercourse and financial superiority

Ability to influence	Frequency	%
No	91	91
Yes	4	4
No response	5	5
Total	100	100

A total of 91(91%) of the respondents reported that they could not be influenced into sexual intercourse by the partners's economic superiority over them.

However a total of 4(4%) of the respondents were of the view that it is possible to be influenced into sex with someone economically superior.

Two of the respondents who reported the possibility of being influenced into sexual intercourse through economic power argued that they had never themselves been influenced, while the other two reported having ever been influenced.

However it was noted that one can be influenced into sexual intercourse by other forms of superiority. For instance it was noted through an informal interview that some students, would not mind having sexual intercourse for the sake of winning academic favours from the lecturers.

CHAPTER FIVE

PERCEPTION OF HIV/AIDS AND SEXUAL BEHAVIOUR

5.1 INTRODUCTION

This chapter, attempts to provide a general over-view of the study findings through the use of descriptive statistics. The sample for this study consisted of 100 undergraduate students as key respondents. There were 50 female students, 20 of whom were first year students and the other 30 being third year students, who were randomly selected. There were also 50 male students, 20 of whom were first year students and 30 of whom were third year students randomly selected as elaborated in the preceding section on methodology.

5.2 PERCEPTION OF HIV/AIDS TREND

The perception of sero-prevalence may be taken as a good indicator of ones ability to change one's sexual behaviour. There is no question about the fact that control of sero-prevalence in Kenya and the world at large is dependent on changes in sexual behaviour of the population. This is because over 75% of HIV/AIDS victims contract it through hetero - sexual intercourse and in some regions where sexual behaviour of the population has change, sero-prevalence has reduced. For example in Uganda and Copper Miners in Zambia.

On this basis respondents were asked about their perception of sero-prevalence.

Their responses were as in Table 6 below.

Table 6 Respondent's perception of sero-prevalence

Perception	Frequency	%
on the increase	93	93
Not on the increase	7	7
Total	100	100

As it can be observed in Table 6 above a total of 93(93%) of the respondents reported perceiving HIV/AIDS as on the increase. A total of Seven (7%) of the respondents perceived HIV/AIDS prevalence as decreasing. It can clearly be noted that almost all respondents are aware of the high prevalence of HIV/AIDS.

The respondents perceived HIV/AIDS prevalence as on the increase categorically gave reasons as to why they think so. A total of 66 (35.9%) of the respondents reported that an increase in HIV/AIDS prevalence is due to poor morality levels.

A total of fifty three (28.8%) of the responses reported that they think HIV/AIDS prevalence is on the increase because of people's ignorance of facts about HIV/AIDS. Twenty five (13.6%) of the responses reported HIV/AIDS to be on the increase due to cultural factors. The cultural factors cited were wife inheritance and sharing of sharp objects during traditional rituals.

A total of 13 responses (7.1%) of those who said that there is an increase in HIV/AIDS prevalence, said it is on the increase due to contaminated health care tools. While fourteen (7.6%) said that the increase was due to economic hardships among the population. They went further to explain that one may be lured into extra marital affairs not because he/she is of poor morals but just because it solves one's financial problems at that moment.

Seven of the responses had to do with prolonged stay away from one's wife/husband due to urban employment as a factor greatly contributing to HIV/AIDS prevalence. Wives like husbands, will always need sexual satisfaction after sometime. In the case of the women, this exposes them to the male neighbours who feel it is their responsibility to sexually satisfy the women whose husbands are not around. Such neighbours are normally known to be sexually loose and therefore highly susceptible to contracting HIV/AIDS. While for the men, they would look for any female who can enable them relieve themselves from the increasing sexual desire.

The respondents who said that HIV/AIDS prevalence is not on the increase, argued that people are believed to be changing their sexual behaviour thus becoming sexually responsible.

Finally the respondents were asked how serious they thought HIV/AIDS prevalence was. A total of 47(47%) respondents said that HIV/AIDS prevalence was very high, 36(36%) said that it was high, 12(12%), moderate and 5(5%) said that HIV/AIDS prevalence was low. Cumulatively 83% of the respondents said that HIV/AIDS prevalence was high.

It is no doubt that HIV/AIDS prevalence is high in most parts of Kenya among other Developing countries.

5.3 HIV/AIDS AND RISK BEHAVIOUR

Perception of HIV/AIDS was looked at in terms of the knowledge as to whether HIV/AIDS has any cure or not. It was noted that HIV/AIDS has no cure as reported by 94% of the respondents. The perception (lack of HIV/AIDS cure) was used to find out if, it has any implications on the sexual behaviour of the respondents. This focused at the risky behaviour as will be analyzed through the number of partners one had, condom procurement and use, if the respondents ever engaged in sexual intercourse, knowledge of the partner's past sexual intercourse experiences and effect of sex of condom seller on the buyer.

It was noted that despite the knowledge of no-cure for HIV/AIDS, all the respondents, reported to have been involved in sexual intercourse at one time or another. This shows that in one way or another they stand a risk of having contracted HIV/AIDS. It was also noted that at the time of the study some two male students had raped one of the female students. Thus increasing the risk if contracting HIV/AIDS.

Focussing on the number of partners each respondent had by the time of the study and since the previous year (1994) the observations were as outlined in table 7 below:-

By the time of study 42 (42%) of the respondents had one partner, while 32 (32%) said to have had two or more partners, and 23 (23%) said to have had none.

