

**EXPERIENCES AND PERCEPTION OF YOUTHS TOWARDS
HIV/AIDS PREVENTION CAMPAIGNS IN KIBERA SLUMS:
NAIROBI KENYA**

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ABSTRACT

Background: The HIV/AIDS scourge continues to take its toll all over the world. All countries of the world are affected. Regions of the world that were previously thought to have the lowest prevalence's are now coming into the lime light with increased cases of HIV incidences. Africa remains the global epicenter for the disease accounting for the high cases of HIV reported around the world. Poverty and civil wars has increased the prevalence of HIV in Africa. In Kenya HIV prevalence is reported to have decreased over the last years. It is also important to note that a majority of the population do not know their HIV status and do not go for testing. Also vital is that prevalence has gone down in certain sections of the population, but HIV incidences have continued to rise in other vulnerable groups. The youth (15-25 years) account for over half of new reported cases of HIV; this is also the case in Kenya. Kibera Slum the location of this study accounts for 1/5 of the 2.2 million Kenyans living with HIV, yet it has a population of just over 1 million.

Objectives: The objective of this study was to identify relevant HIV prevention programmes implemented in Kibera among the youths. It also sought to find out the youths perception and experiences with the HIV prevention campaigns implemented among them.

Methods: A cross sectional study using triangulation of research methods was used. Quantitative data was collected from 217 youths aged 13-24 years. Qualitative interviews was conducted with 20 youths and also discourses with 10 organizations and institution that have worked in Kibera slum for more than 2 years on issues related to HIV prevention among the youths.

Results: The level of knowledge on HIV was 99.5%, however this was mere knowledge of HIV as it did not correspond with factual knowledge on basic facts of the same. There were over 40 organizations and faith based institutions working in the slum on issues related to HIV prevention. Many emphasized on being a resource to reach out the youths with messages on HIV prevention. The youths however reported that they got most of the

information from teachers at school, followed by media while faith based organizations and NGOs come last as a source of information on HIV to the youths.

Condoms were perceived as a way of preventing HIV but not effective among the youth. In their experiences condoms burst, reduce pleasure, has a bad oil, has a bad smell and are too expensive. Majority did not think it was effective in preventing HIV. Myths and misconceptions about condoms also hindered their acceptance among the youths. Abstinences was viewed by the organization and the youths (53%) as the best effective way to prevent HIV, yet the youths reported that it was not easy to abstain from sex. The organization also reported that abstinence only campaigns had failed. Being faithful to one trusted partner was seen as another way to prevent HIV, yet problems related to poverty made it hard for women to stay faithful to one man as they sought ways to get money. Prostitution then became an option. Men were also accused of changing partners. They believe it was the only way to remain a real man and a hero among their peers.

Conclusions: HIV prevention is a complex issue with no magic bullet for its success. A combination of all the aspects of the HIV prevention campaigns should be given equal emphasis. Conflicting messages from the NGOs and faith based organizations should be harmonized. New ideas and approaches should be explored. Instead of constantly preaching abstinences other approaches like being faithful to one trusted partner with whom you use a condom could be explored. The complexity in the different cultural background of these youths should be taken into consideration in the future campaigns. The social environment and economic deprivation in which these youths languish should be given a more serious thought

DEDICATION

I dedicate this work to all the youths who are infected with HIV and whose hope is that others would learn before it is too late.

To my family and Wiggo`s family for your support throughout the programme.

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ACRONYMS

ATM- Abstinence Till Marriage

COMESA- Common Market for Eastern and South Africa

FHI- Family Health International

FPPS- Family Planning Private Sector

GFATM- Global Fund for AIDS Tuberculosis and Malaria

IMAU- Islamic Medical Association of Uganda

KANCO- Kenya AIDS NGOs Consortium

UAC- Uganda AIDS Commission

TASO- The AIDS Support Organization

WFAK- Women Fighting AIDS in Kenya

CHAPTER 1: INTRODUCTION

Human Immune Deficiency virus HIV/AIDS can be described as an extra ordinary kind of crisis. It is a kind of crisis that is not so often witnessed in the human history. More than 20 years and over 20 million deaths have been witnessed since the first case of HIV was diagnosed in 1981 among the homosexuals (1). Some have described HIV as the propagandist dream come true likened to a politician seeking electorate's votes or a journalist looking for a big story or a parent trying to keep the children in a narrow line, the mention of AIDS gives an array of feelings.

Yet in this span of time there have been neither medicines nor vaccines found that can cure it. Despite increased funding, political commitment and progress in expanding access to HIV treatment, the AIDS epidemic continue to out put the global response. No regions of the world have been spared, not even some Asian countries that previously had very low prevalence. They now have a surge that may continue to rise in the next few years if appropriate and timely interventions do not come in time(1;2). Sub-Saharan Africa has just over 10% of the world's population but it is home to more than 60% of all the people living with the HIV (2). In 2005, an estimated 3.2 million people in this region become newly infected (2). Anecdotal sources estimate that every 10 minutes somebody gets infected in Africa with the virus.

Among young people aged 15-24 years in Africa an estimated 4.6% of women and 1.7% of the men are living with the HIV (2). These figures could even be higher as most people do not know their sero-status. The millennium development goal 6 is to halt and begin to reverse the spread of HIV/AIDS. This shows the gravity of this epidemic that has even made malaria considered a major health threat in Africa to be overshadowed (3).The United Nations (UN) rates it fourth in leading cause of premature death in the world. At the UN special session on HIV/AIDS in 2001, governments from 189 countries committed themselves to reducing HIV prevalence among 15-24 year old by 25% by 2005 (3). Two years have passed and this has not been realized. Yet young people are the

back bone of any economy and the future leaders of any country. There is an urgent need to scale up prevention campaigns and also put those already affected into treatment.

It has been estimated that the implementation of a comprehensive HIV prevention package could avert 9 million of the 45 million new infections expected to occur between 2002 and 2017. UNAIDS principles on effective HIV prevention states that; participation by those for whom HIV prevention is planned is critical for the impact and sustainability. This research will aim to asses the youth's perceptions towards the HIV prevention that has been advocated in their setting. Their views on what works, what does not work and the challenges they experience will be adding knowledge for future interventions and be a part of their contribution.

COUNTRY PROFILE

Kenya

Kenya is situated in the eastern part of the African continent. It is almost bisected by the equator. Tanzania borders it to the south, Uganda to the west, Ethiopia and Sudan to the north. According to the UN report the population was 32.8 million in 2006 (4). The main languages spoken are English and Kiswahili and a new language which is a mixture of the two official languages and local tribal languages is quickly emerging among the urban youths in the different towns. There are a total of 60 tribal languages (5).

The life expectancy is 48 years for women, 46 years for men (6). The main religion is Christianity with Islam being second and mainly concentrated along the coastal regions of the country.

The country is divided into 8 provinces and 72 districts. It has a total area of 582,646 square kilometers (224,961 Sq Miles) of which 571,466 square kilometers form the land area (7). Approximately 80 percent of the land area of the country is arid or semiarid, and only 20 percent is arable. The country has diverse physical features, including the Great Rift Valley, which runs from north to south; Mount Kenya, the second highest mountain in Africa; Lake Victoria, the largest fresh water lake on the continent; Lake Nakuru, a

major tourist attraction because of its flamingoes, Lake Magadi, famous for its soda ash and a number of rivers.

The country falls into two regions; low lands, including coastal and Lake Basin lowlands, and highlands, which extend on both sides of the Great Rift Valley. Rainfall and temperature are influenced by altitude and proximity to lakes or the ocean. There are four seasons in a year: a dry period from January to March, the rainy season from March, followed by a long dry spell from May to October, and then the short rains between October and December.

Education and Literacy

Estimates of the Kenyan literacy rate range between 75 and 85 percent. The education system, beset by non-enrollment and low completion rates, offers eight years of compulsory primary education, beginning at age six, four years of secondary school, and four years of university education.

Primary school enrollment has increased under the President Kabaki's government (2003-2007), which immediately fulfilled its campaign pledge to abolish user charges and special fees. The government offers universal free primary education, a change from earlier cost-sharing arrangements between the government and parents. Greater government expenditure on education in 2004 was more than 8 percent of GDP and 30 percent of current government spending, promises to reverse the declining trend in educational standards, as well as to increase the fiscal deficit (8).

Economy

The Kenyan Economy is predominantly agricultural with a strong industrial base. The agriculture sector contributes 25 percent of the gross domestic product (GDP). Coffee, tea, and horticulture (flowers, fruits, and vegetables) are the main agricultural exports commodities. In 2002, the three commodities jointly accounted for 53 percent of the total export earnings. The manufacture sector contributes significantly to export earnings, especially from the Common Market for Eastern and Southern Africa (COMESA) region. Despite recent declines, the tourism sector has also contributed to improving the living

standard of Kenya. The economy has undergone structural transformation since 1964. There has been gradual decline in the share of the GDP attributed to agriculture, from over 30 percent during the period 1964-1979 to 25 percent in 2000-2003 (8). The manufacturing sector has expanded from about 10 percent of the GDP in the period 1964-1973 to 13 percent 2000-2003. GNP per capita is US \$ 530 (World Bank). The currency used in Kenya is shilling (1USD=72 Kenya Shillings (2007))

The performance of the Kenyan economy since the country became independent has been mixed. In the first decade after the country's independence, the economy grew by about 7 percent per annum, attributed, to expansion in the manufacturing sector and an increase in agricultural production. Since then, there has been a consistent decline in the economy, reaching the lowest GDP growth level of about 2 percent between 1996 and 2002 (9). The consistent poor growth performance has failed to keep pace with population growth. The weak performance has been due to external shocks and internal structural problems, including drought of the 1980s, low commodity prizes, world recession, and poor infrastructure.

The poor growth of the economy has contributed to a determination in the overall welfare of the Kenyan population. Similarly, the economy has been unable to create jobs at a rate to match the rising labor force. Poverty has increased, such that about 56 percent of the population lives in poverty, over half live below the absolute poverty level (9). The worsening living standard is shown by rising child mortality rates, increasing rates of illiteracy, and raising unemployment levels. The HIV/ AIDS pandemic have also had a devastating impact on all sectors of the economy, through loss of production and labor force.

HIV/AIDS Prevalence and Incidence in Kenya

Since the first case of AIDS in 1984, it is estimated that 2.2 million Kenyans are infected with HIV/AIDS while 1.5million have already died (1;10). An average of 200,000 new HIV cases is reported annually. Estimates of HIV AIDS in Kenya vary. National Surveillance data suggests an adult HIV prevalence of 13.5 percent in 2002, with regional and rural variation. While according to the Kenya Economic Survey for 2003 rates the

prevalence to have decreased from 13.5% in 2000 to 10.2% in 2002 (10;11). The adult prevalence data may be misleading, for instance falling prevalence rates do not indicate that new incidences are declining.

It should be borne in mind that national prevalence levels present a delayed presentation of the epidemic as they account for the HIV infections of many years previously. Incidence in contrast measures the number of new infections. Unfortunately there is no reliable data or way to access this in the sub-Saharan Africa.

Much of the research in Kenya is either sector specific case studies or surveys of specific risk groups including medical and clinical studies. Some of these may be regarded as doomsday-scenario studies, designed to raise awareness or justify funding for the fight against AIDS.

Data from one of the first sub-Saharan population based HIV prevalence survey (2003) suggests that HIV prevalence may be somewhat lower at 6.7 percent (11). However such data are collected from specific government health centers and does not reflect the true presentation of the population. On the other hand, National surveys disadvantages people who may decide not to participate in household survey because they fear they may be HIV/positive or because they are absent from home, excluding the high risk group of traveling laborers.

The closest approximation has been found in sentinel studies of 15-24 year old women visiting antennal clinic. There has also been some doubt on reporting of HIV cases by health units which rarely work in remote rural communities and the slums settings. It does not also account for people who may decide to die at home or seek traditional health care (6).

Fewer than 10 percent of Kenyan people know their HIV status (5). Fear of stigmatization and discrimination is a significant barrier limiting the numbers of people seeking testing, diagnosis and treatment services. It could then be argued that more people due to the reasons mentioned have shunned away from the VCT hence the low prevalence seen lately at 6.5% in 2005 down from 15% in 2000.

This 8.5% drop has also been attributed to HIV campaign on prevention measures that have been massively applied by government and NGOs working with various groups in the country. However this can not be ascertained to be factual as there has been no well coordinated research to review the strategies used by this concerned parties besides confounding factors are often not considered.

Strategic Frame-Work to Combat the HIV/AIDS in Kenya at Present

To meet the challenge of the HIV/AIDS epidemic in the country, the Government of Kenya approved in September 1997, sessional Paper No. 4 on AIDS in Kenya (12). This was a clear intent of the Government to support effective programs to control the spread of AIDS, to protect the human rights of those with HIV or AIDS, and to provide care for those infected and affected by HIV/AIDS. The goal of the sessional paper was to provide a policy framework within which AIDS prevention and control efforts will be undertaken for the next 15 years and beyond. The sessional paper recognizes that responding effectively to the HIV/AIDS crisis will require a strong political commitment at the highest level, implementation of a multi-sectoral prevention and control strategy with priority focus on young people.

The new Kenya National Strategic Plan 2005/6–2009/10 was developed in a broad-based, highly participatory fashion, and thus enjoys broad ownership among stakeholders (13). It is evidence-based and results-oriented, and its progress is reviewed each year in the annual Joint AIDS Program Review. The national monitoring and evaluation framework, developed in a similarly participatory fashion, has been finalized, but the systems needed to implement the framework effectively are not yet fully in place. Finally, the National AIDS Control Council is now recognized by all stakeholders as the one national coordinating authority on AIDS.

The donor community is coordinated through the Harmonization, Alignment and Coordination (HAC) mechanism, and AIDS is addressed in the Health and AIDS Donor Working Group of the HAC. Within the National Aids Control Council (NACC), there is

a Harmonization Task Force which serves to further coordinate donor, civil society and government entities, and to identify gaps and areas of duplication.

Over the past years, Kenya has seen a significant increase in donor funding, and this, combined with Government of Kenya funds, has served to greatly expand the decentralized community response, and to provide access to ARV treatment to approximately 60 000 Kenyans by end 2005. Gender disparities are of particular concern. HIV prevalence in women aged 15–49 is 8.3%, while for men aged 15–49 it is 4.3%. Young women are especially vulnerable to HIV infection compared with young men, 4.9% of women aged 15–24 are HIV-infected, compared with 0.9% of men of the same age group (14)

Little attention has been paid to marginalized groups until recently. The Strategic Plan calls for a more focused approach to vulnerability, and specifically calls attention to the prevention needs of injecting drug users, men who have sex with men and sex workers (13). The country has recently engaged in consultations related to universal access, and several challenges to universal access to prevention, treatment, care and support have been recognize. Sustainability of long-term interventions, inefficient commodity management, inadequate human resources, and an inadequate monitoring and evaluation system were identified.

Successful implementation of the Strategic Plan will depend on strong, effective strategic partnerships being built between national and international stakeholders, government, civil society and the private sector. The coordination role and skills of the National AIDS Control Council will be vitally important in this regard.

Civil society will, in particular, require significant coordination and networking support, in addition to enhanced attention to its capacity development and long-term, sustained financing needs.

Donor funds account for the largest portion of HIV expenditure, which raises questions of sustainability and highlights the need for the government to increase its own contribution. This also highlights the importance of prioritization and focus in programme planning, and in building stronger links between the Strategic Plan and national development planning processes.

Efforts begun in 2005 to harmonize donor inputs to the national response will need to be reinforced.

Having looked at the profile of Kenya and the programmes implemented by the government the next chapter will now look at related literature on HIV prevention in comparison to Kenya and other related issues to HIV prevention.

CHAPTER 2: LITERATURE REVIEW

Western HIV/AIDS Prevention Interventions in African Settings

One of the most important issues facing health professionals about adolescents and the HIV epidemic in developing countries is whether the currently available risk reduction interventions that are effective in western setting are also effective in other cultures (15;16). To date there has not been any rigorous assessment in the non-western settings. Lack of funds and technical expertise are cited as reasons for the absence of rigorous evaluation. While potentially affordable, such interventions may not be effective in non-western settings since they are based on western concepts of decision making which might not be applicable in other cultures (15;16).

Some successful interventions in the western settings have been based on social cognitive behavioral theories such as social learning theory and the theory of reasoned action (17), which were developed in the western setting but have received little assessment in the other cultures (18). These interventions have characteristically emphasized negotiations and communication practices based on assumptions regarding the rights of partners in a relationship. This may not be applicable in all settings especially in the African setting where the man has an upper hand in almost every decision made.

Based on the western concept of ideal sexual behavior monogamy has been advocated to curb the spread of HIV. The battle ground in the African and the Asian countries may be quite different. There sexual behaviors rooted in tribal traditions may prove to be obstacles to AIDS control in cultures where marital fidelity must be viewed out side the Judeo Christian model of monogamy. For example in the Zambian tradition, when a man dies, his many relatives must have sex with the widow to cleanse her from the ghosts of her husband (19). Similar practices can be found in the Nillelots Luo community of Kenya where wife inheritance is still widely practiced among brothers of the deceased (20;21). HIV prevalence in the area where this community lives is estimated to be the highest in the country followed by high prevalence in the Kenyan's capital Nairobi (20;22).

Among senior women in these communities (who yield considerable influence) there is a strong resistance against any move to eradicate this practice. Though eradication would reduce the risk of HIV transmission it would also, they feel, reduce the opportunity of widows to remarry and thus the material prospects of both widows and their children. To complicate matters, those who argue for changes in tradition to avert the spread of HIV may be labeled `westernized` and shunned by the community.

The dangling grants for abstinence based programmes in Africa by Bush and his right wing members of the US congress are dictating an HIV policy that is unrealistic and unsustainable and is more likely to backfire as some have argued. There is no HIV success story without the mention Uganda which was one the hardest hit by the HIV rates of a high of 30% in the early 1990s to an estimated 5% in 2001. Presidents Bush PEPHA funds has been granted generously to promote abstinence (23). Some people would erroneously congratulate public health propagandists for their good work in changing people's sexual behavior, leading to a decline in HIV incidences in Uganda. However some scholars have argued that there were reports of declining HIV incidences in 1994 in some rural Ugandan locales where there had not even been adequate treatment for traditionally sexually transmitted diseases, let alone any condom or abstinence indoctrination programmes (24;25). Convincing arguments for this could be based on the spill over effects of the prevention intervention from the other areas, but no empirical research has been conceded to validate this facet.

This decline in Ugandan HIV incidence due to a mixture of condom use and delayed sexual debuts which has lead to Americas continued funding of other similar programmes in African countries. However, the political pursuit of shaping sexual behaviors to suit political goals involves overlooking the more likely basis for a declining Ugandan HIV rate. Ugandans were warned of the risk of reused needles during some of the Ugandan AIDS prevention campaign in 1985 (26). During the 1992-1993 ethnographic study on injection use, Birungi noticed that the ordinary Ugandans had begun to realize the connection between injections and AIDS: As a consequence of the popular concern with

the spread of HIV through communally shared needles and syringes in public facilities, people generally prefer personal hypodermics or insists on being injected with disposable single equipment rather than risk contamination with public things (24;26).

The timing of this public awareness of injection risks is said to have fit well with the peak and subsequent decline in HIV incidences in at least one Ugandan venue (27). This consumer driven shift to cleaner injections (something not noted or well documented in other African countries) according to some scholars, more likely to be the basis for a decline in Ugandan HIV rates more than any change in sexual behavior (24). High deaths among those affected also contributed to the massive drop in the prevalence rates. As well, basic epidemiological principles show that mortality is the primary means for prevalence reduction in chronic diseases including HIV/AIDS (23).

The promotion of abstinence among Kenyan youths for example may not work for all the communities. This is particularly with references to communities that practice male circumcision as the culture encourages them to start early sexual debuts as a precursor for maturity and entry to the adult world. Girls in communities that practice circumcisions are often married off to older men who may further put them at risk of HIV infection. Some of them are often very young and not well biologically developed for sexual activities.

The recent increases in foreign sex education programmes that emphasize condom use minimize even some of the original good ideas like ABC campaign used by the Ugandan administration (23). Research scientist at Harvard, Dr. Edward Green commented that, the unique indigenous programmes that Uganda developed was being gradually destroyed and that the infection rates would start to go up and experts would say the ABC never worked (28). The ABC approach was seen to give people a variety of choices. The value of an HIV/AIDS prevention programmes that can be adapted to the needs of specific groups and the limitations of a unilateral “condom-centric” approach to sexual behavior change is highlighted again by Dr. David Wilson, a senior monitoring and education specialists for global AIDS (23). He comments that as educators they often publicly

promote approaches that they themselves would not countenance in their own personal lives, such as the notion that it is acceptable for spouses or children to have multiple partners, provided they used condoms.

