

CHAPTER 4

HIV/AIDS

4.0 HIV/AIDS

4.0.1 Summary

Since detection in 1981, AIDS has become a worldwide epidemic spreading rapidly albeit unevenly, across continents, countries, age groups and socio-economic classes. The current global estimates show that 7000 young people are infected with HIV daily, translating into 2.6 millions new infections each year with two million of the cases being in Africa and most of whom are aged 10-24 years, the most vulnerable group who must be targeted in any control programmes. Given that the population in this bracket forms the key reproductive and vital manpower, the scourge has, therefore, become a global crisis. One of the millennium goals calls upon governments to combat HIV/AIDS.

The first case of HIV/AIDS in Kenya was reported in 1984. Since then, the virus that causes AIDS has infected many Kenyans and the devastation brought about by HIV/AIDS shows that it is the single major and most important public health problem and development challenge that the country has faced in its post-independence history. Currently, the country has a prevalence of 6.7% (KDHS, 2003). In spite of the specific programmes and measures to combat HIV/AIDS, the pandemic continues to spread, hence, the need for this research agenda to cover new grounds on the area.

4.0.2 Methodology

The methodologies used in the studies undertaken in the last decade entail quantitative and qualitative analyses. Other studies are based on secondary data sources through document analysis or use of key interviews or in-depth studies where primary data is used. For example, many studies have used in-depth analyses of the

epidemiology and the socio-economic impacts of the virus or highlighted HIV/AIDS programmes and activities. The KDHS data was popularly used. Some supplementary data was also gathered from MOH, NGOs such as PSI on social marketing and number of condoms distributed annually. Information on condom promotion, assessment of trends over time and availability at the health facilities was gathered especially from the 1999 Kenya Service Provision Assessment (KASPA).

The main data collection methodologies used were: interviews through self-administered structured questionnaires with open and closed-ended questions. Unstructured questionnaires were used to collect supplementary data from other selected key informants sampled in the study area. The questionnaires were filled anonymously to gather honest data from the respondents. In some cases, observation schedules were also used. Cross-sectional and descriptive surveys design and qualitative methods were principally used in the data collection. The survey method enabled researchers to obtain views from a large number of people, for example, on the impact of HIV/AIDS. This made it possible to not only describe, but also carry out comparative studies and establish where most implications existed. The study areas, households and respondents were selected through simple random sampling, as well as other sampling procedures. FGDs were also held, for example, to establish the factors influencing their utilization of VCT.

Data was analysed by running frequencies and the statistical analytical methods mainly used were cross-tabulations and the non-parametric statistical chi-square test of association between variables, for example, to determine the utilization of VCT, and ANOVAS. In most studies, data was coded and the SPSS computer

package was used in analysis. Other studies used the Ethnograph 5.0 Computer Software for data analysis. Further analysis of data on sexual behaviour, condom knowledge and condom use were carried out from the KDHSs. Most studies were micro-level analysis with the individuals as the basic unit of analyses.

4.0.3 Issues

- Links between HIV/AIDS and mobile populations.
- Impact of the HIV/AIDS pandemic on the work places.
- High prevalence among adolescents.
- Role of the private sector in HIV/AIDS control.
- Increased number of the infected, e.g. among civilian populations living near military installations.

4.0.4 Findings

Past studies in Kenya have covered diverse areas ranging from control and management of sexually transmitted infections and AIDS, how to live with AIDS and HIV/AIDS projections, impact, interventions and policy of AIDS in Kenya to enlighten the public. Similarly, youth related works such as *“Youth and AIDS”* have also been covered. Other areas covered are: HIV/AIDS prevention and care in institutions and home-based, the impact of HIV/AIDS on primary education in Kenya and emerging policy and political implications, HIV/AIDS scourge, culture, poverty and behaviour change.

Many people have already developed AIDS in Kenya since the epidemic began. The KDHS, (2003), established that the country has managed to reduce the prevalence to 6.7% but, of the over 2 million people infected with HIV, 548 people succumb to the pandemic-related complications daily. Kenya requires Kshs. 45 billion to fully fund its HIV/AIDS campaign up to 2010.

The findings also point at the fact that knowledge of HIV/AIDS and the key transmission mechanisms are widespread. The studies confirmed that the continued spread of HIV/AIDS in the country is largely due to misconceptions, promiscuity and risky sexual behaviour caused by poverty, alcoholism and drug abuse, harmful cultural practices such as widow inheritance, initiation and other ceremonies that promote unsafe sex. There is also a strong positive relationship between knowledge of HIV/AIDS and attitudes.

Other studies came up with the observations that the majority of schoolgirls are aware that HIV/AIDS exists and are more informed about risky behaviour, the ways of prevention and the dangers of HIV/AIDS. Although many of the students knew engaging in unprotected sex increases the risk of getting HIV/AIDS, hardly did they use condoms. The results also revealed that there exists significant difference in the degree of HIV/AIDS awareness due to variation in year of study, gender and school type, but there is no significant difference between the strategies used to impart HIV/AIDS information to students.