Table 7 **Respondents by No. of partners.**

No. of partners	Frequency	%	Cumulative Frequency	%
One	42	42	42	42
Two above	32	32	74	74
None	23	23	97	97
No response	3	3	100	100
<u>TOTAL</u>	<u>100</u>	<u>100</u>		

A total of 74 (74%) had sexual partners. This observation portrays little impact of the knowledge about HIV/AIDS on sexual behaviour of the respondents. This is because, despite the knowledge that HIV/AIDS is mainly transmitted through heterosexual intercourse, most of the respondents still engaged in sexual intercourse. Yet since, sexual intercourse is seen as a risky behaviour, one would have expected that the respondents refrain from any sexual intercourse acts.

Asked about the number partners they had since the previous year (1994), their responses were as follows: 25 (25%) one partner, 50 (50%) two and above, 19 (19%) none and 6 (6%) declined to give any answer. The study noted that half of the respondents reported having had multiple partners.

Cumulatively it can be noted that 75 (75%) of the respondents reported to have been sexually active, despite the knowledge that being sexually active exposes them to the risk of contracting HIV/AIDS.

The respondents' sexual behaviour (number of partners) was further analyzed with the assumption that both females and males behave alike and that the longer one stayed at the Campus the more sexually responsible they became especially after knowing that the Campus is located in one of the most high risk area as far as HIV/AIDS infection is concerned.

Table 8 Year of study by No. of partners of male respondents

No. of Partners	Year of Study				Total	
	1 60		3 40			
	No.	%	No.	%	No.	%
2 above	10 8 13	20	17 10	34	27	54
One	9 4 10	18	5 3	10	14	28
None	4 5	8	3 2	6	7	14
No response	2	4	0	0	2	4
TOTAL	25	50	25	50	50	100

The table indicates that 14 (28%) of the male respondents said to have had one partner since 1994. Twenty seven (54%) said to have had 2 or more partners, seven (14%) said to have had none and 2 (4%) gave no response. A total of (82%) of the male respondents said to have had at least a partner each since the beginning of 1994. It is evident therefore that knowledge on HIV/AIDS seems to have little impact on fear of contracting HIV/AIDS among the male respondents.

The female respondents' views were as seen in table 9 below:-

Table 9 Female respondents by year of study by No. of partners

No. of partners	Year of Study				Total Frequency	
	1		3		N	%
	Frequency	%	Frequency	%		
2 above	7	14	17	34	24	48
one	6	12	5	10	11	22
none	9	18	3	6	12	24
No response	3	6	0	0	3	6
TOTAL	25	50	25	50	50	100

A total of 24 (48%) of the female respondents said to have had 2 or more partners since 1994. A total of 11 (22%) of the female respondents said to have had a least one partner since 1994, 12 (24%) said to have had none and 3 (6%) declined to give any responses. Cumulatively 35 (70%) of the respondents said to have had at least a partner since 1994.

Just like their male counterparts the females knowledge about there being no cure for HIV/AIDS has little impact on the students' sexual behaviour.

The analysis of partner distribution based on the years of study as shown in tables 8 and 9 reveals that 13 (26%) of the first year respondents had no partners since 1994. A total of 15 (30%) of the respondents had one partner since 1994 and 17 (34%) of the first year respondents said to have had 2 or more partners since the beginning of 1994. Cumulatively 32 (64%) of the first year respondents had at least one partner since the beginning of 1994. For the third year students 20% had one partner, 68% had two

partners each, and 12% had none. A total of 88% of the male respondents had at least one partner since the beginning of 1994.

5.4 HIV/AIDS CURE, CONDOM PROCUREMENT AND USE

On the basis of empirical evidence and knowledge that HIV/AIDS is known to have no cure, the study tried to investigate whether the knowledge about lack of HIV/AIDS cure has any impact on condom use as an HIV/AIDS contra-infection.

To begin with it had to be established whether respondents ever use condoms or if they have ever used them. The responses were as shown in table 10 below:-

Table 10 **Condom Usage**

Ever used condom	Frequency	%
Yes	80	80
No	16	16
No response	4	4
TOTAL	100	100

A total of eighty (80%) of the respondents said that they had ever used condoms. A total of 16 (16%) of the respondents said that they had never used condoms. However, 4 (4%) of the respondents gave no response. Thus the majority of the respondents have ever used condoms during sexual encounters. However, there was need to know as to why they used condoms during the sexual encounters.

Out of the 80 (100%) of respondents who said that they had ever used condoms during sexual intercourse, 60 (75%) said that they had used condoms to prevent pregnancy. A total of 12 (15%) reported condom use as a sexually transmitted diseases contra-infection(STDS), while 3 (3.8%) cited other reasons and 5 (6.2%) gave no response.

It can be noted that no respondent who reported usage of condoms, had used them as an HIV/AIDS contra-infection. The respondents thus perceive HIV/AIDS less as a danger despite the knowledge that anybody can have HIV/AIDS, it has no cure and that the main mode of HIV/AIDS transmission is sexual intercourse.

The respondents who said not to have used condoms were asked why they have never used them. Two (12.5%) of them said that they had never used condoms due to their religious beliefs. They said condom use is not God's ideal for man.

The Table 11 **Reason for non-use of Condom**

Reason	Frequency	%
Religious	2	12.5
Other	13	81.25
No response	1	6.25
Total	16	100

Among the respondents who said they had never used condoms, 81.25% said that they had never used condoms because of the following reasons which ranged from, fear to tell partners to use condoms, partners dislike of condoms, lack of control, being

drunk, that being their first sexual encounter, fear of procuring condoms and fear of being seen by the partner as not being serious with the relationship.