It is cynical to think that this would work in the African setting where condoms are not even accepted among some spouses and suggestion for use by one spouse would result into accusations of infidelity. Albeit when condoms were introduced into the family planning centers in many African countries they were viewed with a lot of suspicion as a European way of trying to control the African population and was largely rejected. Introducing it as a prevention method to save a situation that is viewed by some segment of the society as a European other strategy to finish the African population would be too ambitious. This is further supported by the many condom use interventions among youths that have failed undoubtedly (29-32). It has further been worsened by believe that condoms are laced with the HIV virus, have some pores in them and are not so safe.

Promotion of being faithful to one trusted partner has worked for some developed countries, but for some reasons this has not been fully realized in developing countries, though some incidences in reduction of number of partners have been seen in a number of studies (31;33;34). One argument of failure in some cases for this seemingly undemanding strategy is rapid urbanization and rural to urban migration which has meant that greater numbers of young people are living in precarious and improvised conditions away from their families and relatives (35;36). This group of youths is often classified high risk as they are likely to engage with the commercial sex workers and also multiple sexual relationships while in the cities (37).

Some communities explicitly encourage for multiple sexual relationships and polygamous marriages. This is seen as a form of male supremacy over women, an ego booster and a sign of success and accomplishment in every sense of the word. Western media which is now viewed in many African countries does not make the situation any better when it glorifies sex and makes little attempt to promote moral behaviors.

HIV/AIDS awareness has been very good in many developed countries. This is believed to have contributed to low prevalence seen in these countries often based on Bandura's self efficacy model. This is based on the belief that people are more likely to make good decisions when they know the consequences and rewards (32). But this is not always the case as people often take risks even when they know the consequences. However praise can be placed to the immense HIV/AIDS awareness that has increased awareness in many cohorts studies (38-41). Kenyans HIV awareness is rated at 95% according to the 2005 national survey, this is such an incredible improvement compared to 60% in the 1990s (11).

Even though awareness may be relatively high in some context, most studies suggest a combination of adequate knowledge and continued risky behaviors (31;42). All this goes a long way in explaining the enormous scale of the HIV/AIDS pandemic throughout the region, but it also provides an invaluable platform on which AIDS educators can base their work. The body of knowledge available to us today suggests that AIDS education for young Africans works. While of course it is encouraging to learn that such interventions have impact in Africa it seems unlikely as the literature suggests that they always work (31). After all, if every AIDS education initiative in Africa succeeded one would not expect the epidemic to reach the catastrophic levels being witnessed in the region today.

HIV Prevention Interventions and Campaigns in Kenya

It is not documented when Kenya started the HIV prevention campaigns but the earliest programmes by the government points to the late 80s way after the first HIV case was diagnosed in 1986.

Almost universally (and futilely) the social response to the appearance of HIV has been to try to locate the source of the epidemic in another country culture or race (17). Unlike Uganda, Kenya's government down played the existence of HIV in Kenya and for many years it was seen as the foreigner's or white man's disease. When many cases started appearing closer to home in Uganda the focus was sifted to Ugandans and they were viewed with suspicions. After a while many cases were reported around Kenyan towns bordering Uganda (which unsurprisingly still have the highest prevalence of HIV in the

country to date) then it was slowly accepted but stigmatized to those communities and their cultures of wife inheritance and none circumcising of males.

It can only be speculated that for political, economics or social reasons no rigorous campaigns were done at the acme of the epidemic. Currently there are over a thousand NGOs working on HIV in Kenya, many are `brief case` NGOs with no operation base. Many more NGOs are also emerging claiming to work with or for people who are infected or affected with HIV. There is no unification of their services. Further, NGOs that were previous working with women, children etc now have a component of HIV in their programmes and so are other NGOs.

In corresponding to the sharp increase in HIV infection rate a large number of HIV/AIDS prevention public health campaigns throughout Kenya were sponsored by various national and international agencies. Some of which include Family Health International, Family Planning Private Sector (FPPS), International Planned Parenthood Foundation (IPPF), MAP International, Pathfinder International, Ministry of Health, Kenya National AIDS Control Council among others. The majority of these campaigns promoted condom use to prevent HIV infection (17). Thousand of dollars have been spent on these HIV/AIDS prevention campaigns, yet the disease continues to spread rampantly.

A theoretically based evaluation of HIV prevention campaign along the trans-African highway in Kenya revealed that a lot of the posters and even pamphlets were interpreted wrongly or were not reaching the intended population (17). When the campaigns started there was not much information on HIV but warnings on how dangerous it was. For example a poster in the early 1990s read "*AIDS Kills: There is no cure*" and a similar vision in Kiswahili read "*Ukimwi unua; Hakuna Tiba*". This poster distributed by the ministry of health, Kenya National AIDS Control Programme (KNACP). It depicts an emaciated man, and in the foreground there are assortments of medicines tablets, capsules and a syringe.

A focus group discussion with young boys, commercial sex workers and truck drivers who are some of the highest risk group showed that they interpreted the poster very differently as opposed to what it was intended to pass across. The group perceived that there were a number of out comes recommended by the poster. They thought that the poster suggested that drugs, like tablets, capsules and injections could protect them from AIDS (17). Overall, the poster appeared to emphasize perceptions of severity, elicited some perceptions of susceptibility, but lacked attention to self and response and perhaps even suggested inappropriate responses (such as use of drugs to protect against HIV).

The posters have been criticized to be vague and lacking information on condom use. Further they have been criticized to emphasize the threat without telling people how to effectively protect themselves. One poster with focus on youths by the Ministry of health and KASCOP, reads “*Boys let’s avoid sex before marriage*”. An evaluation of this poster by the youths suggested that they understood that the poster wanted them to abstain from sex. This group also noted that while one should abstain, it was impossible to live without sex, thus they saw this poster as relatively unrealistic and naïve (17).

The message in this poster definitely does not come out very strongly as abstinence though it is implied. A study in among youths in Accra Ghana also elicited the same response, they made it clear that abstinence was not possible and that they had to have sex (43).

Pamphlets have also been used to educate youths on HIV, this can be picked at some health centers, the organizations offices and they may also distribute them during their rally or on special occasion like World AIDS day. This does not reach a number of people however as those unable to travel to these particular places or those not within their working areas are not able to access them. This pamphlet would have been beneficial to a large number of the youth population if it was translated into different languages for better understanding. It would also reach a big population if it was distributed in the health clinics around the country, churches and even mosques. However that was not the case, and as much as the pictorial presentation was meant for those who can not understand English. Anecdotal research suggests that the youths have used the

pictures for pornographic purposes, an arousal mechanism to make them be in the mood for having sex rather than for its intended purpose.

Availability of condoms have also been mentioned as a concern as shops that sell condom and dispensaries that disperse them at no cost are closed at night when they are mostly needed. At the same time myths regarding condoms being laced with the HIV virus which many people reported to have heard and also being perforated were not demystified in many of the posters or pamphlets (17).

HIV Prevention Success in Uganda in Comparison to Kenya

Mentioned as one of the success stories in the world, Uganda is said to have managed to reduce the HIV prevalence even though the incidence cannot be ascertained to have reduced. There is no agreement however among researchers on the validity of these reports some arguing that the reduction was a result of safe needles for injections and also high mortality that reduced the number (24). However there has been success in the campaigns which is unique in many aspects and cannot be ignored. One of the main features of Uganda model was the comprehensive use of the ABC campaign which denotes;

- A- Abstinence for those who are not sexually active, emphasis is placed on delaying of first sexual intercourse
- B- Be faithfully to one trusted partner, for those who are already sexually active and are married/dating
- C- Use condom for those who are already sexually active, this targets those who are married and also those who are single

The beauty of this model is that it provides options and nobody is left out in the campaigns. Kenya's campaigns either focused on use of condom or abstinence leaving other categories of people uncovered for.

Although HIV knowledge risk perception and risk avoidance options can ultimately lead to reduced HIV incidences, many agree that there is a complex set of epidemiological, socio-cultural, political and other factors that affected the course of the epidemic in

Uganda (44;45). One of the most important aspects for any important national policy to be successful is political will. In 1986, when many heads of states were denying the existence of HIV in their country, Uganda's President Yoweri Museveni responded to the epidemic with an active commitment to prevention emphasizing that fighting AIDS was a patriotic duty requiring openness, commitment and strong leadership from the village head to the state house (44;46). He spear headed the campaign by example making everybody responsible to curb the spread. In Kenya, the then reigning president Daniel Moi only declared after 13 years in 1999 that AIDS was a national disaster (22). He instead called on donors to give more funding to fight the scourge instead of starting the fight from within.

Uganda's AIDS Commission (UAC) was created to co-ordinate and monitor implementation of the National AIDS strategy. The UAC prepared a National Operational Plan to guide implementing agencies, sponsored task forces and encouraged the establishment of AIDS control programmes in other key ministries including the Defense, Education, Gender and Social affairs (47). This was a smart move as it targeted ministries dealing with some of the most vulnerable groups in the society like women, young people, teachers, the police and the army. Besides they made sure that the activities were coordinated right from the start. It is documented that Kenya did establish an AIDS Programme Secretariat, but the programme was not coordinated and many small NGOs were working in solitude. Many of their activities went unchecked and that led to the formation of many 'brief case' NGOs that were not accountable for the funds given to them. On the other hand key ministries were not included in the fight against HIV.

By the year 2001, there were at least 700 governmental and NGOs agencies working on HIV issues across all districts in Uganda (47). Kenya with a larger population than Uganda had just about 600 registered and recognized NGOs under the umbrella Kenya AIDS NGOs Consortium (KANCO) working in the districts though not all of the districts were well covered, with the most urban setting having most of the NGOs (48).

Uganda further launched the National AIDS control Programme (ACP), which launched an aggressive public media campaign that included print media, radio, billboards, and

community mobilization for the grass root levels (46). It later become STD/AIDS control programme and trained many counselors, health educators, peer educators and other types of specialists. This organized attempt to halt the spread of AIDS through treatment of STIs was also witnessed in Thailand, where the government and NGOs got involved with the appointment of STD clinics as the agency to deal with HIV cases (49).

In Uganda spreading the word involved not just information and education but also emphasis on fundamental behavior change based approach to communication and motivation (27;44;50;51). Decentralization was used as a local empowerment process that involved allocation of funds which in it self was a motivating force for those involved. By 1989 Ugandan teachers had been introduced to the HIV programmes through trainings on HIV education and sexual behavior change into the curriculum (44). This was an excellent way to reach the young people before they become sexually active and also to sensitize the teachers themselves as they are also a risk group. Kenya had a curriculum on HIV for the schools but teachers were not well sensitized on how to handle the course. Many did not teach it or touched on it briefly, many teachers feared too that they were not role models to the students and many died from the epidemic and still continue to.

Protection of the rights of those infected by HIV has been inspired by a number of prominent Ugandan personalities and by public events such as candle light memorial and observation of the World AIDS day. Famous musicians like Philly Lutayi of Uganda went public about his HIV status and even had a feature about him filmed in his last days before his death. This only confirmed to the Ugandans the reality of HIV and that anybody could get it. The AIDS support Organization (TASO) Uganda was established in 1989 and it worked in advocacy against discrimination and stigmatization while pioneering a community based approach to the care of people living with HIV/AIDS (47). Protection of human rights in HIV campaigns has now been adopted by the UNAIDS as one of the principle of effective HIV prevention (2005).

On the contrary no well known and famous personalities in Kenya have declared their HIV status though there are rumors and reports of prominent people dying from the disease. However a number of regular citizens have declared their HIV status some in a bid to get funds or support. Conversely credit should be given to Ms. Asumpta a humble woman who got infected at the nursing school in her first sexual experience. She declared twenty years ago of her HIV status and has worked tremendously in the fight against discrimination and stigmatization through her organization Women Fighting AIDS in Kenya (WFAK) and her weekly magazine feature, *'Asumpta's Diary'* that has inspired many and still continues.

In Uganda religious leaders and faith based organizations have been active in the frontline of the response to the epidemic. Mission hospitals were among the first to develop AIDS care and support programmes in Uganda. The Islamic Medical Association of Uganda (IMAU) piloted an Aids Education project in rural Muslim communities that evolved into a larger effort to train local religious leaders and lay community workers (38). This was a very good initiative since Muslims have often been viewed as a group not easy to reach due to their religious beliefs that does not allow men from outside to talk to women and also talk on sex is restricted. To have fellow Muslims pass the vital message on HIV was well timed and appropriate.

The protestant church of Uganda also organized workshop for its bishops and other religious leaders in 1991 and implemented an extensive AIDS education project in many of its dioceses (27). Catholic Church and mission hospitals provided leadership in designing mobile homes and projects for AIDS victims and special programmes for AIDS widows and orphans. Kenyan churches have been involved in the campaign on HIV in many of their parishes and dioceses. Many of them have been advocating for abstinence which some youths have assessed as impossible. But what has also come out clearly among the churches in Kenya is the controversy on condom use with the Catholic Church campaigning against it further putting the youths in a state of disarray.

Uganda boasts to be the first country in Africa to launch confidential VCT services. In 1990, the first AIDS information center was opened in Kampala and in 3 years it was active in all the four major towns (27). People were willing to know their sero-status and the programme also pioneered in providing same day rapid test and `Post Test Clubs` to provide long term support for behavior change regardless of ones status. Couple of year's later Kenya also had the same VCT centers but there was no follower up initiatives integrated with the programme. It was argued that individuals who test positive have a high likelihood of avoiding unprotected sex, and those who test negative have an incentive to stay that way. These are behavioral predictions that do not work independently of a maze of other factors. Therefore the direction of a behavior especially in the long term may be hard to predict (10).

Changes in age of first sexual encounter, declining casual and commercial sex trend, partner reduction and condom use all appear to have played a role in Uganda's HIV decline. In Thailand they also countered HIV individually and collectively mainly through behavior change, their altitude toward people with HIV also changed from fear to compassion (49). They invited those infected to participate in public events and tackled root causes of the problem by for example sending their daughters to school instead of town to look for money. This they did in collaboration with the ministry of education. They also launched the 100% condom use campaign for commercial sex establishments, and the governments provided strong media support for this campaigns and further organized condom distribution (49).

There is no doubt in the integrated approach in HIV management and prevention, notably the Uganda's approach of all inclusive and collaboration with every individual making it everybody's responsibility. One thing that still remains hard to answer is what makes Uganda unique apart from its approach to HIV in comparison to its neighboring countries?

Knowledge Gap

Research has shown that well designed programmes can yield adequate results and change behavior hence reducing the HIV prevalence's in Africa. America has drastically reduced

its HIV prevalence yet it was the first country where HIV was first diagnosed. Uganda, though under a lot of controversy has also shown remarkable success in its HIV prevention programme.

Kenya has been reported to have had a reduction in the HIV prevalence in the last few years though the success is not like that of Uganda or Europe and still a large number of people are not willing to know about their HIV status. The factual incidence rates are not known but more people continue to die from HIV related illness.

A lot of funds and resources have been used in the HIV prevention campaign and at least 98% of Kenyans are said to know about HIV. This knowledge level is more in the urban setting as compared to the rural areas yet more cases of HIV are seen in the urban areas. With a high percentage of campaign coverage through print media, billboards, radios and television, the urban population is definitely more informed but no significant changes in behaviors are seen.

This research will seek to find perspectives on HIV prevention campaigns among the urban slum youths who have continued to have high infections despite the rigorous campaigns.

Justification of the Study

Despite the high levels of HIV prevalence in Africa it is surprising that very little research have been done to find out how the target populations view the HIV prevention campaigns. Literature searches reveal very few studies that have been done in this area despite the numerous programmes that have been implemented.

In order to conduct effective AIDS education however, it is clearly vital that interventions are relevant to the target population and that they are properly evaluated so that possible improvements can be identified for future programmes (31). Little is known on the influences of this intervention in an urban slum multicultural environment. The significance of cultural acceptability of different aspects of the HIV prevention campaign cannot be ignored in the future interventions.

A wide range of surveillance data show that urban areas already have higher rates of HIV prevalence than the rural areas despite the fact that urban residents tend to show greater awareness of HIV/AIDS issues and of ways of avoiding the disease (52). Data further

suggest that the slum conditions help to socialize children into early pre- adolescent sex. Findings from this study will be used to integrate programmes that are acceptable to the youths and will curb the spread of this epidemic.

The research target group will be youths as half of the new infections world wide is in young people even though a lot of the interventions are geared towards them. Large numbers are still sexually active at an early age, are not monogamous and do not use condoms regularly (2). In addition, experimentation with drugs including injections is another hazard to the youths.

Saving the future generation depends on saving this cohort of young people as HIV is imposing heavy costs on the economy primarily through increased medical care expenditure and labor losses.

The next chapter focuses on how the research was carried out and the methods that were used. It also talks about the problems encountered with the chosen methods and also in the field. The role of the researcher is also explored in this study.

CHAPTER 3: METHODOLOGY

Study Area

The research was conducted in the Nairobi's Kibera slum. This is one of the largest slums in the Africa harbouring about 1 million people living on approximately 2.5 square kilometers (600 acres). The average resident of Kibera lives on less than a dollar a day (53). Kibera is located southwest of Nairobi city centre and is the same size as Manhattan's Central Park. Nairobi Dam is to the south. It is sited approximately 5 km south east of the city centre of Nairobi. It holds more than a quarter of Nairobi's population. The estimated population density is 300,000/km². There are a number of villages, including Kianda, Soweto, Gatwekera, Kisumu Ndogo, Lindi, Laini Saba, Siranga/Undugu, Makina and Mashimoni. The railway line crosses through the slum almost dividing it into two (refer to the Kibera map figure 7).

An estimated 20 percent of the people between the ages of 15 and 49 in Nairobi's Kibera slum are infected with HIV, although the actual number could be much higher (53). The area is extremely crowded, with few activities for people to participate in. One aid worker notes that along with the boredom is increased alcohol use, and the women who run the bars often sleep with their patrons to keep them coming back; however, the men sometimes also have sex with the women's daughters, often these girls are too young to understand the risks involved (53).

The extreme deprivation associated with high unemployment and low wages of slums traps residents into engaging in risky sexual behavior for economic survival (52;53).

Most residents live in temporary mud or polyphone houses on public land that has been illegally distributed or appropriated. It is uncertain existence with regular disputes over plot ownership and frequent fire out breaks. Some individuals receive temporary occupation licenses from the government; others decide to build on any available empty space. Given that settlements are illegal, landlords are not obliged to provide any services and open sewers filled with raw sewage are a common site. The `bomb`, `scud`, `missiles` or `flying toilets` are human feaces wrapped in plastic bags that are often thrown

everywhere in the night as there are no toilets. By 1998, there were just about 40 working latrine for this huge population (53)

There are government schools in the area and also non informal schools run by the local residents, though they register with the government schools for examinations. There are also a number of charitable schools run by churches and individual donors. Most of the children in these schools have sponsors taking care of their basic needs. Such schools also have a peculiar characteristic of providing meals at the school for most the children.

The schools receive guideline from the Ministry of Education on topics to be covered on HIV. Therefore all children are expected to be taught the basic facts about HIV in upper primary. These are often from class 6 to 8, and usually between the ages of 11 to 16 years. There are also a number of small NGOs working in the area working with youths, orphaned children and women infected and affected with HIV. A number of public prevention campaign rallies are also carried out in the area from time to time sensitize the communities. During such occasions condoms are distributed freely. Posters and stickers on HIV are also given, while others are put in strategic places for the general population i.e. the chief's camps.

The Target Group

The study target is youths between 13-24 years in the slums of Kibera Nairobi.

Objectives of the study

Main Objective

Examine the youth's experiences and perceptions towards HIV prevention campaigns

Secondary Objectives

- Identify relevant intervention projects and programs carried out in the slum of Nairobi in relation to HIV prevention among youths
- Assess perceptions to condom use among the youths, being faithful to one trusted partner and abstinences

- Assess the perception of HIV prevention on the level of knowledge, attitudes and behavior change among the youths
- Identify the youths challenges to this intervention programme in the control of HIV
- Examine whether campaigns have resulted in change of attitudes, behavior and increased knowledge on HIV/AIDS prevention
- Identify gaps of knowledge and recommend strategies for improvement

Study Design

This was a cross sectional study which employed triangulation of methods where both qualitative and quantitative methods were used. The two methods do compliment each other and more information is gathered unlike when only one method is used. Qualitative methods as seen in some of the literature give participants a chance to explain some aspects of their opinions that they are not able to explain in the structured questionnaires used in quantitative methods of data collection.