Among Kenyan adolescents, low age at first sexual intercourse and marriage, coupled with low condom use, high levels of coital frequency and multiplicity of sexual partners all predispose them to the risk of HIV/AIDS infection.

The results of the analyses also indicated that levels of education, age, marital status and occupation have significant association with condom use, the number of sexual partners and coital frequency. Further evidence shows that the pandemic is affecting the supply, demand and quality of education.

Some studies set out to provide critical analysis of the gender aspects in HIV/AIDS infection and prevention, focusing on social and cultural factors, differentials and diagnosis and treatment of STIs, socio-economic and power relation's factors influencing the risk of HIV Infections. The social construction of gender underpins HIV

vulnerability. Extra challenges for HIV prevention therefore, arise from societal expectations that allow men to take risks, and exercise authority over women. These expectations among others encourage men to force sex on unwilling female partners and to reject condom use among other risky behaviours regarding HIV/AIDS infection and spread. Changing the commonly held attitudes and behaviour should be part and parcel of the efforts to curb AIDS.

Voluntary counselling and testing (VCT) has become an integral part of programmes in many countries in the control and management of HIV/AIDS. There is a consensus in the findings that sharing information on one's AIDS status helps in reducing AIDS stigma; remaining faithful and using protection can prevent HIV/AIDS, partners visiting VCT and remaining faithful to one who is uninfected will go along way towards preventing the disease.

Some studies showed the role of the private sector in HIV/AIDS reduction. For example, in a study conducted by Price Waterhouse Coopers: "*What is Business Doing*" in East Africa, to establish the response of the business community, it was found that most companies have not established how many of their workforce were infected and only 9% were involved in monitoring HIV/AIDS.

In spite of lack of a cure for AIDS, there is hope that the sheer magnitude of mortality and morbidity due to HIV/AIDS has brought the country to the threshold of where acceptability of the reality can no longer be resisted or appropriate action delayed. Many authors have concluded that a multi-sectoral strategy must be adopted to coordinate and intervene in fighting HIV/AIDS. Lastly, many studies show HIV/AIDS is both a challenge and an opportunity. It challenges us with behavioural change, and also provides an opportunity to produce vaccines to deal with it.

4.0.5 Recommendations

- There is need to eliminate the aspect of denial of the fact that HIV/AIDS is a major social and development problem in the country.
- Urgent participation by key players and sectors in the fight against AIDS, including government, NGOs, private sector organizations, religious organizations, unions, professional societies and other stakeholders is required. Having them all on board is of paramount importance in order to approach AIDS prevention collectively. This will require the greater and crucial involvement of the coordinating body, political backing and commitment.
- Intensified and strategic advocacy must be employed if, the complete change of the HIV/AIDS scenario will is to anticipated. This can only be successful if consistent HIV/AIDS related studies are undertaken and behaviour change among the population at risk is embraced to prevent further spread.
- Break the silence that surrounds HIV/AIDS by making it a subject that is openly discussed in schools, homes and workplaces. Proactive incorporation of effective FLE into school curricula is required to inform the young how they can protect themselves from AIDS. GOK should take initiative of training teachers to teach issues pertaining to HIV/AIDS, and to make available resources for the dissemination of information everywhere. Train children to live safely in a world with HIV/AIDS. They should be given opportunities to actively participate in HIV programmes. This means that youth, who comprise the most vulnerable group, must be targeted in any control programmes designed to reduce the spread of

HIV/AIDS. Their role in the control and prevention of AIDS is crucial.

- Communities and institutions working with affected children should be sensitized on the psycho-social impact vis-à-vis the needs of children. It is important to empower communities to start self-sustaining orphan support programmes.
- Having substantially increased funding from both international and local sources through networking, lobbying and fundraising activities.
- HIV/AIDS activities must be extended to the marginalized and hard to reach rural communities.
- There is urgent need for formulation and enforcement of a policy on HIV/PEP for public health institutions. This will increase awareness of the risk of occupational HIV transmission and the available options for PEP. Providers of PEP should be trained in matters of confidentiality and in communication skills in order to offer the necessary counseling and follow-up and the use of the current guidelines on this subject. All hospital staff that frequently get in touch with body fluids, must be properly trained in infection control and personal protection and practices and standard operating procedures (SOPs) as universal precautions.
- Condom use should be highly promoted targeting young people, and continuous use should be encouraged.
- Encourage people to know their HIV status. It is advisable to encourage people to visit VCT centres for counseling and enlightening them on issues concerning HIV/AIDS. Campaigns on HIV/AIDS information advocating for one sex partner must also continue.
- Companies that have proactively developed intervention programmes should share

information with others on the “*best practices.*” Educate especially the shopstewards to act as peer educators at the work place.