Furthermore still focussing on cure of HIV/AIDS and sexual behaviour, the respondents who said that they had ever used condoms were asked how frequently they used them with their regular partners.

Table 12 **Condom use with regular partners**

Frequency	Number	%
Sometimes	50	66.6
Always	17	22.7
Never	8	10.7
Total	75	100

It was noted that 50 (66.6%) said that they used condoms, sometimes with their regular partners. Seventeen (22.7%) said that they had had regular usage of condoms with their partners and eight (10.7%) said that they never used condoms with their regular partners. Cumulatively a total of 58 (77.3%) said that they never always used condoms with their regular partners.

Knowledge on the cure HIV/AIDS was used to test how often respondents would use condoms with regular partners. It was noted that (32%) used condoms sometimes with regular partners, (60%) said that they always used with regular partners and (8%) said that they would never use condoms with regular partners.

In the ideal and the actual cases of condom use with regular partners during sexual encounters, it was noted that most of the respondents reported irregular usage of condoms during sexual encounters. It is to be noted that despite knowledge of HIV/AIDS being fatal the students are still vulnerable to HIV/AIDS transmission. It is also noted that although 32 respondents said that they would use condoms with their regular partners, only 17 respondents, said that they actually did so.

This is indicative of the fact that the fatality of HIV/AIDS is taken for granted as partners become acquainted with each other.

5.5 MODE OF TRANSMISSION AND SEXUAL INTERCOURSE

Investigation of the knowledge of the various modes of transmission revealed the following as shown in table 13 below.

Table 13 Mode of indicated HIV/AIDS Transmission

Mode of Transmission	Frequency	%
Sexual intercourse	96	38.6
Blood transfusion	79	31.7
Contaminated needles	42	16.9
Mother to unborn child	23	9.2
Tooth brushes	3	1.2
Mosquitoes	6	2.4
TOTAL	249	100.0

It was noted that sexual intercourse was said to be the most common mode of transmission (38.6%) while blood transfusion was the second most common mode of HIV/AIDS transmission with (31.7%); Little has however been done to know the effect of blood transfusion on the prevalence of HIV/AIDS. Contaminated needles was rated third, (16.9%); Transmission from mother to unborn child was seemingly known to few respondents (9.2%); A few other responses such as mosquito bites (2.4%) and tooth brush (1.2%), came up.

It is clear from the above empirical evidence that there is knowledge on HIV/AIDS transmission, despite a few cases who believe that HIV/AIDS transmission can occur through mosquito bites and sharing tooth brushes with infected persons.

On perception and sexual behaviour it was noted that despite the knowledge of the modes of HIV/AIDS transmission the expected behaviour of not engaging in sexual intercourse is not adhered too. This is because of all the respondents in question only 18% reported that the knowledge on HIV/AIDS makes them refrain from sexual intercourse, which is the only way of almost being sure of HIV/AIDS contra-infection.

A total of 38 (38%) said they controlled the number of partners, while 19 used condoms. However among 38 (100%) respondents who reported to consider controlling the number of sexual partners, 32 (84.2%) of them still had more than one partner.

In a bid to establish the HIV/AIDS contra-infection measures, it was noted that, 66.6% of the respondents sometimes used condoms with regular partners, 10.7% never

used condoms with regular partners and only 22.7% always used condoms with their regular partners.

As noted above the practise of condom use is very low, and where they are used, they are mainly used as contraceptives as said by 75% of the respondents.

5.6 COMMUNICATION AND KNOWLEDGE OF PARTNER'S SEXUAL EXPERIENCE

In this era of HIV/AIDS it is worth to know one's partner's past sexual experience. This could be indicative of one's possibility of being among the risk groups. Communication is a medium through which one could gather knowledge about one's partner's sexual experiences. As such the study investigated the frequency of free discussions between partners. The responses were as follows : (See table 14).

Table 14 **Frequency of free discussions between partners**

Times	Frequency	%
Always	37	48
Sometimes	32	42
Never	4	5
No response	4	5
Total	77	100

The question about frequency of discussion was addressed only to respondents (77) who had said that they had partners at the time of the study. A total of 37 (48%) said that they always freely discussed with their partners; and 32 (42%) said that they sometimes discussed freely with their partners and 4 (5%) said that they never held discussions with their partners, while four gave no response.

A total of 69 (90%) of the respondents who had partners at the time of the study said that they engaged in discussing freely with their partners.

For those who said that they engaged in discussions with their partners, the contents of their discussions were as follows (see table 15 below).

Table 15 - Topics of discussion between partners

Topic	Frequency	%
Avoid Pregnancy	30	21.8
Enhancing Relationship	54	39.1
Other	54	39.1
Total	138	100

It was noted in that a total of 30 (21.8%) of the respondents who said that they had engaged in free discussions, talked about, avoiding pregnancy while enhancing their relationships was reported by 39.1%. A similar percentage discussed other topics.

Despite the fact that the majority of the respondents (90%) who had partners, were involved in free discussions sometimes or always with their partners, fear of HIV/AIDS infection was not discussed nor was the fear of contracting venereal diseases.

This may explain why only 22.7% (17) of 75 respondents with partners, are the only ones who reported use of condoms always with regular partners, although 32 (32%) had ideally said they would use condoms with regular partners.

5.7 CONDOM PROCUREMENT AND TIME OF AVAILABILITY

Based on the knowledge of HIV/AIDS, condom procurement is expected to always occur at earlier times, other than the time when one is sure of engaging in sexual intercourse.