Qualitative Methods

In order to capture the youth's experiences and perceptions regarding the HIV prevention campaigns qualitative methods was used in this study. Consequently an open mind and an ability to be flexible and to adjust to the unknown were essential for this research. The epistemological stand of qualitative research is that knowledge is generated in interaction between people (54).

Surveys

The characteristic of qualitative interviews is that they entail a high level of participation on behalf of the informants. In depth interviews seeks to encourage free and open responses. Follow up questions provide a chance to clarify and expand on what has been said and they also indicate to the informant that the researcher is listening.

Steiner Kvale notes that interview strategy should be characterized by what he calls deliberate naiveté (54). The interviewer should be a curious child and avoid letting his or her pre-understanding show through or stand in the way of his or her unprejudiced

interpretation. Kvale states that an interview is an emotionally loaded situation. In the same way that a musician needs to have an ear for music, a qualitative researcher must be sensitive and empathetic.

The interviews were face to face characterized by extensive probing and open ended questions. Interview guide that included a list of questions that were to be explored and suggested probes for following on key topic were used (Refer to Appendix 1). The guide helped pace the interview and made interviewing more systematic and comprehensive. Lofland (1995) argues that qualitative methods are recommended for complex subject matter, where detailed information is sought and where the subject for research is highly sensitive (55). This is especially true on issues of sexuality which this research sought to explore. The privacy provided by face to face interview allowed the respondents to reveal more information under the research respondent confidentiality that was maintained through out the interview. The respondents were more likely to report having had sex during the face to face interviews than while given the questionnaires. Could be due to the unknown fear that someone could know there handwriting from the questionnaires.

In this study interviews were held with 20 main youth respondents, 10 for those in school and 10 for those out of school youths. However the total numbers of youths interviewed formally and informally were 35, this also was based on theoretical saturation, a point when there was no more substantial new knowledge gained from any further interview.

Further interviews were also held with those working in the Faith Based HIV Prevention Organizations, NGOs and Government run Organization (Refer to Appendix 2). The main aim of interviewing this category of people was to find out the HIV prevention programmes they had implemented in the area and the feed back they got from the youths.

The advantage of interviews was that it yielded a rich data and a lot of new insights. It also provided an opportunity to explore topics in-depth. It allowed for clarification of questions increasing the likelihood of useful responses. It further allowed for flexibility in administering interview to particular individuals or circumstances. The respondents were free to choose where they wanted the interviews to be held and also the timing.

The disadvantage of this method is that fewer people are usually studied and less easy to generalize to the whole population. It is also difficult to aggregate data and make

systematic comparisons. In this research further disadvantage was experienced while interviewing the respondents as this is a sensitive topic touching on sexuality, they were not honest and many answered according to what they think is correct and recommended. This was revealed by the inconsistency in which they answered questions especially those related to having engaged in sexual activities. While some said at the beginning that they had not had sex, they later forgot and reported that they use condoms.

However the strong rapport with the participants prior to the interviews with the aim of building trust and confidence between the researcher and the participants made the participants relaxed in many occasions and they admitted having had sex. The fact that confidentiality would be maintained was also emphasized during the interviews to make participants confident. Probing questions were used to explore further responses given by the participants to minimize under-reporting and exaggerations on different topics. This is because for example men were more likely to report varied sexual experiences to demonstrate their prowess while women under report on the same due to society pressure to remain virgins.

Quantitative Methods

Quantitative methods are in principle more objective than qualitative methods. They are essentially systematic. The advantages of this method is that it provides a convenient way of describing complex data sets and also a way of describing simple parameters of relationship between variables (56). The results can also be reduced to numerical statistical and interpreted in few short statements. Generally cross sectional quantitative method of data collection that was used in this study is less time consuming and cheaper. This was convenient for this study due to the limited funds and time to allow longitudinal studies.

However a quantitative method had the disadvantage in that the results were statistically significant but are often humanly insignificant, as was also reported by Sarantakos (57). This is often due to under reporting of over reporting. It is not always easy to know all the possible reasons for a behavior or situation and hence it was not possible to give all options leading to untrue findings but only true according to the researcher's perspective.

However triangulation of methods was used to avoid such a situation. Qualitative methods gave the respondents a chance to explain their responses and they also had a chance to have the questions explained to them should they misunderstand it to interpret it wrongly. This provided a wealth of information that could have not been gathered with just quantitative methods alone.

Structured questionnaires were administered to the target group (youths). This had questions regarding their knowledge, perception, experience and suggestions on the HIV prevention campaigns. Most of the questions were closed ended with possible options given for the respondents to choose from. (See Appendix 3)

Sample size and Selection

Sample sizes of 240 youths were randomly selected from the school and out of school youths. Randomization provided ability to generalize to the population. The 240 was a convenient sample based on the total population of approximately 1 million residence of the slum. Approximately 120 youths were selected from the schools while the other half come from the youths out of school. At least 20 main interviews were held with the youths randomly selected from the school and out of school. Ten major NGOs working in the area with Youths on issues of HIV prevention were also interviewed.

Inclusion Criteria

Youths:

- They must be between ages 13-24 years and Kenyan citizens
- Must be residents of Kibera Slum
- They should have lived in the area for at-least one year prior to the interview

NGOS and Faith Based Organization

- Must be based in Kibera or have their programmes in Kibera
- The programme must be on HIV prevention campaign
- Target group for the programme must be youths
- They should have worked in the Kibera area for at least 1 year

Exclusion criteria

Youths:

- Those below 13 years of age or above 25 years
- Those who have recently moved to the slum area in the last one year
- Non Kenyan citizens

NGOs and Faith Based Organization

- Those with programmes that have lasted less than one year
- Those with different target group
- Those not working in Kibera slums Nairobi as their target community

Pre-testing of the Questionnaires

Questionnaires were used for both qualitative and quantitative researches were pre-tested among 20 youths in Korogocho Slums of Nairobi with similar demographic characteristics as that of Kibera slums, the study population. This was done to find out if the questions are well understood by the respondent. Adjustments were then made and some questions were re-modified, others added and questionnaires were also translated in Kiswahili the local language. Some open ended questions were removed since they were not answered by the majority of the respondents.

Validity and Reliability

Reliability pertains to the consistency of the research findings (58). There should be consistency throughout the research to counteract haphazard subjectivity. Probing during the interview discussion was to ensure clarity on issues mentioned and to avoid ambiguity and inconsistencies in the reporting.

Miles and Huberman emphasize that there are no canons or infallible decision making rules to establish the validity of qualitative research (58). Their approach is to analyze the many sources of potential biases that might invalidate qualitative observations and interpretations.

In this research triangulation of methods, representative-ness of the study group, weighing of the evidence and getting feed back from the respondents to ascertain validity

of the findings was used. Randomization during selection of respondents was also used to minimize biases.

Coding

Qualitative data was coded into different themes that were derived from the objectives of the study and those that came up during the discussions in the field. Numerical numbers were assigned to different response. Open ended question in the quantitative methods were coded and also given numbers for systematic analysis.

Data Analysis

The data was analyzed using two programmes. The Statistical Package for Social Sciences (SPSS) was used to analyze the quantitative data from the questionnaires, while Nu*dist 6 soft ware package was be used to analyze the qualitative data. SPSS was used to compute frequencies and also other statistical calculations that were relevant for this study. Descriptive analysis was also derived from the qualitative data and also quantitative data. The results from quantitative data complemented those from qualitative data.

Ethical Consideration

Before commencing of the study formal license was secured from the Norwegian Ethical and Medical Committee in Norway and the Kenya Research Ethical Clearance Committee in Kenya. A copy of the protocol was submitted together with the clearance form to the above committees for assessment to verify if the proposed study is in line with the International and national guidelines protecting human subjects in any research. Formal clearance was also requested from the local chiefs in the slum areas.

The purpose of the research was explained to the participants verbally and the consent form was given for those willing to sign while verbal agreement for those not willing to sign was also accepted. The participants were also informed of their right to refuse to participate in the study or withdraw from the study. They were informed that refusing to participate in the study or withdraw from the study would not have any consequences on them.

Participants were informed that confidentiality would be maintained and they were allowed to choose the location for the interview to provide them with more privacy. Consent before taking notes or recording during the interviews was asked and no names were used instead synonyms were used unless they request for their real names to be used, though the consequences of that was explained to them in details. (Refer to Appendix 4 consent form)

Limitations of the Study

Sensitivity of the chosen study topic; the mention of HIV still raises heart beats among many people. This was not different from the youths of Kibera. The word it self was a fright to many almost fearing that may be the researcher thought they were infected. As many respondent accepted the interview as those who refused. Majority of those who refused to the interview were females, hence waning tremendously the sample size of female respondents in this study and reducing the participants in the quantitative interviews to 217. This was also witnessed during the one on one interview with the respondents. Considering that this research touched directly on sexual issues and behaviors of an individual also made it very difficult to get responses on specific questions like engagement in sex.

Many of the respondents and in this case a majority of the females declined to answer this questions during one on one interviews making the rest of the questions difficult to finish as they directly related to the previous questions asked. Others also chose to change their stand from time to time making some of their answers irrelevant and did not add up to the initial responses. This was a big problem with the questionnaires as a majority of the females avoided questions directly touching on sexuality and answered just a few selected general questions making there questionnaires in-complete and could not be coded. On the other hand males were relatively co-operative and a majority talked freely about their sexual experiences except for a few who would hide at the beginning maybe fearing a potential judgment if they were living reckless lives. However this fear was outlived and they brought issues to the open.

Privacy and the environment; as much as the researchers tried to provide the most secure environment where the youths could freely share their experiences, this was not easy in

this amorphous environment. Sitting in a mud house did not guarantee any privacy as the walls had cracks and the houses are so close together. Even those interviews held outside in un-used shop stalls and under trees could be interpreted by those passing by or ear-dropping curious to find out what was going on. As such a lot of time and efforts was spent trying to find the best suitable environment where the youths would be comfortable to talk.

Security; Kibera, like many slums in Africa and the world are characterized by a lot of insecurity. The harsh economic situation makes stealing a way of life and survival here. Stories are told of how shoes worn by a passerby would be sold off before it is taken from them and once the agreed price is reached between two consenting parties, the person would be lifted up and shoes removed from their feet. Many times it was impossible to carry a tape recorder for fear that the same youths interviewed would come back and steal it. It was also dangerous to venture in some areas of the slums while in other places the gate keepers demanded money. The slum is also political fluid causing a lot of ethnic tension, due to these interviews to be cancelled on many occasions.

Finances and time; poor security coupled by demands for money resulted in spending a lot of time negotiating with the people. Due to limited resources and time it was not possible to extend the interviews as much as the researcher would have wanted.

Language barrier; Even though Kiswahili is the most spoken language in Nairobi followed by English, many youths have their own version of the two mixed with their local languages. `Sheng` is commonly spoken by the youths here and it was sometimes difficult to understand what they meant.

In light of the above problems encountered, it is important to note that this does not invalidate the findings. The number of refusals from women and incomplete questionnaire filling that did not amount to any consequences to the respondents reflects that the respondents had a choice to refuse to participate in the interviews or withdraw from it. Still a representative sample was drawn from the population from the different areas of the slum. Biases were closely checked and the information given was kept confidential. The researcher did the main interviews and was only assisted with language translation where that was necessary. The findings of these studies are consistent with

results from other studies and can therefore be generalized. Hence it is sound to conclude that the finding reflects the situation at the ground at the time of the data collection and study.

My Role as a Researcher

Having worked with youths at different level in my career and being within their age bracket gave me an edge in quickly forming a rapport with them. On the other hand this was a disadvantage as they thought it was not necessary to give me details as I should identify with them and know those responses. Many times I was asked the same questions I asked the youths and my responses would sometimes determine if I would get a response from them or not.

Occasionally I took a role of a counselor having prior training in this when I was bombarded with questions after the interviews on what I thought was best to practice. There were occasionally pleas from some students that I should give them a talk on HIV prevention as they wanted new information from someone they could identify with. Since time could not allow for that, it felt sad to turn down such humble yet honest request from knowledge thirst youths.

Being with the youths in the slums every single day during the research and also spending a few nights in the slums was humbling and gave me a better and clear picture of what the youths here have to deal with every single night and day of there lives. Seeing many cases of teenage pregnancy and talking to the girls almost made me believe that condoms were not effective as they claimed that despite using condoms they still got pregnant. Getting the same response from the majority of the youths during the face to face interviews made me wonder if it was true that the quality of condoms they were getting was low or if they did not know how to use the condoms properly, hence the reports of condoms breaking, bursting and being ineffective.

The time spent with the organizations working in the slum was equally rewarding and sensing their desire to make a difference in the youth's life was so captivating amidst organization policies and donor demands.

The responses from all the categories of my respondents were an eye opener to the paradox of HIV prevention campaigns that have existed for so long yet there are high prevalence's and incidences of HIV still.

This chapter has discussed how the research was carried out; the next chapter will now focus on the results from the interviews with the organizations and then results from interviews with the youths themselves.

CHAPTER 4: RESULTS

RESULTS ORGANISATIONS

Frame Work of Organizations in Kibera

Non Governmental Organizations in many parts of the world have been known to step up or even enhance services in regions where the government is not able to adequately serve due to their limited resources among other reasons. Over the years many have of these organizations have realized the need to work in collaboration with the government to enable them realize their goals, especially those related to policy issues.

Kibera slum in Nairobi is one place that which is lacking in almost every aspect of basic human needs.

The living condition in the slums abhors besides the wanting health services and other social needs. With the emergence of HIV/AIDS, the poor have been the hardest hit, those in Kibera taking its toll due to their already vulnerable conditions on economics, health and even social aspects of their lives. The government of Kenya like many governments in developing countries has not been able to adequately deal with the prevention of HIV scourge a vacancy that has been filled up by the NGOs.

Origin of the Organizations

Kibera boasts of over 70 Non Governmental Organizations (NGOs), International Non Governmental Organizations (INGOs), Community Based Organizations (CBOs), and Faith Based Organizations that works directly with issues of HIV prevention or indirectly with the same issue. While a few of these organizations can be said to have a strong foundation and are internationally recognized, others started as welfare groups that eventually decided to include other members of the society in their activities due to the empathy that was created as a result of the scourge. People felt compelled to help in every way.

From sources within the slum about 60% of the CBOs were started by community members to empower themselves to fight the disease. Some of these CBOs have further been strengthened by the INGOs who work with them in many occasions. A few

organizations especially those mainly dealing with handout in terms of clothing and food to those affected and infected were started by individuals who felt the compassion that they needed to help. Such organizations are often characterized by one individual or family funding the whole project.

The fact that some of the organization in the slums were started by individuals who were driven by their own ambitions to achieve cannot be ignored. Stories of people who became rich and eventually moved out of the slum after starting their `own` NGOs are not unfamiliar in this area. There are still others driven by their own selfish desires to benefit from the funds they will receive for their programme. The government also runs small projects from time to time or through the local hospitals on HIV/AIDS prevention, or through the schools, where it is now compulsory that all students in lower primary are taught on HIV prevention.

Aims and Objectives of Youth Based HIV Prevention: Organization

“Lets Fight AIDS Together” a bill board from the ministry of health welcomes you to Kibera. There are several other painting and posters along the main road as you enter Kibera.

Further inquires from the other organization in the slums reveals these objectives some of which are beautifully framed on their walls.

“We promote abstinences and being faithful to one trusted partner. We also promote condom use, but in regard to those who are already sexually active and are between the ages of 14-25 years”. (KICOSHEP an NGO that has been working in Kibera slums for 8 years)

“Our objective is to prevent HIV/AIDS through theatre; we campaign on HIV through drama”. Shades Classic, a moving theatre group based in the periphery of Kibera slum that has worked in this area for 6years. They are often also used by other organization in their activities in the slum especially as a crowd puller with their giant size puppets.

“Our main objective is to provide a forum for discussion on better understanding of HIV causes because of the misconceptions about it. We also have income generating activities for our members, assist the needy orphans and also those affected with HIV in terms of monetary issues, spirituality and also emotionally. We do also have trainings on HIV prevention methods, explore on stigma and discrimination...” Remha Ta Allah which means `Mercies of God` an organization that mostly targets the Muslim Nubian community in Kibera slum, due to the community belief that HIV is caused by someone sending you `jinis` (evil spirits) and that it could be cured through visiting a witchdoctor who will send the evil spirit away. They have had their activities here for 6years too.

“We empower youths with disability economically, socially and disseminate information about HIV/AIDS”. KEDAN an organization that has carried out activities in the slums for 4 years and its main target are those with disability.

“....Community mobilizations after which we have sensitization on HIV issues, we also work with the affected youths, teach them on nutritional matters on foods that are easily available and cheap in the slum. We also do give primary care to those affected, we clean and cook for them etc....” St John a youth based organization affiliated to a church within Kibera. They have worked in the area for 3years.

Polycop a community programme for young girls in the area run by its fonder who's motivations comes from the desire to empower young girls, states its objectives to be working with the young girls and giving them opportunity every week and a forum to share experiences and advice them on issues that they bring forth. So passionate is the founder that she uses part of her business premises as part of the office for her programme. She takes it upon her self to advice even other young girls not in her programme and this work she has done for the past 6years.

Caroline for Kibera is also a girl organization that provides weekly forums to discuss on issues affecting the girls who are members. They are also given opportunity and a safe environment within their offices where they can freely express them selves on a variety of issues. They have worked in Kibera for 4years.

Though this research did not find any organization that mainly worked with the boys, CARE International seemed to have many boys in the youth groups they worked with. CARE International one objective is; reduction of stigma and discrimination against people and children living with HIV. This they do in collaboration with the youths whom they see to have the potential to disseminate information about the effects of the stigma. The aim of this is to have more people testing for HIV and living a positive life whether found to be negative or positive. This aim is re-emphasized by working closely with a VCT which is within their office compound in the slum. Among the NGOs interviewed they had been in the slum the shortest time (2years).

Hand of Love an organization affiliated to the nearby Catholic Church emphasizes;

“Prevention for those not affected, we also look at prevention of re-infection for those already infected and the reduction of general HIV prevalence in the Community...”

This they have done for the past 3years.

There were also some broad objectives as was taken by this organization;

“Work in line with the Millennium Development Goals (MDGs) and basically we focus on HIV/AIDS prevention among the youth”. Hoywik a CBO committed to working with the youths of Kibera slums. They have been working for 6years.

The objectives of many of the organization are well spelt out and can be summarized to focus on HIV/AIDS prevention for its target group. Some organizations are also started by individuals out of compassion and may not have any objectives but only desires that drive them to realize their dreams.

Evaluation of the Programmes Objectives

Though this research did not go at length to find out if the objectives spelt out were being followed to the latter, many seemed to be working in line with their objectives from their reports.

Firmly founded organizations were more likely to evaluate their activities to find out if they were achieving their objectives. The indicators for success were also spelt out for the staff to know if they were within the objectives. Individual run programmes were more flexible as they are not accountable to any one and could change their objectives to suit the moment. Some of such organizations were also seasonal and could only exist if there is an activity and funds for the same. They could be classified as “brief case NGOs” as they had neither specific offices nor address where they could be traced to.

Some INGOs used the local CBOs to carry out their objectives in the ground and also as a way to start their own programmes. They extended to other NGOs and the government department which they collaborated with.

Management of the Organizations

This research cannot report with authority on the way all the organizations are managed in this slum, but from the field experiences while trying to interview I gathered information that was fundamental to this research in relation to how the programmes were eventually implemented. The type of management seems to affect how the programmes would be implemented on the ground. Some would be implemented as a result of direct orders from above, or the programmes would be managed at the ground level. In this case the decision on which programmes to be implemented would come from the clientele or the staff at the ground level.

The management of the NGOs in slums can be said to be either authoritative, participatory or laissez faire management in nature. Participatory is more intricately tied to the concept that people within the organization are perceived as sources of knowledge and skills. Individuals are expected to contribute in the decision making process. They may also include the ideas of the recipients of their programmes a trend that is now being used by many NGOs to enable the community feel “ownership” of the programme even after they have left the location. It is also believed to work better in realizing long term goals of the organization. Laissez faire management is mainly for those who run their individual organizations. They decide on what happens and usually go unopposed as there is no other part to oppose them.

Getting interviews were especially difficult with authoritative type of management organization. The bureaucracy involved before interviewing the field staff was tedious and cumbersome with no guarantee that permission would be granted. It was fairly easy to get interviews with those that are participatory managed as all the staff seemed to know the origins of their objectives and could freely talk about them without fear of contradicting those from above. The self managed types of organization were also flexible to share information but one could not ignore the fact that they hoped the interviews would result in some funding.