- It is crucial that action is taken now in protecting all. Recognition of STD/HIV/AIDS control as a national priority programme with strong support for prevention and treatment programmes. If we act now, there is a lot we can do to slow the spread of AIDS.
- The grim picture painted by this study will continue to have far reaching effects not only for the individuals but also for the society in general unless the trend of unprotected sex is checked among the Kenyans and the necessary mechanisms put in place to alleviate the problem.
- Reducing HIV/AIDS prevalence in Kenya will require cutting edge solutions that will not only reform the world of work, governance and behaviour, but will also create more respectful human relations, a new world of work and corporate accountability.

4.0.6 Research Gaps

- AIDS remains one of the biggest public health challenges of all times worldwide and requires empirical evidence. In addition, there are no demographic theories and only a model to study AIDS in Kenya. Instead, sociological theories are being used.
- Lack of information on how knowledge in HIV/AIDS can be translated into behavioural change because the missing link has been lack of a solid understanding of social, economic, and cultural contexts in which behaviour is shaped and lodged.
- According to a report: “*View from the Boardroom: The Business Community’s Response to HIV/AIDS in Kenya,*” (PriceWaterHouseCoopers, 2004) only 9% are taking any serious action to counter its effects. The report is a summary of meetings

and discussions that have been held by CEOs. Few are using tools that can assess effects of HIV/AIDS on their companies, hence the inability to mitigate the risk posed to the business by the scourge.

- Little is documented on how HIV/AIDS affects the informal sector, for example, traders, and farm workers.
- Research conducted for this agenda also showed lack of multi-sectoral strategy in dealing with HIV/AIDS, for example, coordinated programmes that train peers educators in the work place or distribute materials.

4.0.7 Research Agenda

- Further research is required to guide HIV/AIDS policy in Behaviour Change Communication (BCC).
- High prevalence of HIV/AIDS epidemic among certain population groups and occupations.
- Research is required to provide data that will contribute to critical needs in development of pertinent basic planning tools for education and other services by policy managers, particularly focusing on the impact of HIV/AIDS.
- Demographic models and theories need to be developed to enhance the studies done.
- Establish the relationship between HIV/AIDS and fertility.
- Examine priorities given to HIV/AIDS.
- Assess the progress in implementation of the HIV/AIDS curriculum for schools.
- Examine the relationship between cultural values and the prevalence of AIDS pandemic among specific groups.

4.1 HIV/AIDS KNOWLEDGE AND PERCEPTION

4.1.1 Summary

Recently, the prevalence of contraceptive use in Kenya has stagnated. The twin risks of unwanted pregnancy and HIV/AIDS infection remain central concerns of RHPs. This section deals with HIV/AIDS knowledge and perception.

4.1.2 Issues

- High level of HIV/AIDS knowledge
- Little change in behaviour.
- Role of peer educators

4.1.3 Findings

Many works have covered the relationship between FP and sexual behaviour in the era of HIV/AIDS, knowledge, attitude and practices. Particular works are based on an assessment of perception students towards HIV/AIDS, and the risk of infection; factors pre-disposing adolescents to HIV/AIDS in selected secondary schools. Others are on HIV/AIDS as it relates to sexual behaviour among the youth. A HIV/AIDS report on schoolgirl HIV/AIDS risk perception and sexual behaviour in the slums and the relationship between knowledge, attitudes and sexual practices of primary school teachers in some parts of Kenya have also been covered. Lastly, there is a research on communities' perspectives of home-based care for HIV/AIDS patients.

Many studies observed that majority of schoolgirls are much more informed about risky behaviour, the ways of prevention and the dangers of HIV/AIDS. This clears the fears that schoolgirls may be exposed to HIV/AIDS infection due to ignorance. The studies also brought about the realization that the main concern in studies relating to the youth should be about the girls who, despite being sexually active, use no protection. The results also revealed that there exists significant difference in the degree of HIV/AIDS awareness due to gender and school

type, but there is no significant difference between the strategies used to impart HIV/AIDS information to students.

Few students reported to have used condoms on irregular basis. But, there was no statistical difference between male and female students perception of getting HIV/AIDS. This can be attributed to what the school does in creating awareness and between 96%-100% of the girls showed awareness of STDs, HIV and prevention of HIV. The permissive nature of adolescent sexual behaviour does indeed influence their sexual health thus perpetuating the risk of early pregnancies, STDs and HIV/AIDS infection.

Many studies and respondents reported that VCT has become an integral part of programmes in the control and management of HIV/AIDS.

The findings are indicative that among Kenyan adolescents, low age at first sexual intercourse and marriage, coupled with low condom use, high levels of coital frequency and multiplicity of sexual partners all impact on adolescent sexual behaviour to predispose them to the risk of HIV/AIDS infection.