The study thus sought to find out, the best time to procure condoms according to the respondents. The study found out that 81% of the respondents preferred anytime of the day.

This they said is because sexual encounters are activities that take place at anytime of the day and at unspecified places.

A total of 16 (16%) of the respondents preferred to have condoms procured only during day time. This they say (daytime dispensing) is because sexual encounters are acts planned ahead of time, so anyone expecting to have sexual intercourse should procure condoms in advance. Three (3%) of the respondents preferred to have condoms procured only at night time. They supported their idea by saying that sexual encounters are acts performed at night.

It was noted that there is an assumption by the majority (84%) of the respondents that sexual intercourse is always premeditated. This of course leaves room for one to engage in sexual activity without the use of condoms as sexual encounters often just take place between partners without one having time to run to the nearest condom dispensing centre to procure one.

5.8 CONDOM PROCUREMENT AND SEX OF SELLER

To many young men and women condom procurement has always been an embarrassing situation (Ochola 1991:24, Saunders and Underwood 1991:32).

It tends to become worse when one is procuring condoms from a member of the opposite sex.

Respondents were asked how they felt buying condoms from members of the opposite sex. A total of 68 (68%) said that they would feel free, while a total of 32 (32%), said that they would not feel free.

It can be noted that over and above two thirds of the respondents said that they would feel free procuring condoms from members of the opposite sex. Such a high proportion of respondents expressing their feeling as free above, could be due to the widespread condom use, that tends to make them generally acceptable.

This could also be due to the wide campaign in favour of condom use, especially as an HIV/AIDS contra-infection. However it can also be noted that elements of

embarrassment in procuring condoms from members of the opposite sex seem to linger on in a number of respondents.

While it is evident from the above analysis that most respondents would feel free procuring condoms from members of the opposite sex, the study reveals that, the behaviour involved in procuring condoms may be due to wide spread acceptance of condoms as HIV/AIDS contr-infection measure, however empirically it is evident that condoms are least procured to be used as HIV/AIDS contra-infection measure.

CHAPTER SIX

RELATIONSHIP BETWEEN PERCEPTION OF HIV/AIDS AND SEXUAL BEHAVIOUR

6.1 INTRODUCTION

This chapter deals with the relationship between perception of HIV/AIDS and sexual behaviour. The results reported here are purely statistical (quantitative). The cross tabulation and pearson's correlation co-efficient were used in the analysis of data. They were used to test the level of statistical association between dependent and independent variables. This chapter is divided into sub-sections corresponding to the hypotheses of the study. The study assumes that perception of HIV/AIDS is an intervening variable with its impact incorporated in the sexual be behaviour of the respondents.

The chapter focuses on; sexual behaviour in the context of condom procurement, sexual intercourse, partners' sexual experiences, protected intercourse as shaped by perception in the context of time of condom availability, financial superiority, communication between partners, sex of seller and length of relationship.

6.2 TIME AND AVAILABILITY OF CONDOMS

The hypothesis put forward was that perception (in the context of time of condom availability) is inversely associated with condom procurement. Condoms are seen as the only protection against HIV/AIDS transmission, by the group of people who engage in penetrative sexual encounters (Ochola 1991:26, Government of Kenya 1979:30, Unicef 1988:12). It therefore follows that the people engaged in penetrative sex, should keep procuring condoms at all times. However, the question raised is as to whether

perception (in the context of time of condom availability) has any implications for condom procurement.

This is because due to perception of HIV/AIDS one is expected to have condoms accessible almost all the time, but not that condom procurement is to depend on time of availability which is normally day time. Most of the Organisations and Institutions which dispense condoms operate only during day-time.

Yet the highest frequency of sexual intercourse occurs at night. The time when most sexual encounters occur does contrast with the time of condom availability. Therefore the study sought to investigate whether perception of HIV/AIDS (in the context of time of condom availability) has any implications for the preferred time of condom procurement. The observations are shown in the table below.

Table 16 Time of availability by condom procurement

Condom Procurement	Time of Availability		
	Night	Day	Anytime
Yes	3	2	61
No	0	4	0

It can be observed that 4.3% of the respondents who reported to have procured condoms at one time or another, preferred night as the best time of condom procurement or dispensing. These accounted for 3.6% of all the population and 100% of those who prefer night as the best time of condom procurement/dispensing. Sexual intercourse is thus viewed as a night act only, and condom procurement should therefore be done at that time.

$$F = \frac{n\sum xy - (\sum x)(\sum y)}{\sqrt{\{n\sum x^2 - (\sum x)^2 \times n\sum y^2 - (\sum y)^2\}}}$$

x	y	xy	x ²	y ²
3	0	0	9	0
2	4	8	4	16
61	0	0	3721	0
<hr/>				
66	4	8	3734	0

$$\frac{3(8) - 66 \times 4}{\sqrt{3(3734 - 4356 \times 3(16) - (16))}} = \frac{24 - 264}{\sqrt{[11202 - 4356] \times 48 - 16}}$$

$$\frac{-240}{\sqrt{(6846 \times 32)}} = \frac{-240}{\sqrt{219072}} = \frac{-240}{468} = -0.51$$

A total of 11.1% of the respondents preferred day-time as the best period of condom procurement. Of these 55.6% said that they had ever procured condoms, while 44.4% had not procured condoms although they would prefer to do so during day-time.

A total of 88.4% of the respondents who had ever procured condoms, preferred to have them procured anytime of the day. These accounted for 100% of the respondents who preferred to have condoms procured at anytime of the day.