Staffing and Funding of the Organizations

The INGOs were well funded mainly by the donors from the west. The NGOs too in many cases were well funded but occasionally lacking in funds to expand on their activities and programmes. They also relied heavily on the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) and the start of their activities relied on when such funds would be released. On the other hand CBOs were not so well funded and many of them were seasonal and could only be operational when there were funds.

Professionalism is a foundation for the realization of the objectives of the organization. The more adequately trained the staff are, the more efficient they would be. While INGOs and NGOs employed professionals and well trained staff to their respective specialization areas, the CBOs gambled with lack of adequate staff while those available double up as project manager, project directors, accountant, office assistant and also driver's in-cases where they have vehicles for the organization.

Individual organizations were run by the fonder and in many occasions it did not matter whether they were professionals or not. They could get a few people, friends or family who could help in the daily running of the organization. They had nobody to criticize them in the manner they chose their staff.

Volunteers from colleges and universities are also a common feature in this organization. Many are not paid or given any allowance but are there to gain some skills and experience, while others are there to put themselves in strategic position should any

vacancy arise. There are also those who just want to help in anyway they can with the free time they have, but not all are there for those altruistic purposes.

Registration and Reorganization of the Organization

While the majority if not all NGOs and INGOs are recognized and registered with the Government Social Department, that cannot be said to be the same case with all the CBOs and other individually run organization. At the same time some faith based organizations are run under the church banner of social services to its members and may not elicit a lot of attention from the authorities.

Generally the presences of organizations whether registered or not can be said to have changed the lives of Kibera residents and have filled the gap left by the government. It is no doubt that NGOs are a beneficiary complementary source in filling in gaps in society not provided by the public. They also play a critical role in upholding international laws and their work continue to be a leading source of social and political changes.

Some organization and groups that are in Kibera but were not interviewed are as follows; KIDASHO Organization, SADIF, Worth Connect, STAWI Youth Group, Fireless Cookers, KICOF, Kenya United Christian Churches, Red Rose C. Center, Haki S.H.G, Kianda Joint, Holly Unit S.H.G, Lukongo W.G, St Christine Center, Smile Resque Center, LECOSHEP, Soweto Kibera Project, FOWAD, Support Care, YADD, ACK, MOH-DASCO Kibera, Lea Toto, JICOSHEP, Child Support Trust, RCDG, Kila Siku Group, Garden Women Group, Sanyika, Stara Peace Organization, Holistic H/C Christ is the King, KICOF, MMAAK among many others.

HIV Prevention aspect Emphasized by the Organization and Why

The Organizations were interviewed to find out which approach they emphasized in relation to HIV prevention among the youths. The responses were varied and similar to others in many facets. This included emphasis purely on abstinence, emphasize on abstainer and use of a condom, exclusively on being faithfully to one trusted partner or

abstinence for those not sexually active, stigma reduction and a combination of all the first 3 (abstainers, being faithful and condom use)

The reasons for choosing one aspect of the campaign to emphasize also varied a lot and could generally be categorized into these groups, Religious affections, Organizations policies and convictions, Based on baseline survey and feed back from the youths, Valued based approached, Personal convictions

Nine out of the 10 main organizations interviewed emphasized on abstinence except for one that focused on being faithful and also combined it with abstinence for those who are not already sexually active or married as stated by the program officer below;

“... We actually emphasize on being faithful. We tell these who are married to be faithful to each other and also the youths who are already dating. For those who are not already sexually active we emphasize abstinence.”

The reason why they emphasize on being faithful to one person is as she explains:

“.....we did tell the youths to abstain, but they laughed and said that we were joking as that was not possible. So we decided to emphasize on something that could help them as they were already sexually active...They say `how can you just put food on the table and look at it...you must eat it`. We tell them however to get tested and also use condoms...”

Their emphasis originates from the feed back they got from the youths.

Many of the organizations that emphasized on abstinence did so as an organization policy and convictions on what was best, or because they were afflicted to a church or wanted to be in line with what majority of the churches and other organizations were doing as they discussed below:

“....we tell them to abstain which is the best option to be completely sure that they do not contract HIV”. (Hoywik programme, based on organization conviction and policy)

“...this is the organization policy in working with the youths. The only and surest way they can avoid getting infected is by abstaining” (KICOSHEP based on the organization policy)

“...a majority of our members are Christians and we want to uphold the Christian faith.....but the new members who are not Christians we try to bring them closer to God first” (St John a youth group affiliated to the local church)

“We emphasize on abstinence it’s the surest way of avoiding infection. It also goes hand in hand with the campaigns and other religious (organization) in this area and we want also to go in that direction to be in harmony with them since majorities of the people are Christians”(Shades classic a theatre group that does it campaigns through drama and is used on many occasions by other organization and faith based groups too)

Other organizations choose which aspect to emphasize from the baseline survey from which they got the responses from the youths. After realizing that the youths were the hardest hit they decided to preach abstinences as an organization policy and conviction that it was the only way to beat the scourge.

Hands of love, an organization which is affiliated to the Catholic Church, partly used this relationship to choose which aspect to emphasize. They also choose abstinences because their programmes are based on values. They believe strongly that the youths can change and abstain and regard strongly on `secondary virginity`.

Personal aspiration of individuals running the programmes also influenced them on what aspect they choose to emphasize as was observed in Polycom Organization:

“We tell them that HIV is not so unique and that the best thing about it is that we can make a choice to have it or not to have it. No one can force us to have HIV, but there are people with serious problems like cancer and they do not choose to have it.....so it’s important that they abstain, it is the surest way not to get infected”.

In many cases the organization that did mention condom this only come second to abstinences. Among the organizations interviewed none exclusively emphasized on condom use. Condoms seemed like a last resort in cases where abstinences did not work, or an addiction to those already faithful to each other. The organizations choose to talk about condoms also in situations where they got reports from the youths that they could not abstain as was observed by Hoywik below:

“.....we talk about condoms because during the group therapy with the youths, there were reports that they could not abstain for more than one month, hence the decision to include condoms in the programme”.

It was also observed that some organizations neither condemned nor encouraged the use of condoms.

“We do not promote condom use nor condemn it. What we say is that `Let not a condom make you have sex if you have no other reason for having sex`we do not condemn it! (Emphasizes) We let them know that it will only reduce the risk of infection...” (Hands of love) They however admitted that there was religious spillover on their programme.

Hands of Love further likened condoms to telling a child who wants to touch fire that, fire is dangerous, but you can manufacture asbestos to help them touch it! In stead, they suggest, you tell the child fire is dangerous and you should keep off it! Hands of Love believed that condoms encouraged irresponsible sexual behaviors among the youths. More importantly when they gave out condoms they did not give it to those they did not know as it was important that they know their attitudes towards condom use. The organization also gave them information to demystify myths about condoms and encouraged them to bring their partners along for such information meetings where possibilities of abstinence could also be explored.

Decision on Prevention Emphasis

Having heard from the organization which aspects of their campaign they emphasized, the research also wanted to find out how they made the decision on which area of the campaign to emphasize. A lot of the literature had already revealed the campaign

strategies in Africa came from the west. At the beginning of the scourge little was known on how the gospel of prevention could be preached in Africa, besides there was little time to research and find out what could work as the scourge was already taking its toll.

In the beginning, there was more warning about HIV/AIDS and how dangerous it was. This made people scared and not willing to discuss it as it could have been interpreted that they had it. People shunned not only those who had HIV but also those who worked with them irrespective of their status. At present there are still many places where people still shun even those who worked with HIV patients and their belongings. KENWA an organization started by one of the first woman to go public about her HIV status in Kenya runs one of its programmes in Soweto slum in the east side of Nairobi. The programmes officers interviewed during the pre-testing of the questions in this area observed that:

“...people shun us or even the things we use here, they would not touch things here, and they think everything here is infected with the virus. We often provide free porridge to our members and food.... this is a slum there are many people who go hungry and may also want that food, but some peoplethey will not take it, they are afraid. I do not even think that the food in our stores can be stolen here in the slums...may be they would but sell it to other unsuspecting people, but not consume it them selves...”

It seemed that the first prevention campaigns that focused on warning people at how dangerous HIV was remained graved on people minds. Many bills boards then screamed!

“AIDS KILL BE -WARE! THERE IS NO CURE” “AIDS is real there is NO Cure” “AIDS is Dangerous!”

These signs raised alarm! But that did not help decrease the incidences of new HIV cases; on the contrary the number of cases increased. The study therefore sought to find out how organizations come up with their campaign strategies. While this did not differ much with the reasons given as to why they choose to emphasize on a particular aspect of the campaigns, there were other new findings that will be discussed below.

Networking and collaboration with other Organization and Youths

While networking some organizations sought to find out what had worked for other organization that they could implement in their programmes. Some organizations observed that the youths could not abstain for long hence they choose to encourage condom use among the youths.

“Its hard `manzee` (men) to abstain for more than one month” was echoed among the youths that the organizations worked with.

In the networking groups the organizations also discussed some programmes that had worked elsewhere then they implemented them as part of their programmes. Some however admitted that they did not take into consideration where those programmes had worked.

Youths also seemed to have an upper hand on what they wanted for the campaigns as was eventually used by some organizations.

“The youths told us that it was impractical to preach abstinences that they would rather be told to be faithful, so we choose that....” Noted Rehma Ta Allah

Other organizations also evaluated approaches other organizations had taken and choose a different approach

“...we see that other organizations have failed in those areas that they emphasize on so we choose a different approach of staying faithful” adds Rehma Ta Allah

Through recruitments the youths are put in groups where they decide on which aspect of the campaign should be emphasized. This was the approach taken by Carolina for Kibera. They however admitted that it is not easy to decide on which aspect of the campaigns to take even if the youths choose a particular one, as they will all never fully agree. Hence they choose to emphasize all the aspects to cater for all the different categories of people in those groups.

Baseline Surveys

Baseline formed a basis for campaign for many organizations. CARE International for example had an approach for economic empowerment for the youths after a survey that revealed that the youths engaged in risky sexual behavior because they were not economically empowered. The survey also revealed that many organizations in the slums focused on HIV prevention. Hence they decided to emphasize on mitigation on the effects of the scourge and reduction of stigma for those affected.

KICOSHEP worked with a baseline survey released by UNICEF and the government of Kenya which found out that the youths were the most infected group. The prevalence was high among this group and one slogan that came out of this survey was “ATM” Abstinences Till Marriage, a slogan that they took to emphasize on abstinences. Other organization after the baseline surveys and discovering that the youths had the highest prevalence decided that abstinences was the only surest way to reduce the infection in this group.

Feed Back from the Youths

The organizations were also asked the responses they got from the youths about the HIV prevention campaigns. It was also important to know if they liked the approaches being taken by the organizations. This was grouped in two broad groups, positive and negative feed back.

Positive Feed Back

Organizations reported that the youths liked the approach of putting them in small groups. They especially liked that they could talk one on one with the programme officers and get instant feed back if they had questions. They could also ask personal questions without fear especially in programmes where they explored their present and past behaviors. This approach was taken by Hands of Love Organization.

CARE Internal confidently reported that they got a positive feed back from the youths that they were consistent with their messages on stigma reduction.

Caroline for Kibera reported that the girls with whom they work with also wanted boys to be included in their programmes. This was very important as it is two persons who decide to have protected or unprotected sex.

The youths suggested that the campaigns should focus on being faithful to one trusted partner even for young people. Many admitted they could not abstain for long nor were they using condoms. In general the organizations reported that many youths responded well to their programmes and wanted them to continue with the campaigns so that they will always be constantly reminded.

“They believe HIV is with us and we must fight it!” reports KICOSHEP

Negative Feed Back

They blamed the NGOs for giving them conflicting information on the prevention campaigns. It is not easy for them when for example three organizations preach three different things. For example one emphasizing on being faithful, the other abstainer while one insists they must use condoms and each claiming their chosen approach was the best. This was confusing for a young person and they may not know what to choose. This is serious allegation on the organization working with the youths, and a point that should be taken serious so that they can harmonize their programme under the networking and collaboration banner.

Even though there was a constant campaign by the organization on use of condoms, a majority of the youths reported that they were not 100% safe. It seemed like an easy approach as condoms can easily be distributed and one can even report that the programme is doing well based on the indicator the number of condoms distributed. It does not make sense to distribute condoms while the recipients have negative attitudes about them laced with contemptible myths and believes.

“They say condoms have small holes through which the virus can pass through, hence they cannot use them as it gives them false security. They would rather just have sex

without condom and know they are at a risk than believe they are safe while they are not safe...” Reports one organization

Many organizations agreed that there were so many myths and misconceptions about condoms. Some youths even reported that they got pregnant even though they used condoms.

During the interviews it was observed that the storage facilities for the condoms in some of the NGOs could be suspect and questionable. Some are stored in metal boxes that are placed outside the offices. The extreme temperatures during the day which could go as high as 34 degree in Nairobi would affect the quality of the condoms. Parked in small boxes removing them could be a struggle leading to tear. The position where the condom are placed is also important as some youths may be shy to take them when people are watching.

The youths also report that they cannot abstain for long. Many admitted to the NGOs that they could not abstain for more than one month while at the same time some laughed at them on trying to preach abstinences which they said was impossible.

“Many tell us that we ask them to abstain while others are `enjoying` themselves” reports St John.

Others believed that `practice makes perfect` and hence they needed to practice before they finally settled into marriage. Many youths reported that they followed what their role models, the musicians were doing. Musicians both local and international have their songs laced with sex messages and while others encourage the youths to have sex through their sleazy sexy music video.

Many youths also rubbished the campaigns and blamed the organizations of wanting to benefit from the funds they get from the donors for the youth activities.

Challenges to HIV/AIDS Prevention Efforts in Kibera

The organizations interviewed reported a number of obstacles they faced in their line of work with the youths in Kibera. While some of the challenges were general and could

also be noted in other populations some were unique and particular to this slums setting. The challenges will be discussed:

Poverty

Poverty was seen as a major challenge by many organizations working in the slums. It either affected the youth sexual behaviors directly or indirectly in some cases. They reported that:

“Poverty makes some go and look for food (by engaging in prostitution), especially those who are single parents, they may send their children” (Carolina for Kibera)

“...they tell us `Aunty how will we put food on the table if we have one partner` this is a big challenge brought about by poverty” (Rehma Ta Allah)

“There is a lot of prostitution because of the poverty here they say `Its better to die with something than die without`” (St John)

“Majority are poor people who reason that they would rather live and die with HIV in 10 years than die of hunger the next day” (Hands of Love)

It was also reported that some youths were not convinced about just having the campaigns, they want tangible things. They do not want to go for the awareness campaigns, as they want money to start some business. However, the programmes are designed for prevention campaign with very few having income generating activities.

One organization reported that:

“...many of them may turn up for the workshops because of the money (allowances), they want to be paid, it's like they are more interested in the money than the message”

This is a challenge as the youth may pass through the process of the workshop as they wait for the end of the day allowances.

Environment and Lack of Role Models

The environment in which one lives affects their behavior in many ways. It can influence them negatively or positively. In this case the environment in which the youths live in the slum was seen by many organizations as a challenge.

“The type of environment that the youths live in ...influence them into having sex, small shared rooms with parents, and also the houses are very close to each other, they can also hear their neighbors (have sex)” reports one organization.

“The girls in the slum here are exposed to immoral life. They have no role models, they see people engage in sex...the environment is just not good...when you send a child to the shop there are chances that a man will be waiting at a corner to touch her...” reports another organization.

“They live in a state of apathy they don’t believe anything good can come out of them, they have no role models in the slums” informs yet another organization.

This was echoed among other organizations too, they saw the environment as a place that socialized the youths into starting early sexual practices. Aping what they have seen their parents, older siblings or even neighbors do as they grow up. Out of curiosity they start experimenting.

Peer Influence

Peer influence as a challenge can be seen to cut across all different kinds of youths in the world, but in Kibera an aspect of it is unique. The idea of parents renting houses for the children has brought its share of challenges as some organizations observed:

“ Some youths then have freedom to have sex in those rooms as you can not lock them in the whole night, they influence each other, some even decide to move out and live on their own and they influence others to do the same” reports Hoywik

Some youths also start to engage in sex because their friends influence them as was reported by youths as a feed back to the organization:

“...the boys say that some of their girlfriends say that if they don't have sex with them they will leave them” Remha Ta Allah

While at the same time and in many occasions it is the girls who say that the boys influence them into having sex. Boys are also known to boast among their peers about their sexual prowess this leading to others also wanting to try and be famous among the girls.

Media

Media influences the youths a lot as was reported by many organization, they want to practice what they see on television and hear on radio, they try to ape their role models in the media. On the other hand some organizations also reported that there were a lot of pornographic video places around the slums that was not controlled. They screened many programmes and did not take into consideration the viewers' age or parental consent.

Monitoring and Evaluation of the Programmes

Some organizations admitted that they found it difficult to monitor the activities of the youths beyond their offices and premises. One would not follow them to find out if they are using condoms or are abstaining. They could only chose to believe what the youths tell them.

When evaluating the programmes one wants to know if they are achieving their objectives, but it is not impossible to know if the youths are abstaining nor is it easy to measure abstinence. The only time they know that they are not achieving much on abstinences is when the girls become pregnant or when both boys and girls are diagnosed with STIs.

There is also a huge challenge with the youth's mobility, they often move from one place to the next either within the slum or to other parts of the city hence making it difficult to monitor them.

Different Approaches to HIV Prevention

Quite plainly the youths reported that they were getting confused with the different information they were obtaining from the different organizations. While the faith based organization almost exclusively emphasized on abstinences other organization were flexible and combined it with other methods. The information given by organizations was not consistent and this was a challenge. While some said that condoms were 100% safe others advised that they were not safe and only reduced the risks to some extent. There was no proper guideline on when one can use or not use a condom. In many cases the message has been plain:

“Abstain, if you can’t abstain be faithful to one trusted partner or use a condom”

This is a sweeping statement, as it does not indicate who should abstain, use a condom or have one trusted partner. The manner in which the information was passed was a challenge. Some preferred one to one chats with the youths about their behavior. Majority who are covering large areas of the slums would not have time for that, hence they would all be addressed during workshops or public discourses. As one organization notes:

“It’s easy to go to a community and distribute condoms and leave or let the person be under the influence of social marketing of the same and decide on their own. A lot of NGOs gather youths for a few days then they decide after an evaluation at the end of the workshop that they have changed their behavior. While in real sense one cannot change behavior in one week or few days. This is a real problem if we could change people behaviors in few days we would not have people dying of lung cancer because of smoking for example” (Hands of Love an organization that choose the individual approach)

Many organizations agree that their different programmes needed to be harmonized. It was noted that while some organization told the youths that the prevalence of HIV has gone down other still heighten the numbers, hence creating a false security and alarms respectively.

Other Challenges

A few organizations reported that there were youths who still believed that HIV/AIDS was non existence.

While language barrier was not so much mentioned as a problem some organization observed rightly that there was a general assumption that all the youths in the slum either understood English or Kiswahili. However we observed during the interviews that some did not know either of those languages.

The diverse cultural differences of the youths were also overlooked by many organizations although one reported this as a challenge. Working with youths from similar background may be easy as they all have the same believes and practices. But there is a challenge when one is working with youths from diverse cultural backgrounds. Kibera carries all the 42 tribes of Kenya even though certain tribes could be more in this area. Considering that they all have their various believes like wife inheritance, circumcision of both girls and boys, early sexual experience for young men among others. This is likely to affect their current behaviors even though they may have moved to the town settings.

Lack of funds was also seen to be a challenge by many organizations. They reported that even though they wanted to carry out their activities, they could not do all of them as they did not have adequate funding. Many expressed the desire to start income generating activities for the youths but were not able to as the funds are not budgeted for such undertakings.

Many agreed that even though they had succeeded in the HIV prevention campaigns a lot still needed to be done for it to be more successful. Their suggestions and what they thought was lacking in the campaigns will be discussed.

Loop Holes in the Campaigns and the Way Forward (Organizations)

Change is a gradual process and for the success of any programme it is vital that the implementers evaluate them selves and find out what they are not doing right and change

strategy. The organizations that have worked in Kibera also observed some of the dents in there campaigns.

Inadequate information that could transform the individuals they were trying to reach. While others added that even though the information was there it was not registering in the conscious of the youths and something needed to be done in order that they get this information. There were reports of information being given but no skills on how to practically live in this unique environment. Hence they recommended the need to empower the youths with more skills and practical knowledge that they need.