Knowledge of risk of occupational HIV transmission and available options for PEP was below average although other blood borne diseases that are of occupational concern to HCWs such as HBV and HCV were correctly identified.

The findings include the fact that generally, knowledge of HIV/AIDS and the key transmission mechanisms are widespread. Other than knowledge with regard to information about the biological facts concerning the nature, causes and symptoms of HIV and AIDS infection, many people were highly knowledgeable and there is a strong positive relationship between knowledge of HIV/AIDS and attitudes.

The studies confirmed that continued spread of HIV/AIDS in the country is largely due to misconceptions, promiscuity and risky sexual behaviour due to poverty, alcoholism and drug

abuse, harmful cultural practices such as widow inheritance, initiation and other ceremonies that promote unsafe sex, and reluctance to go for HIV testing.

4.1.4 Recommendations

- It is recommended that peer education/counseling programmes be mounted and youth be fully involved in the design of such interventions. A wider variety of strategies should be used to impart HIV/AIDS information to students. The HIV and AIDS awareness efforts should be aimed at developing persons who would adopt critical and reflexive attitudes in matters of HIV and AIDS through authentic HIV and AIDS awareness. It is also recommended that widespread IEC activities be established for adolescents, both in and out of school, before they become sexually active. This would ensure that they are responsible in handling their sexuality. Continuous IEC on HIV/AIDS in both rural and urban areas is highly recommended.
- Awareness among students could be imparted using peer education/counseling programmes. Information on HIV/AIDS and RH, as well as life skills, should be integrated into primary and secondary school curricular. The studies also recommend that adolescents must essentially learn the facts before they become sexually active. Widespread IEC activities should be established for adolescents.
- Parents, teachers, Ministry of Health and Education, NGOs and all parties should together undertake campaigns on HIV/AIDS among the youth. Studies recommend that adolescents must essentially learn the facts before they become sexually active, or engage in high-risk behaviour and the information needs to be regularly built and reinforced within the classroom and beyond.
- The carefree practice by many sexually active youths who use no protection was rebuked by many authors. They recommend a policy that

would aim at sensitising the youth on the dangers of HIV/AIDS. Campaigns need to be mounted to popularise protected sex. Some contraceptives especially condoms should be provided for sexually active adolescents to minimize their risk of infection.

- Information on HIV/AIDS and RH, as well as life skills, should be integrated into primary and secondary school curricular. HIV/AIDS education must no longer be left to NGOs and support groups only. Instead, it should be fully integrated into educational system and that means developing district and/or regional structures to support HIV/AIDS specialist teachers.
- A multi-sectoral approach is recommended in curbing the spread of HIV/AIDS. Information on HIV/AIDS and RH, as well as life skills, should be integrated into primary and secondary school curricular. HIV/AIDS education must no longer be left to NGOs and support groups only. Instead, it should be fully integrated into educational system and that means developing district and/or regional structures to support HIV/AIDS specialist teachers.
- There is inadequate information about sex and behaviour and how it is changing among some professionals such as teachers. Therefore, to monitor effectiveness of HIV/AIDS prevention programmes, researches should monitor changes in knowledge, attitudes and sexual practices routinely considering that many respondents started having sex with multiple partners before age 10, and some of them have contracted some form of STDs/HIV/AIDS.
- People's attitude towards HIV/AIDS is changing but more should be encouraged to reveal their HIV status to the family or community.
- There is urgent need to expand medical facilities and increase medical staff involved in the management of HIV/AIDS and to

create more space for privacy in the clinics dealing with people with HIV/AIDS.

4.1.5 Research Gaps

- The studies are carried out from the premise that so far, the methods adopted to curb HIV/AIDS have unfortunately not succeeded to change the existing unpleasant HIV and AIDS scenario. Indeed, the arguments sustained in the revealed works have only exposed these inadequate ways.
- Low risk perception among the sexually active, many of who have multiple sex partners.
- The literature reviewed also indicates inadequate development of preventive attitudes and critical dispositions towards HIV/AIDS on the part of the participants. Along this grain, perception has tended to postulate awareness as a function of facts, figures and statistics and which are largely independent of action. HIV and AIDS awareness has therefore, been misconstrued as a physical rather than a process involving human attitudes and dispositions. In most of the awareness, efforts made in learning institutions, content has been unfortunately presented as a set of hurdles through which learners have to pass, be directed and assessed by the repository of content from the teacher. Studies why this is lacking are required.
- The studies revealed that the high knowledge level on HIV/AIDS has only served to widen the gap between knowledge and practice even more, a point lamented in many studies.
- From the findings, of the methods used in most of the HIV and AIDS awareness efforts have been deficient of a transformative orientation. Consequently, they have disseminated HIV and AIDS knowledge without a corresponding change in behaviour on the part of the learners. Most studies indicated that the knowledge of the students

on facts about HIV/AIDS was not reflected in their preventive measures. They also revealed that knowledge on HIV/AIDS that has been acquired was not sufficient to significantly alter attitudes and sexual behaviours. Social scientists should utilize sociological theory of learning to ensure greater understanding of behaviour change. Therefore, greater attention should still be given to identifying and documenting other distinct sub-domains of knowledge to be examined for possible impact on sexual behaviours.