Based on the observation above, it's evident that perception (in the context of time of condom availability) has a negative implication for time of condom procurement. This is because about 75% of the respondents preferred to have condoms procured anytime of the day as opposed to normal time of condom accessibility. The above observation conforms to the methods adopted by various institutions and organisations,

such as University of Nairobi, where custodians dispense condoms at night to the needy students, to supplement the Student Health Centre Services, offered only during daytime (Ochola 1991:2). A similar continuous service of condom procurement, is carried out in the Zambian Mine Camps, where residents have access to condoms all the time through the condom dispensing machines (William 1992:24). It can therefore be observed that the hypothesis advanced is rejected.

This is further confirmed by the Pearson's Correlation Coefficient(r) at 3d.f being -0.51, showing a significant negation of the hypothesis advance. Hence confirming that there is a relationship between condom procurement and time of condom availability. Thus the need to have condoms available at all times for procurement.

6.3 SEX OF CONDOM SELLER

It was hypothesized that condom procurement (as influenced by HIV/AIDS knowledge) negatively relates to sex of condom seller. Sex of condom seller here is synonymous with someone of the opposite sex as the respondent. There is an element of embarrassment when one is procuring condoms, especially from someone of the opposite sex. Based on this element of embarrassment, the study seeks to find out whether, perception of HIV/AIDS has any implication for condom procurement. It is assumed that, if the sex of the seller and that of the procurer are same, then the chances of condom procurement will be high. This is because, the element of embarrassment is assumed to be low and vice verser.

The observation based on the hypothesis above, shows that sex of condom seller has limited influence of condom procurement as will be observed in table 17 below:

Table 17 **Condom Procurement And Sex of Seller**

Condom Procurement	Feeling of procuring from someone of the same sex			
	Shy	Free	Cumulative	
			No.	%
Yes	12	57	69	83.1
No	8	6	14	16.9
Total	20	63	83	100

x	y	xy	x ²	y ²
12	8	96	144	64
57	6	342	3249	36
<hr/>				
69	14	438	3393	100

$$2(438) - (966)$$

$$876 - 966$$

$$\sqrt{\{2(3393) - 4761\} \times 2(100) - 196}$$

$$\sqrt{\{6786 - 4761\} \times 4}$$

$$= \frac{-90}{\sqrt{8100}} = -1$$

Based on the cross tabulation in the table above, it can be observed that a total of 17.4% of the respondents said that they had ever procured condoms and said that they feel shy while asking for condoms from a member of the opposite sex. They account for 60% of the respondents who said that they feel shy of asking for condoms in the public from someone of the opposite sex. It also accounts for 14.5% of all the respondents. A total of 67.1% of the respondents, had never procured condoms, but would feel shy to ask for them from someone of the opposite sex. These account for 40% of the respondents who felt shy procuring condoms from someone of the opposite sex. They also accounted for 9.6% of all the respondents.

A total of 82.6% of the respondents, who had ever procured condoms, said they felt free asking for them from someone of the opposite sex. They accounted for 90.8% of the respondents who said they feel free asking for condoms from someone of the opposite sex and 68.7% of the study population. A total of 42.9% of the respondents, reported not to have ever procured condoms, but would feel free to ask for one from someone of the opposite sex. They account for 9.5% of the respondents who said there was no hindrance of asking for condoms from someone of the opposite sex, and 7.2% of the respondents.

Based on the analysis above it can be observed that even some of the respondents who have never procured a condom, would feel free to ask for one from someone of the opposite sex. It can be observed that 75.9% of the respondents feel, or would feel free asking for condoms from someone of the opposite sex. However, it should be noted that most of the respondents who said they would feel free while procuring condoms from someone of the opposite sex and have ever used them, said that condoms are mostly used as a contraceptive. It can therefore be observed that sex of seller does not inhibit condom procurement since about 75% of the respondents said they would feel free while asking for condoms from someone of the opposite sex.

The statistical hypothesis based on pearson's correlation coefficient (r) reveals a significant negative relationship, r being -1 . Hence it can be deduced that sex of a seller in the context of the hypothesis has no effect on condom procurement as opposed to it inhibiting condom procurement.

6.4 LENGTH OF RELATIONSHIP AND HIV/AIDS RISK

The hypothesis put forward was that protected intercourse (use of condoms), (as shaped by HIV/AIDS awareness), inversely relates to the length of the relationship. Thus the longer the relationship the less condoms are used.

Condom use in this case is synonymous to safe sexual encounter (protected intercourse). The prime reason for safe-sex is an HIV/AIDS contra-infection measure. Condom use during sexual intercourse is known to be the only HIV/AIDS contra-infection measure for a person who practices penetrative sexual intercourse. It is hence referred to as "practising safe sex" and or 'being a wise guy' (Government of Kenya 1989, Miller 1988:44). A number of people tend not to use condoms during sexual intercourse despite, condoms being said to be a protective devise against HIV/AIDS transmission.