They also reported that some organizations were still giving information based on warnings (the old concept of HIV awareness) while HIV/AIDS, had moved beyond that stage. They suggested that focus should be based on practical things that the youths can do to avoid situations that may led to unprotected sex relationships. They also noted that HIV had moved from the basic prevention methods, and that there should be talks on care, survival and treatment for those infected.

Focus should also be geared towards behavior and attitude change of the youths, while also noting that there was a certain type of ignorance creeping in, people no longer wants to hear about HIV. They think they know it all while there is still a lot to learn. A different approach could be used to reach such individuals.

Also critical is the fact that they noted that there was no personal touch to the campaigns but more mass geared. After giving information to the `mass` then they are left to decide on which aspect of the campaign to choose from what is offered and that a lot more follow up needed to be done on individual levels.

The conflicting messages they pass was also noted, the gap between teachers, parents, religious organization and health workers was filled in by peers who could sometimes advice wrongly. Hence a need to bridge this gap between them is necessary.

Sweeping campaign strategies about the ABC campaigns was also noted, which lacked adoption to the different groups of people. For example the youths are not told that even when you are using a condom you should stick to one partner or that when you have one trusted partner one should make sure they know their HIV status and still use a condom. The youths were also seen not to be empowered enough to carry out their own self risk analysis. Many did not think they could have HIV because they `hanged` with the `right` groups. The youths are also not involved much from the beginning of the implementation of the programmes. They were more or less picked along the way to be part of the programmes or beneficiaries. Some NGOs at the beginning come with high promises, this makes the youths tell them what they want to hear, which may not necessarily be the reality on the ground. They recommended the need to work with the youths from the decision making process.

They also noted that main stream advertisements did not consider those who are deaf or blind in their campaigns. There was urgent need to look at this in the future as they have now been classified as those at a higher risk of getting HIV infection.

They were also keen to observe that in working with the government, the government believed that they had done enough while in reality this was not case among the poor. For example as noted by this programme officer:

“ The government sends `big` people to the villages (or poor communities) dressed in good clothes and drive good cars, such people don't have much effects on those they are trying to reach. The people come to look at their cars and nice clothes and build fantasies in their minds (as the speeches go on) they don't gain much from such talks”

Instead the organization observed the need to work with the youths and people of the same caliber to solve the problems affecting them.

Funds were noted as not adequate and there was a need for more funds to ensure they carry out more activities aggressively throughout the year. The resources for the personal working with the youths should also be available to motivate them to carry out this noble

work that affects every aspect of a family, a community, a country and even the whole world.

Having heard what the organizations working in the slums had to say about youths perceptions on their campaigns, the next section will now look at perceptions and experience of youths with the campaigns from the youth's perspective. The results are from face to face interviews with the youths.

RESULTS YOUTHS

The Social Context of Youths in Kibera

It was vital to build a rapport with the respondents before the interviews could begin as was discussed in the methodology section. During this period the researcher also used the opportunity to spend time with the youths in Kibera and know their daily activities as students and out of school youths living in the slum. The time was also used to experience the social context in which these youths live. Since it was during school holidays, it was fairly easy to find many youths walking up and down the alleys, sitting in groups or standing by the road side chatting.

Identifying who is in school and who is not in school is not easy, the dressing is the similar and so are the mannerisms and behavior. Observing the youths from a far, the slum is a bee hive of activities, but one has to be very careful to notice sign language and other body language to understand what's going on. I learnt that when a particular whistler was made then the police men (`cops`, `Karau`) were around and probably doing some routine checks and the youths quickly dispersed as they were the main targets. Often they are suspected of organizing crimes or having been involved in crimes. The presence of girls in the slum is rare, especially teenage girls. A few young girls can be seen playing around the pools of water and running around the houses. Boys prefer to play in the dusty open fields, while the older boys or youths can be seen around video halls and music stores.

Occasionally the site of a girl startles the boys but they soon calm down and continue with their stories. None approaches the girl out rightly. Quick movements from one shanty to the next can also be observed among the girls. Lack of direct eye contact as they do this makes one believe that they do not want to be seen by any one.

As the day progresses, many girls can be seen and even more boys join in groups. They talk and laugh while a few smoke tobacco. They walk lazily along the roads, there seems to be no agenda unless one of the English premier league matches is going on. Manchester and Arsenal are the favorite teams here.

As darkness fall, so do the activities in Kibera increase, the smell of local brew can be felt from a distance, more young people pour out on the streets. More girls can then be seen, while the number of the boys doubles up.

The life of the youths here is marked with a lot of idleness even for those in school. There is no community library while a few schools organize holiday tuitions which are charged so few are able to attend them. It may be hard to do private studies in this crowded area with deafening noise from the music stores and hawkers selling along the alleys. Noise pollution is everywhere from the drillers to the carpenters.

Kibera receives a lot of famous people and the youths here are proud to tell you they live in `holly wood` or where else would you meet current aspiring American president Barrack Obama walking freely and mingling with the youths. When the current running UN secretary Moon (2006) visited them barely months after taking over the office, they were jubilant. This is just but a few of the famous people that visit this slum. The presences of other visitors especially the little known local residences are viewed with a lot of suspicion. They watch your movement like a chicken watching over its chic's. In some places they will out rightly warn you not to venture into. Many youths fear you could be a spy for the police.

I also discovered that they can be very hostile to development workers; they accuse them of `eating` money meant for them. They see me not different from them and in many

instances demand for money I have received to carry out my research. Comments like this could be heard when I told them about my interest in the area.

“HIV is for NGO people, it’s for them to make money, it’s not for people like us... it’s our money they are eating. They claim to be helping us but they don’t.... Even you I know you just want to `eat` from that research you are doing...” (Shouted a young man, whom I estimated to be in his early twenties).

With the knowledge gathered from the NGOs about the housing situation in this slum, I venture to find out among a few youths if they are sleeping at home with their parents or they have rented a place. More girls than boys sleep at home with their parents. A few girls share rooms with selected friends while others also share rooms with close relatives like aunts living within the slum. The boys on the other hand reported that they were sleeping in shared rooms with other boys or used shops owned by the family during the night as a sleeping area. Very few reported that they were still sleeping at home. It was also observed that those from single parents, especially women headed house hold were more likely to sleep in the same quarters with their children. On inquiry if they thought the sleeping arrangement and the housing situation was a challenge in the area, the responses were varied.

“Me, I have got used to living here. I have lived here since I was a child. We have never had a big house, so this is what I know. Of course it’s not comfortable to sleep with your parents in the same room. But what can one do? I also find it difficult to study at night. People want to tell stories. Others want to watch TV; there is also a lot of noise from outside, especially from the drunkards. So in a way it’s a challenge” (17 year old girl living with both her parents and two sisters. She says her father works at night as a watch man so he is only home during daytime, then he can use the bed).

“I live with my elder bro! He is not married so it’s ok, we just share room. But sometimes when he has a `visitor` then I have to leave the house, I then sleep at another friend from school. They have a small place their parents have rented out for them, because they are many in their family. So me I don’t see any problem, and when I get older I will get my place”. (21 years old boy, just finished his high school, still does not know what to do

next. He says he didn't perform well and will probably not be admitted to the local universities)

“Sharing a room with the parents is definitely challenging. I don't even know what I can say. But it's sad that we have to do that right from an early age. Sometimes they use a sheet to separate the room, but that doesn't help much. We can still hear them. Most of the time I try to sleep early and this has worked for me. I don't think my mum would allow me to sleep with other girls who have rented places. She thinks they have `bad manners` and will influence me.....”. (16 year old girl, attending a local secondary school)

“I have a small place I share with few friends; our parents contribute every month for the rent. So it's ok. Many of us are also in school; sometimes we can even share notes since we are in different schools. I like this arrangement better. But I also know that some youths also abuse that freedom and use that opportunity to bring girls over. I have not done that myself. One of the boys in our group however did that, and we told him we did not like that, even though he explained that they were coming to discuss a paper (shrugs) huh! Since then no one has tried to bring a girl over. Our parents also check on us frequently”. (15 year old boy sharing a room with 3 other boys all are in form one in the local secondary school)

I also found out that some of the youths attending school did not think schooling is a means to an end but rather a process that they had to pass through. They did not think they would get professional jobs anyway and they looked forward to starting their own business or working as casual laborers in the industries. They cited lack money for school fees to pursue further education at the colleges and universities as one of the reasons. Also mentioned was that even those who had tried and managed to pass would still come back and be like them who did not proceed to college. However, there were a few hopeful cases.

The respondents were allowed to express themselves on each question asked and they were not limited to time unless this was a request from them. Many experienced their own experiences and knowledge while a few used phrases like,
.....a friend of mine or.....some people say.....my friends say...

The venues for each interviews depended largely on the respondents preferences. Some preferred open places like small shops, or unused market stalls while others preferred the interviews to be conducted in the comfort of their homes or surroundings. To build a rich data comments from the youths who did not want to fully participate in the interviews were also taken, this depended largely on what they were commenting on.

HIV/AIDS Awareness

It was paramount to find out from the youths if they have ever heard about HIV. The responses were affirmative with some wondering if I seriously wanted to know if they had heard about HIV as depicted below;

“Are you serious.....aaaahI have heard about HIV so many times. It’s like every day....its like everywhere. I don’t think there is any one who has not heard about HIV...”

Many of the youths said they had heard about HIV several times and almost every day they heard about it. There was a lot of emphasis on its dangers with many saying that it was a deadly virus, one that had no cure and one would eventually die if they heard it. The message that this was an incurable disease seemed to have been captured more and emphasized. It seemed that one of the things in their conscious was that HIV was a dangerous disease.

However two out of school youths admitted that even though they had heard about HIV they did not know much about it as depicted below.

“ ..I have heard about HIV, but I do not know so much about it, this disease really surprises me. Its just surprising how it kills many people yet nobody knows so much about it” (21 year old out of school male)

“I have heard about it...I don’t know much, but I know it’s a disease that kills many people and people are scared of it” (19 year old female out of school married)

There were few attempts to define fully what the disease was. The boy’s definitions were more refined than those of the girls. However the definitions seemed more of a text book

definition but in actual sense there was no proper understanding of what that actually meant as depicted below,

“It’s a sexually transmitted disease. Human Immune Virus something like that (shrugs off)”

An attempt to find out what that actually meant did not gather much information. The term “Immune” could sometimes be replaced with immuno or immunity. This is a possible indicator that they did not really know what that meant or did not care much to know it well.

Other definitions attempted to give the various symptoms that one exhibits when they have the disease. Among the symptoms mentioned were coughing (associated with TB), loosing weight, constant diarrhea, rushes on the body, flu like symptoms and even malaria was mentioned as one possible symptom when one is infected. The definitions using symptoms mainly come from those who had seen someone infected by the virus.

“... (Smiling shyly) this one is just a deadly virus, it kills! There is just no way if you have it....First it will make you cough, you have rushes, then you start having malaria, then its typhoid, you can even have diarrhea from time to time, then you finally die...” (17 year old girl whom I suspected had parents who died from AIDS. She was very articulate with the symptoms, emotional as she narrated how her parents passed on and the constant advice she received from her mother to take care of her self)

One even mentioned that they had not only heard about HIV but also seen it.

“Yes I have heard about HIV, in fact I have also seen HIV.....” This was in reference to one of their friend who died of HIV, she explained that the lady did not hide her status and would openly confess that she was infected and even told boys to stop looking at her as though she was some animal, and that they would also die eventually.

Generally the HIV knowledge was high among these youths with all interviewed admitting that they have heard about HIV. They were also familiar with the various modes of transmission. A few thought that this was a curse from God, punishment for

sinners. The idea that it's a disease for prostitutes was also explored, though they did not mention it directly. Some insinuated that it was a disease for those who *mangamanga*, meaning those who are promiscuous. These responses mainly come from out of school youths,

"It's mostly a disease for those who move around a lot, rarely do you get it if you are not moving around" (18 year old female out of school)

"It's mainly for those "wakuranda randa" (walks around aimlessly). Their job is to move around and find girls who want to be laid. And there are also some girls who are always just willing; when they see a man they `open` they don't have a stand. They can't even say No! That disease, mainly get such people. There are also those who get it from bad luck, maybe they are sick and the doctor makes a mistake..." (20 year old male out of school youth)

Youths from one tribe, the Luo community, who strongly believe that HIV was a curse and if you disowned certain traditional practices then you, would get the disease.

All interviewed had heard about HIV although one respondent admitted that his friends thought HIV "*ni vaco!*" meaning nonexistence. They justified this by telling the story of the famous South African (Jacob Zuma) who admitted to having sex with an HIV positive woman but washed himself and did not get infected.

Source of Information on HIV/AIDS

The sources of information apart from the organization working in the slums were varied. There are various radio station plays on HIV. The television also has several adverts on HIV related issues especially those targeting the youths. There are also several government sponsored posters and bill boards advertisement. Parents were also a source of information. Interesting many of the youths said they had got HIV information from school and praised the teachers.

"This information, I get it from high school ...that teacher really knows how to explain it to us (whistles and shakes his head) ...aaaa...he has really gone to school (intelligent) (smiling), even if you heard what he says you would be impressed, he is like a text book.

There are some NGOs around that talk about it too, but them they don't give deta-a-a-ils like our teacher. They (NGOs) just talk `juju` (superficial talk)" (15 year old boy, confident but almost with a shy look, he adorns him self with a chain around his neck rastar colors on his wrist)

In primary school the lesson is taught during the home science and science lessons. Science lesson is compulsory in all primary schools while home science is an optional subject in most schools. The information given during these lessons are basic. According to one teacher that the researcher had a talk with,

"We teach them what HIV is from class four. This is mainly during the science lessons, we define HIV, we do not really go into many details, as they are not able to fully grasp what the real meaning of HIV is. One of the thing we emphasize is that it's a disease like any other disease, a condition that one can live with as long as they take there medications and also have proper diet. We also tell them the means through which an individual can contract the virus. Basically we talk about sexual transmission which is the main one. We also tell them about mother to child transmission and through sharing of sharp objects like needles, razor blades etc that will mean exchange of bodily fluid, especially where blood is involved. As they get to class six then more information is given on HIV, and it's at this stage that they also ask a lot of questions on the same" (Primary school teacher in the government school)

The researcher also discovered that some schools did organize special talks by professionals. The youths perceived these professional talks to be boring and monotonous as was reported by this 16 year old boy.

"Most of this information I got from primary school, the teachers would talk about it during the home science lesson and even during science lesson. Even now we are being taught at the high school in biology classes,..... It's like it was part of the lessons, but sometimes we also had some people coming to talk to us about it but many people did not attend such meeting, they were boring and monotonous. They tell you the same thing over and over, till you even know what they are going to say before they open their mouth (laughs) they just use to come with warnings "Ukimwi ni Hatari! Ukimwi ni Hatari" (mimicking), ("AIDS is Dangerous! AIDS is Dangerous!") Not much details, like from

where it come from and who developed the virus. It's like even them they do not know who developed it, yet there are some rumors that it came from America!"

This was very interesting as it was repeated by others youths too, who thought the professionals or NGOs did not give them all the information they needed. They seemed to yearn for more detailed information, while as earlier reported by the organization; many youths did not attend the open forums to discuss HIV issues as they felt they already knew enough. This information gap was filled by friends, `mabeste`, who had theories and believes of where HIV came from as narrated by this 16 year old boy.

"Every body has their theory but many of us say that it was manufactured by the Americans in the Lab, to finish Africans. (Thinking) It's like our biology teacher even mentioned something like that. Many of them believe it's a curse, because we are sinners, like the biblical teaching, its like it was written that in the last days there will be many diseases that will be incurable. I hear it's in the book of revelation, but I'm not so certain, I don't have a bible (throws his hand). Some say, mostly Luos (a tribe in Kenya), and you know they are the majority here in Kibera that it's a curse; those are the major believes..."

Religious organizations were also said to give information but this was mainly on abstinences.

Media also played a role in passing information to these youths. Even though many reported that they did not have access to television, many had it from the radio station.

One interesting source of information was from traditional healers, who tells them that the world has become bad and emphasize that they take care of them selves. This was an opening line they use before they can start selling their herbs to people, and some traditional healers of them claim to cure HIV.

Overall it can be reported that the youths had many options on where they could get information on HIV/AIDS if they needed it.

Youths Perceptions about HIV Prevention

One of the objectives of this study was to find out the youths perceptions on HIV prevention campaigns and also their experiences with the same. They were asked if they thought it was possible for one to prevent one self from contracting HIV. The responses were varied. There were a few who were very optimistic that one could prevent themselves from getting HIV and emphasizes that the only way to do this was through abstinences.

From my observation a majority of those who said they could prevent getting HIV through abstaining seemed to be telling me what they thought I wanted to hear or may be just echoed what their teachers and development workers had emphasized. However there was one genuine case as she was consistent through her interview with her responses.

“Yes its possible to prevent one self from contracting HIV, I think it’s a choice we make...we have a choice to protect our selves, no matter how many times, we are told change our behavior and nod our heads that we will change, at the end of the day nobody will follow us home to check.....” (21 years old college student, she commands a lot of respect from both the young and the old alike in the slum)

Many of the youths interviewed said they perceived abstinences as the best, surest or confident way to prevent one self from getting infected. A few also suggested that one should visit the VCT first before they could start abstaining to be certain about their HIV status.

There were other reports that it was not possible to prevent one self from HIV. A few youths believed that even if you used a condom, faithful to one trusted partner or even abstaining, it was still possible to get it from the barber shops or by accident from the hospitals. It was not possible to establish why they were so apathetic about the situation and more or less left it to fate. There were reports that some youths continued to engage in an protected sex believing they were already infected.

The belief that the American were engineering this was also brought into picture to re-emphasis that no matter what steps they took, it would not be possible to prevent HIV as this was already a plan orchestrated by the Americans as is narrated below.

*“I think one can abstain to prevent HIV, but that is almost impossible, “Zii” (NO)
In-fact some of my friends say HIV “ni Vaco!” (It doesn’t exist), and that when your day
for dying has come there is nothing you can do. They believe that this is just some fiction
story to prevent them from having sex.
While some also believe that it’s just by accident that you get HIV. I don’t know for sure
if that’s true, but since HIV came from America and they don’t like Africans then it can
be true. They just don’t want us to enjoy our selves as they are. Because how can you
explain it, somebody was telling us that in America people have a lot of sex yet they don’t
have so much HIV, then how come we have so much of it here? Does it mean that we
have so much sex here....no way...here there are even few homosexuals. So may be its
just their way of controlling us as they want to control the world” (23 year old out of
school youth)*

This feeling that there is nothing they could do to change their situation made them believe they could not prevent themselves from getting HIV as this was already planned by the Americans.

Perceptions, Experiences and Availability of Condoms among the Youths

Condoms have been listed hitherto by many of the organization as a way of preventing HIV for those who are unable to abstain. The fact that it is given as an option for those who are not able to abstain from sexual intercourse makes this group of people who use condoms look like they are unable to control their sexuality. This has unconsciously made people shy to ask for condoms or even afraid. They may be viewed as promiscuous as those in relationships are rarely told to use condoms but rather to be faithful to each other. the researcher wanted to find out if condoms were easily available to the youths, perceptions about it and experiences.

Condoms Availability

Majority of the respondents reported that condoms were easily available to them should they need it. They could easily get free condoms from the government institutions like dispensaries and hospitals. Condoms could also be got from NGOs who sometimes walked around and distributed them. They could also buy them from the shops.

However not all the respondents thought that condoms were easily available to them, they mentioned that it was not very easy to buy condoms from the shops.

Some respondent's worry was that the condoms provided free by the governments and the NGOs are too big for them. This did not worry one respondent much however because his girlfriend believed that he was too small to make her pregnant and so they were not using any kind of protection as he narrated below.

"...but me I have no problem since we don't use them any more. You know my girlfriend she believes that I'm young, since I have a small body hence I cannot make her pregnant, some girls here believe that too (excited) they don't think that if you are small you can make someone pregnant (laughs) so they allow us with out (condoms)

Inter: Do you also believe that since you are small you cannot make a girl pregnant?

Respondent: (laughing) I'm not sure but I have never made a girl pregnant so it could be true, that we are not mature in that way. (moves a lot on his chair) but its to our advantage because even buying condoms cannot be easy sometimes, eeeeh the shopkeepers just look at you and if you have a small body like me, they will not sell for you (smiles). May be they don't even have sizes for small people like us. Because the free one from the NGOs,...aaaah....those are too big for us.

Please don't laugh.....(laughs)Yes, eeeh those ones are really big, it's a problem, do you know where to get small ones, because you know, soon of course I will need to start using one, you cant be sure with HIV"(narrated a 15 year old in school youth, roughly about 4.8 meters in height and with a slender body).