- From the various research initiatives, profound dissatisfaction has been expressed with the popular perception of HIV and the true picture of AIDS awareness. This perception tends to present and promote an oversimplified view of the real nature of HIV and AIDS. As such, there is a disturbing need to empirically re-examine the whole process with an aim of redefining the experiences, which would characterize a true HIV and AIDS awareness process.

4.1.6 Research Agenda

- Whereas some studies have been carried out in Kenya on HIV/AIDS, they mostly concentrated on the adult population, notably among high-risk population such as commercial sex workers and their clients. There is a paucity of research addressing the issue of youth and HIV/AIDS in Kenya, yet the youth are highly vulnerable and the infection rates seem to be increasing.
- However, we do not adequately know how sexually active men and women perceive HIV/AIDS risks, neither the strategies they consider appropriate to cope with these risks, nor the difficulties they face in trying to adopt appropriate sexual behaviour to minimize them. Something should be done to help the youth who engage in sex and use no protection. This is a concern that needs to be addressed. It is suggested that a study be carried out to establish the knowledge of the youth on HIV, risk, prevention, the sexual behaviour youth and their age especially those who are not in school.
- Many studies utilised secondary data from the KDHS, hence it is imperative that other researches be undertaken using primary data from the field to determine whether there has been any current change in sexual behaviour and attitudes.
- Another recommendation is for a study to be carried out to establish why youths engage in such risky behaviour yet they are knowledgeable about the dangers of such behaviour and the ways in which condom use among adolescents can be increased. Other studies should also be carried out among the youth who are out of school to establish their level of risk perception.
- Studies should be carried out to find out how sexually active men and women perceive HIV/AIDS risks, the strategies they consider appropriate to cope with these risks, and the difficulties they face in trying to adopt appropriate sexual behaviour.
- Vital demographic, socio-economic and socio-cultural variables that act to influence adolescent sexual behaviour were not widely covered in these studies. It is therefore important that other researches are undertaken specifically aimed at finding out the effects of these variables and the role that they play in influencing sexual behaviour and hence the risk of HIV/AIDS infection among different groups of people.
- Some studies on how to curb AIDS be undertaken in rural setting as well as up market urban suburbs to yield data for comparative analysis and to foster behavioural change in this area.
- Further, a study to be carried out to look into behaviour and practices of youth and adult population to establish why they are not changing their behaviours despite the high knowledge on HIV/AIDS.

- Further studies should focus on whether wife inheritance or remarrying has significant effects on the spread of HIV.
- Although there are numerous interventions especially in the slum areas to improve the conditions of people, much achievement cannot be realised. This calls for further research on why these interventions have not created the desired impact and how these situations can be improved.

4.2 HIV/AIDS TESTING AND COUNSELLING

4.2.1 Summary

Few, but recent works have been undertaken on VCT. For example, the factors influencing the utilization of VCT services for HIV/AIDS among the youth in Nairobi. Counseling is one of the most important factors determining the quality of services provided to PLHAs.

4.2.2 Issues

- Few people willing to voluntarily be tested.
- Relationship between knowledge, attitudes and perception on HIV/AIDS and VCT.
- Relationship between use of VCT services and education attainment.
- High level of awareness on VCT.

4.2.3 Findings

VCT has reportedly become an integral part of programmes in Kenya in the control and management of HIV/AIDS. Some studies were undertaken to determine factors influencing the utilization of VCT services in the control of HIV/AIDS among the youth by visiting selected VCT centres. The results indicated there was significant relationship between the education attainment of individuals and whether or not they sought VCT services since majority of those who sought VCT had acquired minimum of secondary school education.

The results indicated a lot of knowledge and awareness of VCT but this did not influence its utilization. Most of the youth reportedly had not used VCT services because there was no need for the services as treatment was lacking and they feared stigmatization. The knowledge, attitudes and perception of HIV/AIDS and VCT influenced the utilization of the services by the youth.

4.2.4 Recommendations

- Attention is required especially in designing special VCT programmes among the youth who form a great proportion of the population and are also the most vulnerable group.

4.2.5 Research Gaps

- No national study has been undertaken on VCT to establish popularity and efficacy.
- A national baseline survey to provide data on VCT utilization is also lacking.

4.2.6 Research Agenda

- There is need for a national study on the efficiency of VCTs.
- More research is encouraged on reasons why most of the respondents reported lot of awareness of VCT, but this did not influence utilization of the services.
- Study on adolescents' knowledge, attitude and utilization of VCT services.