They tend to sight a number of problems like, too drunk to remember, embarrassment of asking a partner to use them, bad smell among others (Ochola 1991:26, UNICEF 1993:40, Wight 1992:). The use of condoms in relation to the length of the relationship was investigated. The assumption underneath was that the longer the relationship, the more partners are seen to use condoms less. This is on the premise that the longer the relationship the less the risk of HIV/AIDS transmission is assumed to be. The result of this investigation are shown in the table below:-

$$F = \frac{n\sum xy - (\sum x)(\sum y)}{\sqrt{\{ [n\sum x^2 - (\sum x)^2] \times [n\sum y^2 - (\sum y)^2] \}}}$$

x	y	xy	x ²	y ²
2	3	6	4	9
49	4	196	2401	19
16	0	0	256	0
<hr/>				
67	7	202	2661	25

$$3(202) - (67 \times 7)$$

$$24 - 264$$

$$\sqrt{\{3(2661) - (4489) \times 3(25) - (49)\}}$$

$$\sqrt{\{[7983 - 4489] \times (75 - 49)\}}$$

$$-137$$

$$-137$$

$$\frac{-137}{\sqrt{(3494 \times 26)}} = \frac{-137}{301.4} = 0.45$$

Table 18 **Sex And Condom Use With Regular Partners**

Ever used condoms	Use with regular partners		
	Never	Sometime s	Always
Yes	2	49	16
No	3	4	7
Total	5	53	21

Source: Survey

The above table indicates that the respondents who were not using condoms with regular partners but had ever used condoms account for 3% of the respondents who had used condoms at some point in time. They also account for 40% of the respondents who said they had not used condoms with regular partners and 2.7% of all the respondents. A total of 42.9% reported no use of condoms with regular partners and had never used condoms. This proportion accounts for 60% of the respondents who said they had not used condoms with partner and 4.1% of all the respondents.

Based on the observation above it can be noted that very few respondents reported non use of condoms with regular partners despite the fact that they have ever used condoms. This can be accounted for by the fact that to most partners, acquaintance is synonymous to low risk of contracting HIV/AIDS. Therefore one moves from using condoms as HIV/AIDS contra-infection if at all that was the reason for its use. It is also clear that even those who had never used condoms and reported that they would not use condoms with regular partners are very few.

A total of 73.1% of the respondents said they had ever used condoms and to sometimes use them with regular partners. This accounts for 92.5% of the respondents who use condoms sometimes and 66.2% of all the respondents. This frequency is high and could be accounted for by the fact that most of the respondents reported to use condom to prevent unwanted pregnancies. It also portrays an assumed low risk of HIV/AIDS transmission from a regular partner. A total of 57.1% said they had never used condoms but would use them sometimes. They account for 7.5% the respondents who reported condom usage sometimes and 5.4% of the study population. They, like their counterparts above, would leave a potential of one contracting HIV/AIDS since they also assume low risk of contracting HIV/AIDS from a regular partner. A total of 23.9% of the respondents said they had ever used condoms and to always use them during sexual intercourse. They account for 100% of the respondents who said they regularly use of condoms with their regular partners and 21.6% of the study population.

Based on the above analysis it can be noted that only 21.6% of the respondents seem to assume a high risk of HIV/AIDS even with regular partner. However, 78.4% of the respondents seem to assume a low risk of HIV/AIDS transmission with 6.8% at the highest risk. It can therefore be noted that condom use is inversely related to length of the relationship. The hypothesis is thus accepted. Using the statistical analysis the pearson's correlation coefficient (r), is positively significant with the value of r being 0.45.

However the level of association between the length of relationship and the level of condom use is low. This is because 0.2% of condom use is explained by the length of the relationship. However based on this hypothesis one may get to understand as

to why the highest number of infected people are young partners. This is because as they relate to one another for some time they start assuming a low risk of contracting HIV/AIDS from each other.

6.5 COMMUNICATION

It was hypothesized that communication between partners does not directly relate to knowledge of the partners sexual experiences.

It is expected in this era of HIV/AIDS, that when partners discuss, they will have an interest in knowing each partner's sexual past. This is because one's sexual experiences can give an insight into one's potentiality of being sero-positive. (See table 19 below)

Table 19 Communication And Knowledge of The Partner's Sexual Experience

	Known sexual history	
	Yes	No
Often Discuss		
Never	1	3
Sometimes	15	17
Always	30	11

As observed above 25% of the respondents said they never have discussion with partners, but happen to have knowledge of their partner's sexual experience.

This accounts for 2.2% of the respondents who said they have knowledge of their partner's sexual experience, and 1.3% of all the respondents.

The knowledge of the partners' past sexual experiences as not known from the partners themselves can be accounted for by the fact that the respondents above got this information through their partner's friends. A total 46.9% of the respondents said

they have knowledge of their partners' sexual experiences and sometimes, discuss with them. This accounts for 82.6% of the respondents who said they have knowledge of their partners' sexual experiences. The above also accounts for 19.5% of all the respondents.

It can be observed that the respondents who sometimes discussed with their partners and had knowledge about their partners' sexual experience is very low as it accounts for less than 20% of all the respondents. This could be accounted for by the fact that most respondents reported their discussions to have focused on prevention of unwanted pregnancy. A total of 73.2% of the respondents who said they always discussed with their partners, said they have knowledge of their partners' experiences. They accounted for 65.2% of the respondents who said they had knowledge of their partner's sexual experience, and 39% of all the respondents. This is quite a high proportion of the respondents with the knowledge of sexual experience of their partners. This could be explained by the fact that, when partners are discussing they tend to touch topics beyond pregnancy prevention, hence they may discuss the possibility of HIV/AIDS transmission. However the knowledge of the partner's sexual experience, from the partner him/herself is highly questionable as, the partner would like to cultivate a good relationship between the partner and the self.