Another told:

"...(with pride) Me I would get them if I wanted, from the government hospitals from the NGOs then I also have a friend of mine who sells them in a shop so he can sell them to me. But there are some shop keepers who refuse to sell them to young people, that's when there is a problem, because NGOs are closed at night and when you really need to have sex then you find that the shops are closed. It's in those cases where "Kume Thoka!" (You find your self in shit!) And people just end up messing" (17 year in school youth)

A spot check in the NGOs earlier on had revealed that the free condoms they often put outside their offices were rarely picked and after several months they would still be there. On the other hand the government hospitals reported that when condoms are placed

inside the toilets more people were likely to pick them and they had to constantly fill the boxes, however those placed in open areas almost always remained intact.

Perceptions about Condoms

The respondents believed condoms were ineffective and especially those provided by the government and NGOs for free. Some perceived free things to be of low quality, while others simply dismissed any condom that was not manufactured in Kenya to be of low quality and that manufacturers were just out to make profit. Some even believed that apart from making profit, there was no quality check for the condoms coming to Africa, and the westerners had ill motives with the condoms.

“I just don’t trust imported things...You know (sic) I do not think white people like us..., but this is my opinion. I think they do not like blacks and they can inject the condoms with the virus. Besides I know they only send low quality condoms to Africa because they do not care much. They are cruel to Africans...” (23year old male out of school)

Many youths interviewed questioned the quality of the condoms especially the ones provided for free and those manufactured outside the country. A few even emphasized that the only condom they trusted was “Trust” a local brand. The name “Trust” may have also made the youths have confidence in it. However in an area where guardians and care takers for the youths live below the poverty line (below a dollar a day) chances of getting money to buy this precious commodity are slim for the youths. Though it only costs about 10 Kenya shillings for a packet of three, barely a quarter of a dollar, many are not able to afford it. Hence there are reports of people washing the Trust condoms to re-use.

Many respondents also stated that condoms were not 100% effective. They believed condoms had some holes through which the virus could pass through. One observation made at this point concerning the differences between the in school and out of school youths was that the in school youths were more specific with the measurements of the pores in a condoms and the size of the virus as narrated below.

“...You can also use a condom... but I’m not so sure about this, because we were told at school that the pores in a condom are like 1.6 mm or cm I’m not sure but I think mm, and

the virus is like 1.3mm, I will just use mm, because I'm not sure, but I know the measurements. So you can see that the virus can easily just pass through (demonstrates with the hand). It's our biology teacher who was telling us this. But it also depends on the viral load. If someone's viral load is high there are high chances that the virus will pass through, then again if the lady is not lubricated she will tear and may bleed thus increasing her chances (of getting infection). So it's a way but not so safe but one can try it"

Others gave percentages of condoms safety, 100% not effective was used. Others believed they were only 75% safe, 98% safe, 50% safe and 65% safe. They explained that the virus was too small to be seen with bare eye and that the microscopic holes in the condoms could allow the virus to pass through. The error margin left made many youths believe that they could not use a condom as it gave them false safety as narrated below.

"...this means that when you use a condom you get false protection, it's like you are thinking you are protected yet you are not protected. It's better not to use one and know for sure that you are not protected and take other measures" (17 year old in school female)

"Using a condom is like being told to cross river Nile, yet they know there are crocodiles, but they cheat you that they have all been removed. They give you a false hope. I would rather not use a condom and know that I'm at risk than use one and think that I'm safe while I'm not safe and get a shock of my life when I go for testing" (21year out of school youth)

"Using a condom is like playing TOTO 649 (a local charity sweepstake) there are high chances that you can get infected and also the `days of a thief are numbered` (referring to forbidden premarital sex)" (18 year old male out of school)

Condoms were also perceived by some youths to be laced with the HIV virus. This dates back to the first periods when the campaigns started. There was a lot of suspicion generally among the population that the west wanted to control the fast growing population in Africa, hence they laced the condoms with virus to finish the population.

This made even some of the respondents believe that condoms would make them infertile when the time came for them to have a baby. Children are highly valued in the Kenyan community and a woman is respected if she is able to bear children. For this reasons some girls were reported to refuse condom use since they did not want to be barren.

The belief that the lubricating oil in the condom also made it less effective was also shared among the youths. Others also believed that when this oil in the condom came in contact with the oil in the woman body or the man's hands this made the condoms less effective and could easily tear off. Consequently in certain instances the youths reported that some people wash the condoms first to remove the oil and the bad smell before they use them.

One youth gave an analysis why he thought condoms were not effective in controlling HIV.

“(Clears his throat)...Listen to this carefully, we are told that. Condoms should not be placed in hot places and that they should be kept at a certain temperature...eeeh...then how come we can use them in a woman yet her vagina is actually hot? NO! Way this is definitely a lie. Since the vagina is hot, the condoms become less effective and will burst due to the heat generated by the friction from both the man and the woman. Besides we are told that we should not keep the condoms in our back pockets because when we sit, they will get friction...eeeh...and now you can imagine the friction that exists when a man and a woman are `doing it` in my opinion that friction is so much and one cannot convince me that the virus will not pass through, Zii! (NO!)” (22year old out of school youth)

Many of the youths interviewed who were already sexually active choose not to use condoms. Others who used it did so to prevent their loved ones from getting unwanted pregnancy while others thought that it was better to just have sex with a condom even if they thought it was not effective. Others did it because their partner wanted them to use one and not because they wanted.

Some youths also thought that even after using a condom and finishing the act, they were still at danger of contracting HIV due to lack of hygiene measures on both parties as was described below.

“When you use a condom when you are removing it, you can get the virus in your hands, and then touch with it on the wrong place, that can make you get infected. Wrong place is like your mouth, or even your own `machines` down there” (18 year old female out of school youth)

Youths Experiences with Condoms

When the youths were asked their experiences with condoms, many choose to refer to friend’s experiences or people they know rather than use their own experiences till they got comfortable as the interview went on. Statements like this were common when they were asked about their experiences with condoms.

“My friend told me that they were using a condom and it burst then she got pregnant” (21 year old out of school youth)

“Some people say that condoms burst when you are having sex, they use two just incase one burst they still have another one” (19year in school youth)

“I have used a condom before and it burst I was so scared but my girlfriend did not get pregenant, but that taught me a lesson...eeeh...next time I will be more careful, but now we use other methods we do not use condoms any more” (19 year old out of school youth cohabiting with his 17 year old girl friend)

“I hear people say that condoms can burst but for me that has never happened. May be they use them incorrectly, you know, vitu za kuiba (stolen things, referring to premarital sex) people are not even patient, they are in a hurry to finish before they are caught so in the process they may put the condom incorrectly or it may have even expired but they don’t check since they are in a hurry...” (18 year old in school youth)

Some youths also lamented that the condoms generally reduced pleasure and interrupted the good mood and spontaneity that is already created when they stop to wear a condom. Accessibility of condom when they needed it was also explored by some youths. There experience was that sometimes when a lady was free to come to their houses for sex, it found them un prepared and hence not to loose on the moment they had sex with out any condoms.

There was also mention of the condoms smell which some youths thought was too repulsive and they could not stand it. This was mainly a feeling among the ladies who were interviewed. Most of the men did not mind the smell. While there are flavored condoms in the market this is usually too expensive for the average Kenyan and way beyond the reach of the poor.

One youth reported that, a friend of his while having sex with the girlfriend, the condom stuck in her (vagina) and they did not even realize till they were finished. With the experience from the “friend” he definitely did not want to use a condom fearing the same thing happening to him.

There were very few reports among those interviewed that condoms were effective and that they had good experience with them. A trend was however observed that the older male youths were more likely to report success in condom use while the young ones seemed to have more problems and believes that they did not work. Some interviewee also stated that some youths only carry the condom for the show, but in reality they did not use it. They show off the condoms to their friends and mimic the popular TV advert where celebrities also show off their condoms and say “*Hata mimi nina yangu, Je wewe?*” (I have mine, what about you?)

It was more common for males to carry condoms than females, yet it is the females who are told to encourage the men in their lives to use condoms. Some ladies found this very tricky because when they demanded condom use from their male partners they would retort that they did not have any. This left the ladies in a dilemma.

However there were also reports that some men refused to use condoms even when it was offered to them. They told the ladies that they trusted them and it was an honor to have sex with them without a condom. The feeling that a man could trust them to the extent of risking their own life made some ladies go ahead and accept sex without condoms. Conversely they were not sure if the same story was being told to the other girls as well.

Perception and Experiences of Youths about Being Faithful

As part of the ABC campaigns being faithful to one trusted partner has been championed in many places. The researcher wanted to find out what the youths thought about this and what experiences they had with this approach.

The response on whether it was possible for the youths and the respondents in particular to be faithful was diverse. What generally came out of the interviews was mistrust between the males and the females. While men thought that even though it was possible to be faithful they could not trust the women in their lives. The younger boys thought the women in their lives would not be faithful to them since they were not economically able to sustain them. They believed that since they were not able to provide for the women in their lives financially, such women would look for other partners who would provide for their economic needs. Some females interviewed also conquered with this.

“Its possible to be faithful, but you know some girls like to belong to many groups....I mean they have many boyfriends, they want money and if this one cannot give them, then they go to the next one. Some also have many at a time so that they can get more money”
(21 year old female in school youth)

The males also reported that women were pretenders and liars who would not tell the truth even if they were having sex with another person. Worse women often pretended that they were virgins on the first encounter with men and later on confessed that they were actually not. These lead men to mistrust them.

A few female respondents also echoed the same about their female counter parts who would never accept that they were having sex even after they get pregnant. One lady amused when she narrated how her friend told people she got pregnant after sitting on the sperms left on the bed by the boyfriend. According to her (the friend) they did not have sex, but he ejaculated in his wet dreams and when she came to see him that morning, by accident sat on the wet spot on the bed and conceived.

The girls also reported that it was not possible to trust the men. The various reasons given for this were that, the men believe that practice makes perfect and they would go out with

a lot of women to prove that they are perfect lovers. However some girls decided to blame this on cultural practices that required men to be macho. One way of proving this was by dating a series of women. Some men also felt that they were only men enough when they could sleep with as many women as possible. This was especially after circumcision for the tribes that practice this. Men confirmed this as narrated below.

“...When you are not married yet then you have to try and find out which woman is best for you. You cannot sleep with just one woman then decide to marry her before you can try others, what if you don't love each other?...if you are in one school and your girlfriend is in another....there you can also be tempted. You see it's always good to have one who is close to you...” (17year old male in school)

“...some people like to have many women. We call them `players` and they love it, they boast of having many women and people admire them, they call them selves `ladies choice`. These ones it's not easy to keep up, and sometimes they also dare to try some ladies who are often seen to be tough. They just date them but the day they sleep with them, it's like the `contract` is over they start looking for the next `nyama` (meat)” (18 year old male in school youth)

Distance also featured as a hindrance to being faithful, the youths did not trust their partners if they were staying away from them. They found it hard to believe that one would contain their sexual urges till they meet again. One respondent adamantly refused on his stand that you cannot trust any one but only your self. On another extreme end a female respondent emphasized that even though it was possible to be faithful, to be sure that one did not contract the disease, one had to be very careful whom they associated with even while eating and also in other public arenas.

They perceived being faithful to be impractical especially if these involved are not encouraged to go for testing and knowing their HIV status. Many agreed that it did not make sense to start being faithful to someone yet you do not know their back ground or with whom they had been involved with. Yet they also admitted that there was a fear to go for HIV testing to know their status especially for those who had been in relationships

before, hence they choose the easy way of starting a new relationship without knowing their status.

Interestingly some reported that young men sleep with many women and made them pregnant as a way of knowing their HIV status. If the child becomes sickly then they would conclude they are sick.

The organizations prompting faithfulness were also blamed for not stressing and emphasizing clearly that young people take HIV testing before they can start new relationships based on trust. Besides it was not clear to them if it was wrong to have a partner for one month being faithful to him/her then changing after another two months and being faithful to the next partner. These are some of the questions they struggled with and wanted some clarification from the organization or those passing HIV information to them.

The respondents who thought this strategy could work emphasized that it could mainly work for married people, who already know their HIV status. Apart from that some female respondents thought it was possible but only if the man one is involved with was a staunch Christian, which was not the case among many young men in the slum. Many are church goers, they attend church services when they are free, or not sleeping after Saturdays night's activities or during special occasions like Christmas or Easter season.

One important thing to note was that many of the youths said they would rather be told to be faithful to one person than abstain totally from sex as will be discussed below.

Youths Perceptions and Experiences about Abstinence

Abstinence is backed as the best and surest way to avoid getting infection across the globe. The respondents agreed that this was truly the best method to avoid getting infected with HIV. As easy as it may sound, many youths also thought that it was too difficult to abstain from sex. The responses could be grouped into environmental reasons, individual reasons, media and social cultural reasons.

Among those interviewed some cited the environment in which they live in to be the biggest challenge to them.

“...It’s possible to abstain, but that depends on where you come from. Like here in the ghettos it’s not easy to abstain. It’s like everybody is having sex and its easy to get tempted... (pointing to holes on their house through which you can see the neighbors house) ...you see its very easy to see people having sex and that can be very tempting...so its not easy to abstain may be in other places but not here in the slum” (16 year old female in school)

Many believed that the environment in which they lived in socialized them earlier in life to start engaging in sexual activities. From a young age they watch and hear family members if not neighbors have sex. This is due to the pitiable housing arrangement as was explained. There is not much privacy in the slum. Many people choose to shower in the night when no body can see them since there are no bathrooms.

Media was also quoted as curtailing the youth’s ability to abstain. The movie halls in the slums were reported to show adult movies and they did not care much to find out if those watching were adults. Besides that, local musicians and also international musicians were also blamed for lasing their lyrics with sexual messages that enticed the youths to start engaging in sex. The television was not spared either and they blamed the TV for glorifying sex and promoting sex among young people by the programmes they aired on youths engaging in sexual activities with no consequences. In stead they were seen as heroes, the American soap operas were mostly blamed.

Individual reasons why it was not easy to abstain took the center stage. Some respondents reported that it was very difficult to abstain. The desire to have sex was so strong in them. Some were said to have lust and that they could not control them selves even if they thought they would get infected with HIV eventually. While some likened abstinences to being given food and told not to eat it (having a girl/boy friend but being unable to have sex with him/her).

A few admitted that sex was addictive and once one was involved in it, it was very difficult to abstain. Those who tried were said to come back with vengeance for the lost days when they were abstaining.

“Some youths try to abstain for one month or even few weeks, but they realize they cannot not, because they were used to doing it all the time. Then they start again and they go on the rampage (laughs) because they feel that they have lost a lot and want to recover for the time lost. It’s like they are just discovering sex and want to satisfy their desires” (21year old out of school male)

The addictiveness of sex was also likened to a drug that if started one did not want to stop. However, some reported that it was very easy to abstain but only through prayers or if one was a Christian. It was also much easier for those who had seen people die of HIV or are infected than those who had not seen such people. One youth asserted that it was very possible to loose an erection when you think of someone whom you knew and had passed on with HIV or was suffering from the same.

Other youths thought it was impractical to abstain; they wanted to practice while they are young so that they would be perfect in their marriages. Some cultures encouraged the youths to have sex with many women so that when they marry they would be good lovers. While also in some cultures it was perfectly normal that when a young man reached a certain age then he was allowed to start having sexual relationships and favors from women, who saw it as a gift to the men and an honor to them.

Society was blamed by a few youths for not rewarding virgins. Many people believed there were no virgins and even those who were still virgins were seen to be abnormal rather than normal and of high moral standards. Men were said not to care much if one was a virgin or not at the time of marriage. Some men preferred women who were sexually experienced. Before virginity was highly valued in some of the African context and those found to be truly virgins at the time of marriage were rewarded highly by the man and his family. She also gained a lot of respect from her future in-laws and the night of the first sexual encounter was eagerly waited in some tribes as aunties would stay all

night waiting to be told the good news upon which celebrations would start. Such incentives are no longer available to the modern women especially those living in the slum, besides there is a lot of stereotypes that they have all had sex.

Some respondents perceived abstinences as a way of Americans to curtail their sexual enjoyment while they themselves enjoyed. Some believed that if they abstained for long, their vagina opening would eventually close and they would have painful period when giving birth. On the other hand the males believed that if they abstained and had wet dreams at night, this subsequently amounted to having sex and there was no need to wait. Some males also believed that the urethra would block due to long periods of abstinences.

One respondent captured the above reasons in these words,

“It’s not easy, there is a lot of pressure from friends, someone like me, my friends think I’m “hippy” modern, by the way I dress and all that, then a lot of girls also like and talk to me, so they just assume that I have had sex. I also don’t correct the impression, I let them think what they want, but I know my self at least they are not putting any pressure on me. The TV also put a lot of pressure on us, generally media, and the music we listen too; there are so many sex messages on them. Its not easy, but you see when you haven’t tried then you really don’t know much about sex, then you know again the first time people are often afraideeee...you can find that you are a none performer and your woman will laugh at you. But those who have tried they are used to it and will continue doing it more and more. So it’s not easy for such people though there is also secondary virginity though I hear it’s not easy” (15years old in school male)

The interviews with the youths on abstinences created a grim picture that they were not able to abstain. Secondary virginity sounded like a far fetched story for those who had already started engaging in sex. Even those who were not sexually active could not promise they would abstain till they got married, at least some were bold to report that they were searching for suitable girlfriends/boyfriends with whom they could start having sexual relationship with, but until then they would abstain or “chill!”

Perception of youths About VCT

Though this research did not seek to find out about the youths perception on VCT, it come out many times during the interviews. A few NGOs encouraged the youths to go for testing but it was not in their main objectives. Government leaders, opinion leaders and even church ministers also mention to the youths from time to time in their speeches that they should get tested. No one takes, or has ever taken a first step to publicly take an HIV test and encourage the rest to do the same. Instead the country has seen a few foreigners do that to encourage the rest. Graca Michele was among the first public known figures to publicly take an HIV test in Kenya. Later on (in 2006) aspiring American President Barrack Obama also on a tour to Kenya publicly took an HIV test together with his wife. Kenyans rarely go public when taking their HIV test. In-fact some are known to travel to a different part of the country where no one can recognize them to take the tests.

Although it is important for those who have been sexually active before and also those who may for some reasons think they were at risk (i.e. caring for a sick relative) of getting infected to take HIV test, very few people take the test. Though a few youths admitted that they had taken the test a majority of those interviewed had this to say when asked if they could take an HIV test.

“Ha! That’s a lie....how? I can’t go , there is just now way (shakes his head) Its like being given a death sentence.....then they lie to you that you just have the virus that causes AIDS, now what’s that!? What the difference, its still the same thing it’s AIDS! I can’t even go for an HIV test; I don’t know for sure what it would turn out to be (18 year old male in school youth)

“(Turning sharply to look at me) No way! Zii (No) I cant (shaking his head) for what, may be they wont even be the correct results, I would rather not know my status, its better that way, may be someday if it’s a must. Not that I have slept with women but you never know, at the barber shop or hospital.....you can just be unlucky” (21 year old out of school youth).

“(Shaking his head) eeeeh! ... Issues of VCT, I would rather not know my status.....you know when you are told you have HIV it’s like a death sentence, only that this one will

take a while before it comes. In-fact you will die faster just knowing you have the virus even before the virus kills us. If you see those who often go their (VCT) and are told, they die much faster than those who don't know, because those who don't know don't care or worry they just continue with there normal life. Me (points to himself) I would rather not know my status eeeeh....then those people at the VCT also think we are too young to have had sex (laughs) so they don't accept to do it for us".(15 year in school youth)

Asking this question was almost like delivering HIV status to those asked. They gave me a surprise look, sudden attention, or expression of shock. Many respondents believed that being given positive HIV results was like being given a death sentence. The fact that they would be put on treatment to boost their immunity did not count for many. All that seemed to matter was that they would die. Besides some youths did not trust the test as narrated by this 23 male responded.

"But I do not even believe in the HIV testing. First you should only take an HIV test if you doubt your self and you are not sure. Since I know my self I don't think that I need it Then again the HIV test (rapid test) takes a very short time before you get the results, I totally don't believe this. Take for example malaria, this takes some hours before you can get the results yet it is treatable. On the other hand HIV test takes approximately 15min and yet this is a disease that is not treatable. How can I believe such results? If it were taking may be weeks to have the results then may be I would believe them".