4.3 CONDOM USE

4.3.1 Summary

The primarily heterosexual character of AIDS transmission in Sub-Saharan Africa in general and Kenya in particular presents a context where men are dominant in sexual and reproductive arenas, and makes it important to understand male behaviour in sexual and related matters.

The HIV/AIDS and condom use area has not attracted many authors. Some of the studies undertaken are on AIDS and condom use among married Kenyan men. Others are on relationship between older men and younger women and implications for STIs/HIV and sexual behaviour and condom use in the context of HIV prevention in Kenya. The relationship between misperceptions about HIV/AIDS and behavioural responses to knowledge, condom use, is examined. Other studies on condom related works are: perceptions on condom and barriers to condom use, distribution and use of male condoms in Kenya, the female condom as a woman-controlled protective device.

4.3.2 Issues

- Condom availability and distribution.
- Attitudes towards condom use.
- Low use of condoms.

4.3.3 Findings

The following information on sexual behaviour was gathered. There are large differences between men and women in practicing risky sex particularly for married men and women. While few married women reported multiple partnerships or payment for sex in the past years, many married men did so.

While knowledge of condoms is high, less than one-half of the men and women reported that condoms offered protection against HIV. Many studies also established low condoms use among adolescents despite the high levels of HIV/AIDS awareness. Overall, very few women and men used a condom during their last sexual encounter. Condom use is highest among younger women, with more education, and never married women living in urban areas particularly in Nairobi. Condom use is rare among married women, those with no formal education and those living in rural areas. Male condom users are more likely to be younger. Men in rural areas are just as likely to use condoms as those in urban areas. Knowledge

of where to buy a condom was significantly associated with condom use particularly for men.

In addition, some studies analyzed and presented information on condom availability and promotion and the mass media as follows: The radio is the most common source of AIDS information for men and women. Men are more likely to report hearing about HIV from mass media while women are more likely to learn about AIDS from friends, relatives or other community sources.

Most health facilities in the country have condoms available for FP and STD clients. However, only about one half of the facilities offering FP promote dual method among FP clients and only one third of the health facilities provide training to Community Health Workers (CHW) in condom promotion and safe sex. Dual method is therefore not commonly addressed in the revealed studies.

Exposure to the mass media was associated with increased knowledge and use of condoms for both women and men. The media appears to have a significant role in increasing knowledge that may later be translated into increased use of condoms.

There is a significant interactive effect of knowledge and perceptions on condom use. The findings also have implications for specific aspects of AIDS-related knowledge that are imparted to communities and individuals.

STI/HIV risk perception is usually low, and many couples rarely use condoms. Women's ability to negotiate condom use is usually compromised by their age and economic disparities with their partners.

According to most interviewees, the grim picture painted by these studies will continue to have far reaching effects not only for the individual adolescent but also for the society in general, unless this trend of unprotected sex is checked among the Kenyan youth and the necessary mechanisms put in place to alleviate the problem.

4.3.4 Recommendations

- Improve access to quality condoms at affordable prices through effective and responsible service delivery systems.
- Establish mechanisms for the establishment of a sustainable system of condom supply and distribution in which government, donors, private sector, communities and users participate in financing and in which co-ordination and participation in monitoring use, behaviour change and outcomes is multi-sectoral.
- Ensure availability of condoms at every stage along migrants' journey at places of origin, transit, destination and return for the mobile populations.
- HIV prevention and condom promotion programme need to continuously strive to improve their effectiveness. Appropriate programme adjustment may have to be made to promote consistent condom use, especially among the high-risk groups.
- Proactively provide IEC on correct condom use.

4.3.5 Research Gaps

- Little relationship between the number of condoms distributed per person and condom use.
- Effectiveness of IEC programmes on condom use.

4.3.6 Research Agenda

- Level of condom use with regular and occasional partners.
- A study be undertaken on how the perception of risk of acquiring STIs including HIV/AIDS affects condom use in Kenya.

- There are differences between men and women in risky sex particularly for married men and women. While few married women report multiple partnerships or payment for sex in the past years many married men do so. More researches are needed to verify these findings.
- Determine the factors associated with the low use of condoms and the ways in which condom use among adolescents can be increased.

4.4 HIV/AIDS IMPACT

4.4.1 Summary

AIDS has negative impact on development in many countries around the world. The disease threatens the social and economic well being of human beings. HIV/AIDS has had serious negative consequences on all sectors of the economy. HIV/AIDS is both a challenge and an opportunity. It challenges us with behavioural change, and also provides an opportunity to produce vaccines to deal with it. The pandemic has had negative socio-economic impacts.