$$n\sum xy - (\sum x)(\sum y)$$

$$F = \frac{\quad}{\quad}$$

$$\sqrt{\{ [n\sum x^2 - (\sum x)^2] \times [n\sum y^2 - (\sum y)^2] \}}$$

x	y	xy	x ²	y ²
1	3	3	1	9
15	17	255	225	299
30	11	330	900	121
<hr/>				
46	31	619	1125	1555

$$3(619) - 46 \times 31$$

$$1857 - 1426$$

$$\frac{\quad}{\sqrt{\{3(1125) - (2116) \times 3(1555) - (961)\}}}$$

$$= \frac{\quad}{\sqrt{\{[3375 - 2116] \times [4665 - 961]\}}$$

$$\frac{-431}{\quad}$$

$$\frac{-431}{\quad}$$

$$= 0.2$$

$$\sqrt{(1259 \times 3704)}$$

$$2131.5$$

A total of 75% of the respondents said they never had any discussions with their partners, and had no knowledge of the partners' sexual experiences. This accounts for 9.7% of the respondents without the knowledge of the partner's sexual experience and 3.9% of all the respondents.

A total of 53.1% of the respondents who said they sometimes discuss with their partners, had no knowledge of their partners sexual past. This accounts for 54.8% of the respondents without the knowledge of their partners' sexual experiences, and 22.1% of all the respondents. This can be accounted for by the fact that most respondents' topics of discussions were, the future of their relationship and prevention of pregnancy. It therefore is not surprising to note that over 50% of the respondents who sometimes discussed with their partners were not having any knowledge of the partners' past sexual experiences.

A total of 26.8% of the respondents who always discussed with their partners had no knowledge of their partners' experiences. This accounts for 35.5% of the respondents without the knowledge of the partners sexual experiences and 14.3% of all the respondents. Lack of knowledge about the past sexual experiences of the partners could be accounted for by the fact that discussing about one's sexual past could easily erode one's confidentiality in the partner. Thus communication does not lead to knowledge of each other's past sex experiences, hence the hypothesis being accepted.

The statistical test of the hypothesis using person's correlation coefficient (r) is positively significant with (r) having a value of 0.2. However despite the positive relationship between partners discussing and not knowing the partners' past sexual experiences, the relationship is low.

The low association between discussing and lack of knowledge of the partners' past sexual experiences could be accounted for by the fact that most respondents who reported to at least hold discussion with their partners, never cited fear of STD/HIV infection in their topics of discussions.

6.6 FINANCIAL SUPERIORITY

The hypothesis put forward to guide the study was that financial superiority positively influences sexual relations despite HIV/AIDS awareness. Sexual relations here refer to sexual intercourse. Financial Superiority is known to influence sexual relations. Students in high schools and colleges are known to fall pray to this.

According to Achola's (1992:26) research findings, some University of Nairobi students were reported to have "Sugar Daddies" and "Mummies" as well as prostitutes. All this is done on the premise of one using one's financial superiority to influence the other. The "Daily Nation" of 12-11-95 reported that the students were promiscuous due to financial hardships. The hypothesis tried to investigate the possibility of one being sexually influenced on the premise of the other party being financially superior. The results are as in table 20 below:-

Table 20 Sexual Relations HIV/AIDS Awareness And Financial Superiority

Financial Superiority	Ever been influenced ?	
	Yes	No
Yes	8	1
No	1	0

A total of 88.9% agreed that financial superiority could influence one's sexual relations and that they had been influenced at one time. This accounts for 88.9% of the respondents who said they had ever been influenced, and 80% of all the respondents. However, 11.1% of the respondents said never to have been influenced but agreed that one can be sexually influenced by someone who is financially better off.

$$F = \frac{n\sum xy - (\sum x)(\sum y)}{\sqrt{\{[n\sum x^2 - (\sum x)^2] \times [n\sum y^2 - (\sum y)^2]\}}}$$

x	y	xy	x ²	y ²
8	1	8	64	1
1	0	0	1	0
<hr/>				
9	1	8	65	1

$$\frac{2(8) - 9}{\sqrt{\{[2(65) - 81] \times [2(1) - (1)]\}}} = \frac{16 - 9}{\sqrt{\{[130 - 81] \times [2 - 1]\}}}$$

$$= \frac{7}{\sqrt{(49 \times 1)}} = \frac{7}{49} = 0.14$$

It was therefore concluded that financial superiority could influence sexual relations. This is because about 90% of the respondents reported that financial superiority can influence one's sexual relation and at one time they have fallen pray to it. The statistical test, using person's correlation coefficient (r) reveals that there is a significant relationship with r value being 0.14.

Thus financial superiority can make one vulnerable to being sexually influenced in the act of sexual intercourse.

Superiority and one being sexually influenced is low. This can be said to explain only 0.02% of such cases.

CHAPTER SEVEN

7.1 SUMMARY

This thesis sought to explore the relationship between perception of HIV/AIDS and risk sexual behaviour among undergraduate students of Maseno University College, Moi University. The study investigated the perception of HIV/AIDS and its effect on their sexual behaviour. The sexuality and perception factors selected for the study included, condom procurement, time of availability, sex of seller, communication, knowledge of partner's past sexual experience, financial superiority and sexual relations. According to the conceptual model adapted by the research, actions taken by an individual are based on the factors of, external environment, the self and the unconscious mind. Hence the explanation of the inconsistency between behaviour and attitude. However, the second model of perception of HIV/AIDS and one's sexuality envisages social responsibility, change in sexuality and good.

A total of 100 respondents were interviewed. Ninety eight (98%) of them were single and two (2%) married. The majority of them were in 20s with a mean age of 23 years. The respondents fall under age group of people who are sexually active. All the married respondents reported non-use of condoms for whatever reason with their partners.