There was concern that some youths lied that they had taken HIV tests and knew their status while they did not know. Such people when asked to take another test refused and picked up quarrels with their partners for mistrusting them. One respondent mentioned that it was fairly easy to pick out from a crowd those who were infected as they often looked worried (*wasi wasi*), detached and may even have some symptoms already. To find out if a partner they were dating could be infected one male reported that, he would observe the lady for a while and if `her ways` were the same as `his ways` then he would know that she is not positive, even though he himself does not know his status.

There was a general agreement among the respondents though that if they by some chance knew their HIV status and they are told they are negative, they would live a more

careful life. Some even mentioned that they would not even dare sleep with anyone using a condom unless they knew the persons HIV status as well.

Challenges to Practicing HIV Prevention Methods

One thing that came out very clearly among a majority of the youths interviewed was that they were scared of HIV and wanted to change their behaviors and attitudes. There were however a few persons who had given up hope and did not think there was anything they could do to change their situation. Living in this particular environment posed a great challenge that may be not experienced by other youths living in the suburbs. The challenges mentioned by these youths had also been reverberated by those working in organization in Kibera. The major challenges can be classified into environmental challenges, Poverty, Media, Peer pressure and individual challenges.

The environmental challenges faced by these youths are characterized by the slum conditions. The general living arrangement in this slum to say the least is dismal. There is neither house planning nor well demarcated areas for shops or even play grounds for children. A few dusty or sometimes muddy open grounds can be used by the children to play. There is no security in such areas and nobody watches the children as they roam around the vast slum. Many of the houses are made of mud and plastic bags are sometimes used as roofing a part from a few places that has rusty iron sheets. News paper or carton boxes are in many occasions used to reinforce the walls.

There are no sound inhibitors in this congested environment. Children basically start watching and hearing adults have sex from a very early age. If they do not see this at home they will see it from their neighbors. They do not need to go to the movie halls to actually see that happening. This is a unique problem and a big challenge to the youths living in this community. The psychological effects of that can only be imagined. Many houses in this slum do not have bathrooms, toilets or even running water. Water in most cases is bought at particular points. It is easy to see both adults and children shower. Nudity not out of choice is common here. Many choose to bath in the night and also use plastic bags as toilets in the night. These are then thrown, hence the common flying

toilets in the slums. They have been projects to improve the situation, but the number of people living in this slum outweighs the social amenities that they can be provided with.

There is no security in this area with no street lights or well differentiated paths. Women are more likely to fall victims of rape and even young girls, a trend that had become very common. It is also very un-safe for women to bath in the night, as then they become very easy targets for the rapists. It's common for young girls to have boyfriends for `protection`, as this makes other men avoid them especially if their boyfriends are known to be lethal. Sometimes the rules of the jungle apply here. People fight over women and the strongest takes the woman. This is the ghetto life for the youths here and for many this is the only life they have known. Sometimes it's said that even those who get rich in the slum refuse to move out. They are comfortable with this environment and even though they may own properties in some prime areas of the city, they still remain stuck in their mud houses in the slum, so some say "slum life is addictive, everything here is cheap and you can get it right at your door step". Not all who live in the slum are poor as we may imagine.

Poverty is yet another challenge that the youths mentioned. They struggle to survive in this environment. Girls are worst affected by this condition. In their bid to keep up with the fashion trends and other general things, they would do anything to get just what they want. Part time sex working is common among the young females and even some adult females. They could be selling some merchandize but besides that occasionally engaging in sex to supplement their income, especially during low seasons. Single mothers also recruit their young girls early into selling their bodies to make a living. Some respondents mentioned. There are even cases of women outrightly telling their girls to go and look for money and stop wasting their natural gifts, instead they should sell their bodies. Such is the life of some girls in this slum.

Some girls also start to engage in prostitution to supplement family income or to buy the things that they need. When interviewed some mentioned that it was impossible to be faithful to one man as that would not be enough to put food on the table. Some situations

were apathetic as women and youths admitted that it was better to die searching that to die of hunger in the house. They didn't think it was worse to die of HIV in 10 or even 15 years than to die of hunger in few days. After all "Kibaki (president of Kenya 2006) had released free ARVs" as some youths commented. With free treatment available some did not find it necessary to protect them selves. Besides there were reports that some men prefer and demand sex without condoms upon which they pay hefty sums of money as compared to those who wanted to use condoms. In one way or another they had to survive in this tough environment, where unemployment is so rampant.

Media was also a big challenge to the youth. Even though very few had access to televisions they could still listen to songs and also watch movies shown in the slums. The music as they reported is laced with so much sex messages that encourage them to start engaging in sex. Some of those artists are also their role models and they just wanted to be like them, hence would engage in sex to be at par with them. The soap operas were also blamed to glorify sex and portray the youths who start to engage in sex early to be heroes of some sort. There was no motivation to abstain and wait till one is married. One respondent even mentioned that, nowadays people die early and they did not want to die before they could have sex, so they had to start early. Though media influences youths everywhere in the world, the only difference with the youths in Kibera is that they could easily access pornographic movies at a very cheap fees and with no one to control them despite the government's efforts through the local chiefs and area administration. When a pornographic movie is showing movie halls are said to fill many hours before the movie could even start.

Peer pressure was constantly repeated by the respondents as a major challenge. This is not unique to them but a common challenge across the world. The youths influence each other into experimenting with new things. This could be drugs, alcohol and even sex. Those interviewed mentioned that they felt a lot of pressure from their friends who wanted them to start having sex. Sometimes the males reported that the girls they date would push them into having sex, while mainly this was a concern from the girls.

Some reported that their friends would laugh at them if they said they had not had sex or if they were dating and didn't have sex with their partners. In a bid to fit, many resorted to having sex. Comments like,

“Virgins are not yet born” and “Virgins are only found in the morgue” made some youths to believe that it was impossible to remain a virgin till they were ready for marriage.

The peers also influenced each other into taking drugs and also alcohol. Under the influence of alcohol they are unable to control them selves.

“It's not easy to be faithful or abstain from sex, manzee (men) when you have taken a little alcohol and you feel highreee! It's a good feeling like you are on top of the world, and your chic is not there and you find another one, and at that point she just becomes beautiful and you just agree with each other”(23 year old out of school youth).

There is also a local brew that is sold at a very cheap price and many of the residents here can afford it. The alcohol content in this brew is so high that one does not need to take many glasses before they are completely drunk. Besides that, this drink is known to kill people sometimes and for those who survive they remain blind. So serious is this alcohol that the government has put strong measures to stop the sale and brewing in the slums but still many have a way of getting away with it as they have to survive in the breweries market. It has occasionally killed all members of a family drinking together in some parts of the country yet due to the fact that it's cheap; people still continue to buy it. When I interviewed one youth to find out if they took the drink, this was the response.

“Its normal...aaah one must take that to survive, once in a while I take it, but there are some people who just take it all the time to forget their problems (laughs) you will see them everywhere on the roads lying and when they become sober, they walk back (laughs)” (19 year old out of school youth).

This is not difficult to confirm, as one walk along the alleys it's fairly common to see drunkard lying on the ground sometimes in filthy raw sewage. It is a sight that people are used to here and even young children jump over such men and occasionally women. No one worries to find out if they are ok or not and when they become sober, they find their way home or to the drinking dens. Sometimes they are rained on and when the sun comes up, they would be dried still lying on the same spot. Occasionally one may have pity on them and move them to the shelter. This shows just how strong this drink could be that one would not even be sensitive to the weather changes after taking it. It's very common to find such individual robbed of all their `worthy` personal belongings.

Individual challenges as earlier discussed in abstinences were further mentioned to be a challenge. Though the respondents wanted to change their behavior, they reported that they lacked skills to do that. There was nobody telling them what they could do to practically avoid getting into sexual activities, rather they were just warned! There were no activities that they could get involved in to avoid boredom and also develop some skill in the process. Life in Kibera is discernible with a lot of idleness and boredom among both the young and the old. The young congregate in groups and tell stories. They can be seen around the barber shop or any shop that has music booming out loudly at the back. Occasionally from time to time you will see them under a shade just wasting the afternoons away. Many can be seen loitering around in groups of two or three from place to place, stopping once in while to catch up with other groups.

With such idleness many young boys take the occasion to hunt for girls or organize for crimes. There are certain places that we are told they would sell your shoes before they even get them, and once they agree on the price, they would then attack the person and remove the shoes. They are then sold to the middle men who take them to another area to be sold yet again.

Individuals interviewed said that due to their own desires to have sex, they could not control them selves. The hormone raging in their bodies as adolescents was cited as the main reason for this. There was also a challenge among some youth with the sizes of

condoms which they thought was too big for them, while a majority also admitted that they did not know how to use the condoms and this could have been the reason why the condoms were bursting and are viewed to be ineffective in some instances. Faced with these challenges they suggested a way forward which will be discussed later in this research.

As seen from the above reports from the youths, face to face interviews yielded a lot of information, but those to be interviewed are limited. The next section looks at the quantitative results from the youths. The questionnaires were administered to them and each had ample time to fill in or stay with it and give it back the following day. As will be seen, the response rate was very low, despite requesting them to answer all questions. Many respondents also had up to secondary education. Primary education is often free and cheap in most parts of the country and parents can afford to send their children to school, but as they proceed to secondary school, the school levies make many to drop out, hence some can only be in high school for a few months or year.

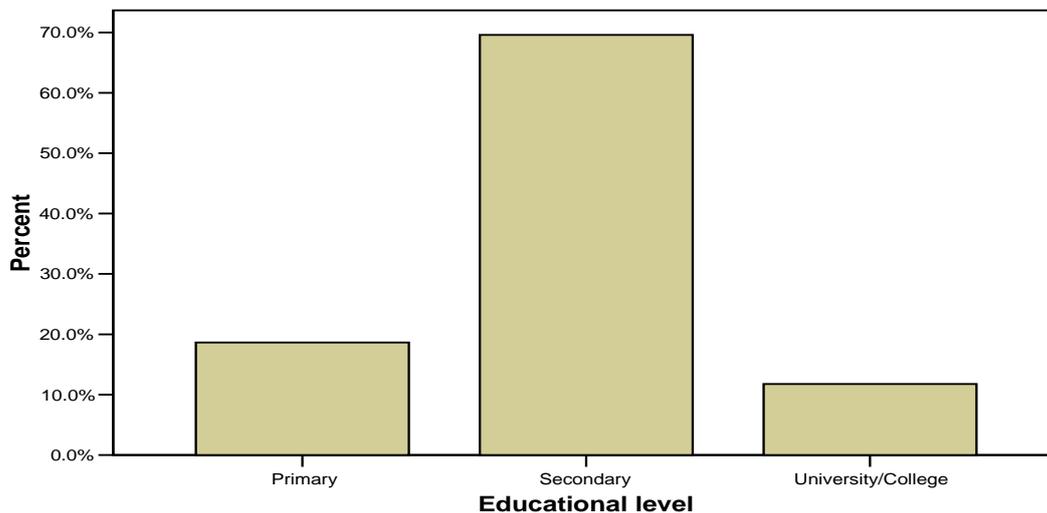
QUANTITATIVE RESULTS

Demographic Characteristics

In this study, a total of 216 youths aged between 13-24 years were interviewed from the different parts of Kibera slums. Fifty four percent of the respondents were between the ages 19-24, while 46% were between 13-18 years. The men were 72% while the women were 28%.

Their educational level distribution is shown in the bar chart below.

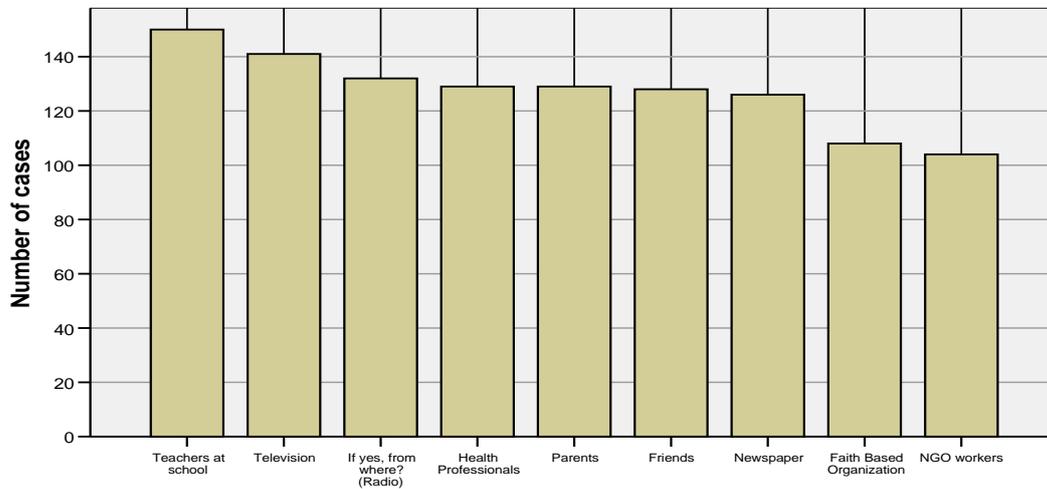
Figure 1: Educational level distribution table



Knowledge about HIV/AIDS

HIV awareness among the youths interviewed was 99.5%. They got information about HIV mainly from teachers at school 69%, television 65%, radio 61%, health professionals 60%, parents 60%, friends 59%, newspapers 58%, faith-based organizations 50% and the least information was gathered from NGOs at 48%. This is shown in the bar chart below (as N).

Figure 2: Source of HIV/AIDS information



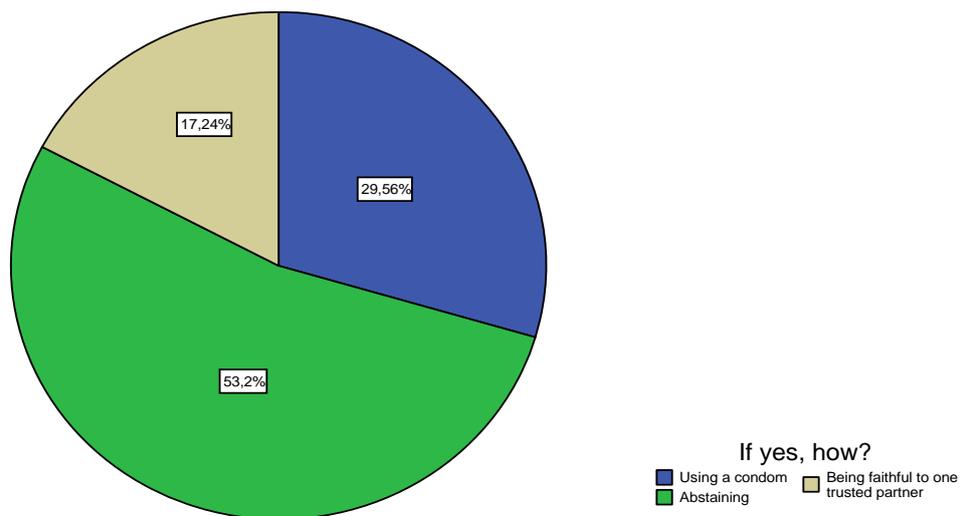
Among those interviewed 85% said that HIV was a sexually transmitted disease, while 5% thought it was a punishment from God, 3% said it was a white mans disease, 3% reported that it was a prostitutes disease, a curse was mentioned by 2% while the remaining 3% did not know how to define the disease. An average of 59% of those interviewed believed they could tell if someone had HIV while 41% thought it was impossible. Of those who said they could tell if some one had HIV, 95% said this could be done by taking a blood test while 5% believed they could do this by looking at the person if he or she was thin (being thin was associated with having HIV infection for this group while being fat or healthy meant one was not infected).

In this study 16% of the respondents believed that HIV could be cured. Among the methods mentioned was taking medicine (80%), sleeping with a virgin girl (9%) and by having frequent sex (11%). However majority of the respondents (84%) did not believe that HIV could be cured.

Knowledge on Prevention of HIV

Of those interviewed 97% reported that it was possible to prevent one self from contracting HIV. The method most trusted was abstinence by 53%, this is shown in the pie below.

Figure 3: Suggested HIV Prevention Methods



Media was the highest source of information for the youths interviewed when it come to HIV prevention methods. Fifty six percent (N=120) percent got information about prevention from television, followed by radio 53% (N=115), health professionals 51% (N=111) while the least information about HIV prevention was received from the faith based organizations 34% (N=73).

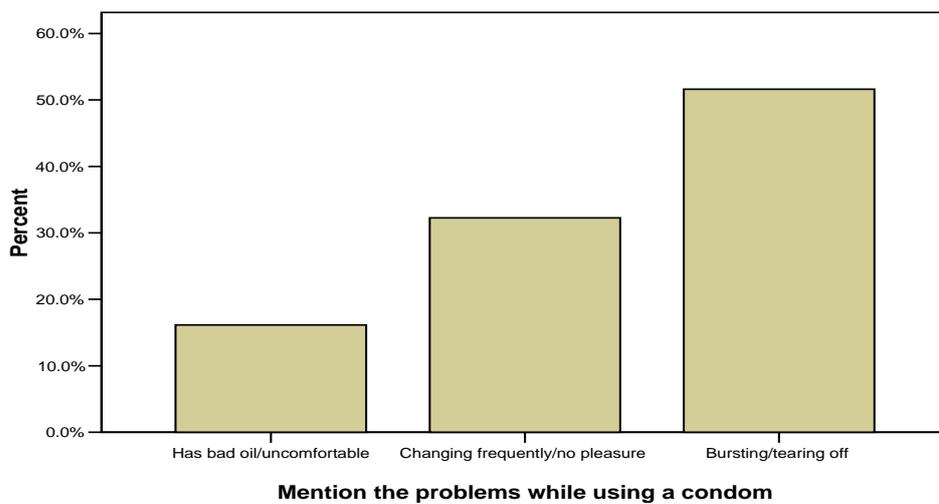
Perceptions about Condoms

In this research 95% said they had heard about condoms in HIV prevention. Among the respondent 51% (N=104) admitted to having used condoms before while 49% had not used one before. Of those who had not used condoms, 7% said their partners did not like condoms, 5% said condoms were too expensive while 12% acknowledge that they did not like using condoms.

Of those who reported condom use, 11% (N=23) stated that they used condoms to prevent themselves from contracting sexually transmitted diseases, 16% used it to prevent their girlfriends from getting pregnant, 7% used it because their partner wanted to use it, 7% said for all the above reasons.

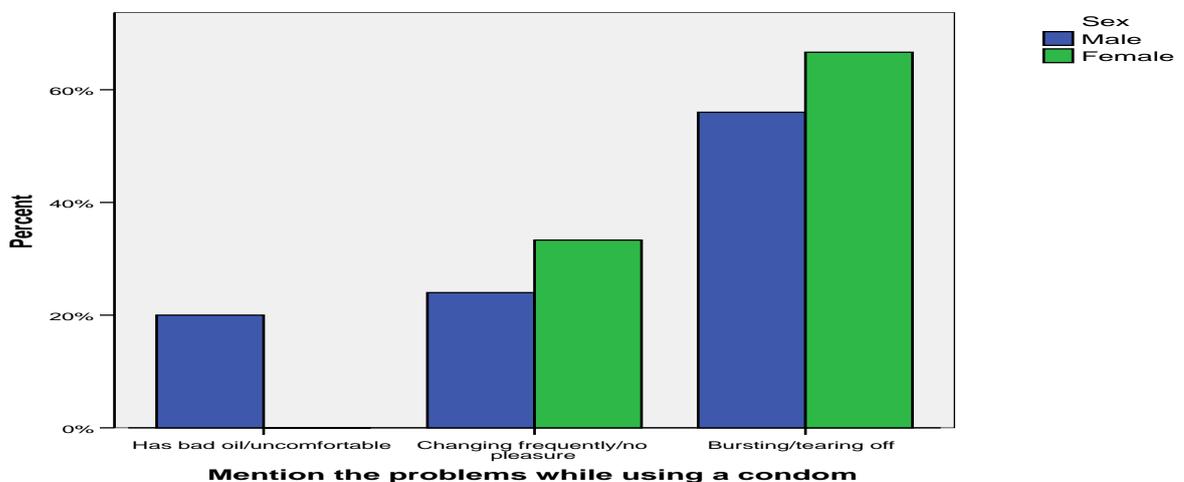
Thirty three percent of those who had used condoms before reported having experienced some problems which were grouped into three categories as shown in the bar chat below

Figure 4: Problems Associated with Condom use



When sex differences in problems associated with condom use was calculated for more girls reported condom bursting and tearing off as a problem experienced. This is further shown in figure 5 below.