HIV/AIDS is a resource depleting disease resulting in overburdened communities and households. It leaves in its wake broken dreams and shattered hopes. It is also causing havoc among families in the country. The family must be at the center of all efforts to fight this epidemic by providing care, love and support to the infected and affected. There is need for families to condemn any behaviour that puts all at risk. The fight against HIV/AIDS will be only won if we demystify and destigmatise HIV/AIDS at the family level. Families must take cognizance of the economic, socio-psychological and emotional threats that this disease poses.

Some works written under HIV/AIDS burden include factors affecting home care management of AIDS. The impact of HIV/AIDS on institutions of learning and education in general in different parts of the country are covered.

4.4.2 Issues

- Social aspects of HIV/AIDS
- Impact of HIV/AIDS on population growth, fertility and mortality levels using regional and ethnic approaches.
- Increasing number of OVCs and widows.
- Mitigation of socio-economic and demographic impacts of HIV/AIDS.
- Development strategies of improving the social and familial support systems for AIDS orphans.
- Child headed households and the burden of HIV/AIDS
- Impact of PMTCT on women.
- HIV/AIDS and behavioural change.

4.4.3 Findings

Some of the studies here attempted to establish the factors affecting homecare management including knowledge, attitudes and opinions on best place to care for a person with AIDS, and willingness of community to offer care to the sufferer. The obstacles hindering homecare were reportedly: fear of the contraction and misconception associated with the disease.

The studies have confirmed that the continuous spread of HIV/AIDS despite government efforts to combat the pandemic can be attributed to the prevalence and increase in cases of violence against women including rape, negative attitudes and harmful socio-cultural practices and power imbalances between men and women.

Other studies discussed the impact of HIV/AIDS on education of primary school girls in different parts of the country. The education of affected girls has also been studied in terms of access, participation, performance and retention. Girls were studied because they were seen to be more

disadvantaged than boys. This is because more women than men are dying of AIDS and girls have to take up household chores of their mothers alongside schooling. It was also found that affected girls drop out of school prematurely due to such reasons as early marriages, child labour, pregnancies, increased household chores and lack of school necessities. In addition, girls have to bear a disproportionate burden of caring for those infected by HIV/AIDS. Particular attention has been paid to OVCs who have lost either one or both parents to HIV/AIDS pandemic.

Some of the studies documented the effects of HIV/AIDS on the learning institutions, students, personnel operations, resources use including responses in stemming down the rapid spread of HIV/AIDS. Other researches have also investigated the impact of HIV/AIDS on education, how education can be used in the prevention and control of HIV/AIDS; the impact of HIV/AIDS on children learning experiences and on communities' participation in education. Education and health systems are staggering under the burden as they lose trained professionals and incur high costs because of the epidemic.

Many key informants reported that HIV/AIDS had impacted negatively on learning. The results showed that pupil's participation and performance in education had been affected by teacher infection, absenteeism, and death, leading to the shortage of teachers in some schools. It was reported that education is a powerful tool in stopping the spread of HIV/AIDS. Schools were cited as source of HIV/AIDS information. But many teachers were ignorant of the government's policy on HIV/AIDS education while schools lack adequate and appropriate resources to implement HIV/AIDS education.

The reviewed studies give the social and economic impact of AIDS and possible interventions to prevent the spread of AIDS and that the pandemic is affecting the supply, demand and quality of education, and other social services and the society's capacity to respond to new and complex demands.

There is a need for redefinition of HIV/AIDS risks, perceptions accompanied by follow-up cases in order to establish which components, other things being constant, could perhaps alter fertility indications.

Other findings attempted to show that children understand the impact of HIV/AIDS and can articulate how they are affected, and their contribution in reducing the spread. Children's voices show that HIV/AIDS has numerous ramifications on their psychological and social development. Many studies also agree that the hard won gains in life expectancy and child survival are being wiped out and that the AIDS-related suffering of individuals, families and societies is enormous.

The findings confirmed that many people have already developed AIDS in Kenya since the epidemic began and many of them die daily due to HIV/AIDS-related complications. This affects some occupations more than others such as teaching. Declining productivity, increasing costs of employment, loss of skills, and experience and potential loss of revenue that pose a big threat to the country were also investigated. The impact of HIV/AIDS on social aspects and possible interventions to prevent the spread of AIDS are also given.

4.4.4 Recommendations

- Some researches both at micro and macro levels should be undertaken on HIV/AIDS stigma.
- Strengthening of IEC to create a favourable knowledge base on mode of transmission, prevention and awareness and importance of home-based care for patients in the community.
- In order to improve the education of OVCs on HIV/AIDS, the government, the community and NGOs should make special arrangements to assist them financially. They should be consistently guided and counseled to come to terms with their situation.

Religious institutions should supplement this effort. In addition, they should be made to provide for the high school education of the affected.

- The universities and other institutions of learning should intensify HIV/AIDS awareness, including more VCT services to accelerate the distribution of condoms among students and staff.
- Efforts towards intensifying prevention and care campaigns HIV/AIDS infected need to be accelerated in a multi-sectoral approach and in line with the national policy. Households should be trained and supported on the implementation of home-based care policies and guidelines.
- Some studies recommend the controversial need for couples to test for HIV/AIDS before marriage.