All respondents reported perfect knowledge of HIV/AIDS with 94% of them saying that HIV/AIDS has no cure, while 6% reported that there was cure of HIV/AIDS and it was Jesus.

All respondents said they had been involved in sexual intercourse at one time or another, with 28% of them having had two or more partners. Only 49% of the respondents reported to have known their partners' sexual experiences with 26% having had sexual intercourse before knowing the past sexual experiences of their partners. A total of 58% of the respondents who said they had had discussions with their partners, reported to have had knowledge of their partners' sexual experiences. But 1.3% of the respondents reported to have had knowledge of the partners' sexual

experiences despite lack of discussion between them. The Pearson's Correlation Coefficient (r) was 0.2 and the discussion between partners was found to explain 0.04% variance in the knowledge of the partners sexual experience.

However the low level of variance is explained by the fact that most respondents did not cite, the partners past sexual experiences as part of the topic of discussion.

A total of 11% of the respondents reported in the inaffirmative that financial superiority could influence one's sexuality. Thus 91% of the respondents reported to have ever been influenced by someone being economically better off leaving 8.3% as not having ever been influenced by someone economically better. The Pearson's Correlation Coefficient (r) was 0.14 with a variance of approximately 3%.

The study noted that the use of condoms was quite high among the respondents. To most (47%) the main reason for using condoms was to prevent pregnancy. Prevention of STD accounted for 6% only. Over 70% of the respondents preferred procurement of condoms at anytime of the day.

However, it was also noted that among the respondents who reported to have ever used condoms, 67.5% of them also reported the need to have condoms procured at anytime of the day. The Pearson's Correlation Coefficient (r) was -1 with a variance of 1%.

It was also noted that the sex of the condom dispenser in relation to that of the buyer has little effect on condom procurement, as 66% reported not to mind the sex of the condom dispenser. However, about a quarter of the respondents said they mind the sex of the condom dispenser. It was also noted that over 50% of the respondents would sometimes use condoms with regular partners. The Pearson's Correlation Coefficient (r) was -0.51 with a variance of 26%.

The study noted that HIV/AIDS transmission is on the increase, with over 90% saying so. It was also noted that over 40% of all the respondents said that HIV/AIDS prevalence is very high, with over 30% reporting that it was high. The reasons

advanced for this situation ranged from poor moral standards (28.5%), ignorance (22%) among others.

7.2 CONCLUSIONS

The findings of the study, indicate that the perception of HIV/AIDS is high. The perception of HIV/AIDS, however has a low effect on sexuality. This is because despite the knowledge that HIV/AIDS has no cure, very few respondents ever to discussed with their partners, with the intention of knowing their sexual history.

It was noted that condom procurement inversely depends on time of availability. Thus as long as condom dispensing is done at anytime of the day or night, there are high chances of condom procurement unlike during day time as is always the case. This was accounted for by the fact that sexual encounters in most cases are not planned in advance. Therefore condom procurement/dispensing should be an all time act.

It was also noted that the sex of seller/dispenser of condoms does not affect the procurement of condoms. Thus 66% of the respondents said that somebody of any sex should dispense condoms.

The length of the relationship was negatively related to the frequency of condom use with regular partners. Thus the longer the relationship, the more the tendency to assume a low risk of contracting HIV/AIDS. It can therefore be noted that the longer the relationship between partners, the higher the risk of contracting HIV/AIDS.

Financial superiority had some influence on sexual intercourse. Thus poverty is one of the factors that have been attributed to the prevalence of HIV/AIDS (Ochola 1991:26:37 "Daily Nation" of 12 November, 1995).

This is because students are forced into promiscuity by financial hardships. Economic hardships in the community have lead to increased incidence of sexual

relations based on economic motives hence increased prevalence of HIV/AIDS. The study thus indicated that about 75% of the respondents believe economic power has influence on one's sexuality.

7.3 RECOMMENDATIONS:

On the basis of the foregoing findings the study came up with the following recommendations :

1. To minimise the possibility of contracting HIV/AIDS among the respondents/students it is necessary to advocate for specific precautionary behaviour such as having one partner using condoms as well as to address for wider cultural issues.
2. Respondents should not trust their partners' to be discreet about their sexual relations as this would preclude learning about his/her past sexual experiences.
3. Discussion of safer sex between partners should be encouraged as opposed to silence about one's sexual intentions in leu of protecting one's self esteem.
4. Safer sex entails that condoms should be used by students as HIV/AIDS contra-infection instead of being used as a contraceptive.
5. Given the cultural constraints to safer heteral sexual sex, such as the taboo against the discussion of sexual behaviour, both across the sexes and amongst the same sex group, long term strategy of addressing these issues, particularly through comprehensive sex education are essential.
6. Condom self dispensing machines, should be encouraged to maximize condom procurement and use as well as being a preclude to the embarrassment of asking for one in the public especially from someone of the opposite sex.
7. Knowledge of one's HIV/AIDS status should be advocated for as it may for example help one to seek HIV/AIDS counselling services which prepare the person to live positively with HIV/AIDS or without it.
8. Condom dispensing should continue to be done at any time of the day or night.

9. HIV/AIDS education is relevant for all people as part of health education within the student community.

Further Studies

1. A study should be conducted about which factors enable someone to change his/her sexual behaviour in the direction of safer sex.
2. A study should be conducted on the effects of HIV/AIDS on reproduction.
3. A study should be conducted as to whether male sexuality is of spontaneous, biological and an inevitable sex driver.

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