4.4.5 Research Gaps

- Despite the remarkably and serious impact of HIV/AIDS on the education of OVCs in some rural areas, little attention had been devoted to this fundamentally important problem at national level. This makes it necessary for macro studies to be carried out.
- Strategies of improving the social and familial support systems for AIDS orphans.
- Existing literature indicates that specific research addressing the actual and likely impact of the HIV/AIDS pandemic on primary education is largely undocumented. This creates a need for further understanding to facilitate formulation of appropriate interventions that would effectively mitigate against HIV/AIDS on the demand and supply of services in Kenya.
- Socio-cultural factors responsible for the spread of HIV/AIDS and effectiveness of the control programmes in parts of the country on the basis of HIV/AIDS prevalence.

- Future research should be carried out to give deeper understanding of socio-cultural factors affecting spread of HIV/AIDS.
- Relationship between HIV/AIDS deaths and family instabilities.
- Impact of HIV/AIDS and AIDS prevention programme at the workplace.

4.4.6 Research Agenda

- Care and education of OVCs.
- Many researches both at micro and macro levels require to be undertaken on HIV/AIDS stigma. Researches on effects of HIV/AIDS stigma on special populations as the disabled, mobile populations and internally displaced persons are highly encouraged.
- Strategies of improving social and familial support systems
- Integration of HIV/AIDS with poverty alleviation programmes.
- Impact of HIV/AIDS on socio-economic development and at the workplace.
- Access the migrating factor on the incidences, prevalence and impact of STD and HIV/AIDS.
- Establish the relationship between HIV/AIDS deaths and family instability.

4.5 HOME-BASED CARE

4.5.1 Summary

The impact of HIV/AIDS on health services and facilities has been enormous. The big number of patients due to high prevalence has caused this. In this regard, health care providers sometimes recommend that patients be cared for at home, hence HBC. This has relieved the health facilities especially in terms of bed occupancy.

4.5.2 Issues

- Lack of basic training on how to handle the sick.
- Fear of infection and expense in terms of time and finances.
- Negligence
- Undue stress.
- Hygiene standards..
- Psychological fulfilment of the sick.
- De-stigmatisation.

4.5.3 Findings

Researches indicated that a majority of the home-based care providers are women who lack basic home-based care techniques. Reportedly, the researchers found that in many cases, attitudes towards the sick generally remained negative making the HBC unsuccessful.

4.5.4 Recommendations

- Establishment of a HIV/AIDS community initiative.
- Home nursing and general hygiene.
- There is need to train, counsel and support the care givers on basic home-based care techniques and to come up with programmes geared towards de-stigmatisation of people with HIV/AIDS, if home-based care is to succeed.
- Support community and care givers and support groups for People Living with HIV/AIDS (PLHA).

4.5.5 Research Gaps

- Factors influencing effectiveness and quality of Home Based Care (HBC) delivery by formal and informal caregivers with particular emphasis on training referral systems.

4.5.6 Research Agenda

- Further research is required on how home-based care can be an alternative to hospital care. There is need for further research to establish how linkages between hospitals and NGOs working among the communities can be strengthened to boost home-based care services.
- A future study on the factors affecting efficiency on home-based care is recommended.

4.6 TREATMENT AND MANAGEMENT

4.6.1 Summary

There are high global and national challenges on health scientists to develop cure for HIV/AIDS. Further pressure has built up with the many requiring cure. As a result HIV/AIDS treatment and management remains a huge problem to mankind.

4.6.2 Issues

- High demand compared to capacities.
- High cost of ARVs
- In and out-patient treatment.

4.6.3 Findings

The reports in this section confirm that there is too much pressure on the health facilities for HIV/AIDS opportunistic diseases. More importantly has been the reduction in price of ARVs. The country also faces high demand for treatment of these diseases outmatches capacities. The HIV/AIDS policy safeguards confidential

treatment for the sick. Both in-patient and out patient management of the disease is carried out.

4.6.4 Recommendations

- Prevent, while reducing the spread to minimize the impact of HIV infection.
- Ensure availability of ARVs for the infected people.
- Setting up a special healthcare programme for HIV/AIDS including migrant receiving and sending areas.
- Establish roadside clinics that provide condoms and medication to truck drivers up to mid-night.

4.6.5 Research Gaps

- As yet, there is no complete cure or vaccine for HIV/AIDS.
- Use of ARVs to prolong life and its effects.

4.6.6 Research Agenda

- Assess the access to treatment and care for HIV/AIDS infected and affected.
- Research on methods of controlling the HIV/AIDS pandemic.
- Research on the vulnerability of truck drivers, fishermen and sailors to HIV/AIDS infection.

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