Figure 5: Problems associated with condom use sex differences

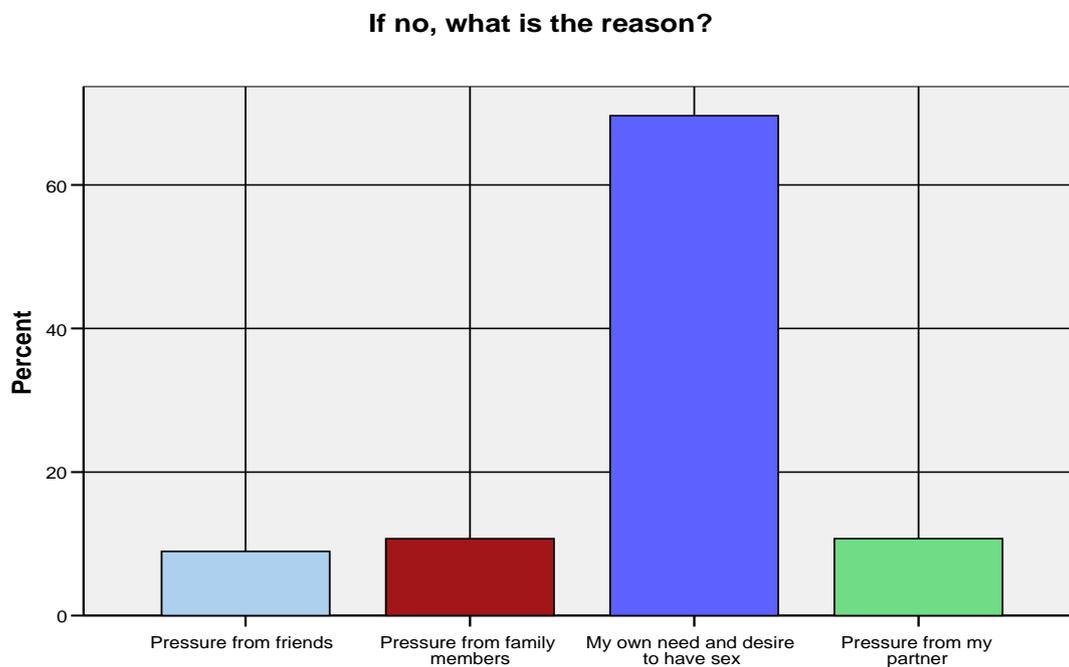


Many of the respondents reported that their friends would approve if they used a condom 67%, while 30% said they do not know because they would not tell their friends and only 3% reported that their friends would laugh at them if they used condoms.

Perceptions about Abstinence

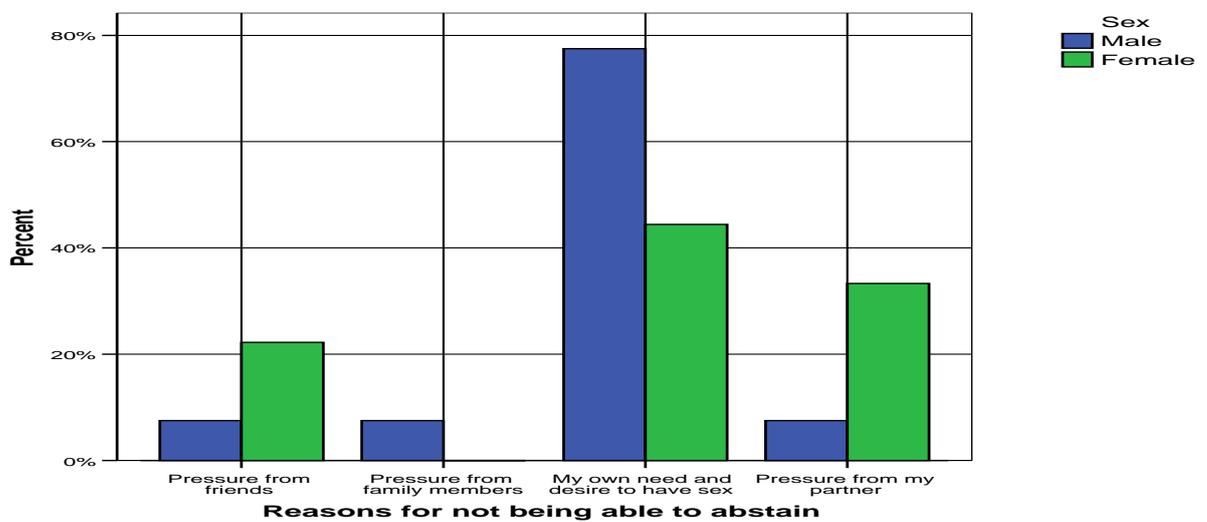
The respondents reported that they knew that abstinence was one way of preventing one self from getting infected with HIV, only 7% did not know that abstinence was a way of preventing one self from HIV infection. Of those who knew that it was a way of preventing HIV infection 73% had used this method while 27% had not used abstinence as a way of preventing themselves from getting infected with the HIV virus. Out of N=195, 77% thought that it was possible to abstain while 23% did not think it was possible to abstain. The reasons given for the inability to abstain are as shown in the bar graph below.

Figure 6: Reasons for not being able to Abstain



When sex differences were calculated in response to reasons why the youths were not able to abstain despite the small number of female respondents in this study, it was interesting to note that most had the main reason as men which was my own need and desire to have sex. Higher percentage of women compared to men reported pressure from partner as yet another reason they could not abstain and also pressure from their friends. Only men reported pressure from family members as a reason why they could not abstain. Further results are shown in the figure 7 below.

Figure 7: Sex differences, reasons for not being able to abstain



Perceptions about Being Faithful

When asked if it was possible to be faithful to one trusted partner 88% (N=191) thought this was possible while 12% did not think it was possible. Of those who did not think it was possible to be faithful to one trusted partner 48% said this was because they like to have sex with a variety of partners while 52% reported that because sex is boring with one partner hence they would like to change partners.

Behavior Change

When the youths were asked if their behavior had changed because of the HIV prevention campaigns, 91% of the youths reported that their behavior had changed because of the HIV prevention campaigns while 9% did not think they had changed their behaviors due to the above reason but rather because they are Christians 49% while 51%

said they had changed because they believed it was morally wrong to have many partners.

When asked if they could take an HIV test 35%, of those interviewed had taken HIV test and thought that it would help them lead a more careful life, while 65% had not been tested.

Association between Ages, Level of Education with HIV knowledge

There was no significant difference in the level of knowledge between the different age groups due to the small sample size and low response rate. The majority in the younger age group and the older age groups defined HIV correctly as a sexually transmitted disease 84% and 87% respectively. It is important to note that the majority who said they did not know what HIV is where those in the younger age group 6% while only 1% in the older age group. When this was calculated against level of education, there was no significance difference between the levels of education. Further results are shown table 1 below.

Table 1: Definition of HIV/AIDS

Level of Education	According to your Knowledge what is HIV/AIDS					
	Prostitutes disease	Sexually transmitted	White mans disease	Gods punishment/curse	I don't know	TOTAL
Primary	1(3%)	34(90%)	0(0%)	2(6%)	1(3%)	38(100%)
Secondary	5(4%)	116(84%)	1(1%)	12(8%)	5(4%)	139(100%)
Collage/University	1(4%)	21(86%)	2(8%)	0(0%)	0(0%)	24(100%)
TOTAL	7(4%)	171(85%)	3(2%)	14(9%)	6(3%)	201(100%)

There were no significant differences between the younger youths and the older youths when asked if they could tell if someone had HIV, however the difference could be noticed in the ways in which they tell if someone had HIV. Those in upper age bracket reported that they could do this by looking at the person if he or she was thin (7%), while

only 3% in the lower age bracket said the same and were also the ones who reported correctly that they could tell by taking a positive HIV test 97%.

Chi-square tests were performed to check if there was a significant association between level of education and cure for HIV. There was a strong significant association between this variables with a $P < 0.0001$. Those with up to primary and secondary education reported that HIV could be cured 34% and 10% respectively while 33% of those with university/collage education reported the same. This is further shown in table 2 below

Table 2: Can HIV/AIDS be cured.

Can HIV/AIDS be cured	Level of Education			
	Primary	Secondary	University/collage	TOTAL
YES	13(34%)	13(10%)	8(33%)	34(17%)
NO	25(66%)	123(90%)	16(67%)	164(83%)
TOTAL	38(100%)	136(100%)	24(100%)	198(100%)

Those with up to universities/collages education who said that HIV could be cured also reported that this could be done by taking medicine 100%, 75% of those with secondary education reported the same and 73% of those with primary education. Those with primary education also reported that HIV could be cured by sleeping with a virgin girl 9% while 13% of those in secondary education reported the same. Both those with primary and secondary education equally reported that it could also be cured by having more frequent sex 18% and 13% respectively.

When asked if it was possible for one to prevent them selves from contracting HIV, those with primary education who responded said it was possible (100%). None thought it was impossible, while those with up to secondary school and university/collages the number of those who thought it was possible to prevent one self from infection and those who thought it was not possible were the, 97% and 91% respectively. It is also important to note that those with up to universities/collages education are the ones who reported that it

was not possible to prevent one self from getting HIV (8%) while 3% of those with secondary education reported the same and none with primary level of education. This could be due to the fatalistic way the older youths view HIV as compared to the young who believe it can be cured.

Condoms and HIV Prevention

The older youths were more likely to have heard about condoms in HIV prevention (95%) and also used it. While those between ages 13-18 were more likely not to have heard about condoms (7%) as compare to 3% of the older youths. This was also observed among those with primary level of education. They were more likely to report less condom use 36% and also 8% having not heard about condoms in HIV prevention as compared to those in collages/universities who had all heard about condoms in HIV prevention.

Only 24% of those between ages 13-18 had used a condom before while 27% of those between ages 19-24 had not used a condom before. Chi-test was performed to find out the significant between level of education and condom use. There was a high significance between level of education and condom use with a $P < 0.001$. Among those with university or collage education who had not used a condom before, 60% reported that it was because they had not had sex while 40% said it is because condoms were too expensive for them. Those with secondary education were more likely to report that they had not used a condom because they had not had sex (79%), while those with primary education many reported that they had not used condoms because they did not like them (28%). The results are further shown in the table 3 below. It is important to note that many youths did not respond to questions touching directly on there sexual lives. The majority of the respondents in this study had up to secondary level of education which may make the results bias.

Table 3: Reasons for not using condoms

Reasons for Not using condoms	Educational Level			
	Primary	Secondary	University/collage	TOTAL
I have never had sex before	14(56%)	65(79%)	3(60%)	82(78%)
My partner does not like using condoms	2(8%)	4(5%)	0(0%)	6(6%)
I don't like using condoms	7(28%)	6(8%)	0(0%)	13(12%)
They are too expensive	2(8%)	0(0%)	2(40%)	4(4%)
TOTAL	25(100%)	75(100%)	5(100%)	105(100%)

Majority of those between ages 19-24 reported that the main problem they experienced using condom is the bursting/tearing off 46%, while a majority of the younger youths 80% reported the same. This could be attributed to younger youth's inexperience using condoms. The younger youths did not see frequent changing interrupting the sexual pleasure to be a problem, however 39% of the older youths found this as a problem and further 15% said the condoms had bad oil while 20% of the older youths said the same.

Peer pressure and condom use was mainly observed among the younger youths. Fisher Exact Test was used to calculate significance since some values were less than 5. There was a strong significance between condom use and friends approval with a $P < 0.005$. Those between ages 13-18 of those who responded to this question, 6% reported that their friends would laugh at them if they were using condoms while none of the older youths reported that. Among The older youths 75% reported that their friends would approve if they were using condoms while 56% of the younger youths reported the same.

Association between abstinence and level of education and age group

There was no significant difference between the different age groups and knowledge about abstinence being a method of HIV prevention. There were also no significant differences between level of education and abstinence. In all the different levels of education they were all likely to abstain as much as engage in sexual activities. Those between ages 19-24 were more likely to engage in sexual activities (31%) as compared to 19% for those between ages 13-19. Thirty two percent of those in the higher age group responded that it was not easy for them to abstain. The younger youths were more likely to report that they were not able to abstain from sex because of pressure from friends (26%) compared to none of those in the older age group and pressure from partner as compared to only (5%) of those in the upper age group (21%) . However this cannot be generalized to the entire population because many only few responded to this question. The other reasons are further shown in the table 4 below.

Table 4: Reasons for not being able to Abstain

Reasons for not being able to abstain	AGE		TOTAL
	13-18	19-24	
Pressure from friends	5 (26%)	0(0%)	5 (9%)
Pressure from family members	3 (16%)	3 (8%)	6 (11%)
My own desire to have sex	7 (37%)	32 (87%)	39 (70%)
Pressure from my partner	4 (21%)	2 (5%)	6 (11%)
TOTAL	19 (100%)	37 (100%)	56 (100%)

Association between Being Faithful, Level Education and Age group

The older youths were more likely to report that it was not easy to be faithful to one trusted partner 14% while the younger youths 10% did not think this was possible. There was no significant association between level of education and being faithful to one trusted partner, even though the results showed that those with up to university/college education were likely to report that it was not easy to be faithful to one person (27%).

There was no significant difference in the reasons why the different age groups could not be faithful to one trusted partner. However when compared to the level of education a those with up to university/collage education who responded to this question reported that they could not be faithful to one partner because sex was boring with one partner (100%). Although 46% of those with up to secondary education reported the same and 33% of those with up to primary level of education. Only those with up to primary and secondary education reported that they could not be faithful to one partner because they like to have a variety of partners 66% and 54% respectively.

There was no significant difference in behavior change due to HIV campaigns among the age groups and also among the different level of education. Equal number of youths in the age groups reported that their behavior had changed because of the HIV prevention campaigns, 90% of the younger youths and 91% the older youths. This was also reflected in the different level of education among the age groups. Those in the upper age group reported moral reasons why they had changed their behaviors 61% while those in the lower age group were more likely to report Christian values 71%. The same was reflected in the education level. None of those in university/colleges reported religious reasons as to why they had changed their behavior, while 60% of those with up to secondary level of education and 50% of those with primary level of education had changed their behavior because they were Christians.

Christianity could there fore be said to be a confounding factor leading to change of behavior in the HIV/AIDS campaigns.

The results from the quantitative results reflected on youths views on the issues discussed above. Many choose not to respond to certain question hence making it not easy to

generalize in some instances and the results insignificance, but the results shows the situation on the ground at the time of this research. Results from the qualitative interviews also support a lot of the quantitative data. The next chapter makes a link between the findings in this study and what other researches had also found out. It also points out the new finding in this study.

CHAPTER 5: DISCUSSION

This study to our knowledge is the first in Kenya to use complimentary qualitative and quantitative methods to explore the slum youths perceptions and experiences with the HIV prevention campaigns that have been going on for sometime now. It is also a first of its kind as it involve the organizations working with youths in these particular slums on discourse on their campaigns and what they thought was working for the youths. Triangulation of research methods was found to be very vital in gathering information that could have otherwise not been understood by just one research method as was also observed by a previous researcher. Adrien et al noted that triangulation not only helped them in designing a better questionnaire but it also brought out nuances necessary to understand the complex finding of the larger quantitative work (59). The qualitative and quantitative results will be discussed together as some of the qualitative results compliment the quantitative analysis.

Mere Awareness or Factual Knowledge on HIV

At the start of this research it was very clear that all the organizations working in Kibera slums on issues related to HIV had as their primary goal to educate the youths on HIV/AIDS prevention and modes of transmission. Churches and welfare organizations had also followed this trend besides individual, politicians and opinion leaders to educate youths on HIV or warn them of its danger. So much is the talk about HIV that when the youths were asked if they had heard about it, they thought this was not a serious question often making a rejoinder that even young children have heard about AIDS. In this research 99.5% of those interviewed had heard about HIV/AIDS. These high percentages of awareness can also be observed in other African countries (60;61).

However the mere awareness has made many organizations and governments alike to relax on their campaigns with the assumption that the awareness is in true sense factual knowledge about the epidemic. Unfortunately and in line with many other findings (60-64), many of the researchers would concur with the facts in this research that the drastic

increase in knowledge and awareness about HIV/AIDS does not imply that what people claim to know is factual. Subsequent questions in many studies often answers these fundamental question as the respondents who said they knew about HIV start to contradict them selves with facts that are so vital for the epidemic to be controlled. Very often perceived knowledge can simply be termed as misconceptions or myths about HIV/AIDS. True as this is, what this implies is that people do not really know about HIV/AIDS like its thought to be case, as some of the misconceptions can be corrected and should have been eliminated in the basic HIV/AIDS education programmes.

While it is not very common now to hear people say that they are likely to get infected by sharing food, toilets or other social amenities with people who are infected with HIV, this changes when they actually know for a fact that the person they are about to share with such amenities is infected. It is reflected in the way they suddenly start to treat such people. The term stigmatized is often used to generalize the whole situation while forgetting that such individual most often are misinformed and think that they may get infected.

In this research 59% of the youths reported that they could identify someone with HIV and a further 5% of this group re-affirmed that they could just do this by looking at the person. This finding are comparable to that of Houston et al in his study among youths in rural Benin, he found out that 84% of women and 52% of men said they were able to identify someone who has HIV (61). This is a clear signal that a lot still need to be done, teaching youths and the general public on facts about HIV.

Almost in every country there are the stereotyped groups of individuals that the general populations think are capable of getting HIV but not them. Prostitutes, drug users and truck drivers in that order often take the blame. In Maputo Mozambique the youths blame these groups (62), this was also true to the Kibera slum findings and other parts of Kenya (65) where the youths think AIDS is not with them. Clearly this is a lack of knowledge on who can have HIV.

It is interesting to note that while those in the high social caliber blame the poor for spreading HIV, in this study the youths in this low socio economic status blame the rich for spreading the disease among them. They also believe that it is those who are rich that get HIV since they can get any woman and man for that matter because of their financial

affluence. While it is also easy for them to forget that such men often have relationship with poor women like them (66).

Some studies have also shown that some people still believe that there is a cure for HIV. In this study 16% of those interviewed admitted the same. This they believed could be done by taking medicine (80%), while sleeping with a virgin girl which is a common believe in South Africa was reported by 9% of the respondents. A new finding in this study revealed that 11% of the youths thought that one could cure HIV by having more frequent sex. This is a sad scenario as one is more likely to get infected with other HIV types as they continue to engage in unprotected sex.

Allegation by some section of the population in different countries, Kibera slums included, that HIV was non existence is catastrophic for this generation. In Kibera some youths still believe that HIV is “vaco!” to mean non existence and refer to the South African politician, Zuma; who reportedly slept with an HIV infected person and did not get infected. They claim that, that is a clear sign that the woman was not even infected, while stories are rift about HIV non existence in European countries especially the US. Even though they contradict themselves by saying it’s the European tourists who have HIV.

UNAIDS (2000) notes that general awareness of AIDS is no longer important in AIDS prevention but accurate knowledge of how HIV is transmitted and prevented is elementary. A study in Zimbabwe revealed that while all men and women had heard about AIDS, 15% and 26% of men and women respectively did not believe that a healthy looking person could carry the virus (67).

People are still not very sure if mosquitoes cannot transmit HIV and are still in question about this while there are facts that the virus cannot survive in a mosquito as a host nor survive in open environment. Findings during the interview with some youths in Kibera revealed that some girls believed that if they sat on wet sperms in the morning after it had been ejaculated by the boyfriends the previous night; they were likely to contract HIV even though these sperms had been soaked into the bed linens. So is the belief that they would likely get HIV from getting a hair cut at the barber no matter what hygiene standards are applied as long as the machines has been used on anyone who has HIV. They conclude,

“Why bother taking precaution when for sure someone who has HIV has been shaved in every barber shop? It is certain it will kill all of us unless one is lucky.”

During the interviews, the organizations working in this area reported that the youths needed more precise information on HIV, the youths also confirmed this. They yearn for knowledge on myths about condoms and HIV generally and even its origin as some think it was manufactured by the Americans to finish the African population and there is very little one can do to prevent them selves. This particular believe was also found by Samuelsen among youths in Burkina Faso who believed that Europeans would only select low quality condoms to send to Africa as they did not care (68). According to Feldberg-Savlesberg et al, rumors often signify the presence of an information gap, a gap of what is known and what is wished to be known. Rumors about HIV are so many in Africa signifying the need to further educate the people on HIV factual basics although now a lot of attention is shifting to ARVs and care for People Living With HIV /AIDS (PLWHA) (69).

There is therefore need for continued education to the youths about HIV while capitalizing on some of the information gaps that have been identified by previous researches. It is an interesting finding that even at this stage of the epidemic where millions have been spent to educate the youths on HIV. Many researches report high levels of HIV awareness but many fail to report that this awareness does not translate to factual awareness of the disease even when subsequent questions suggest that there are still a lot of misconceptions.

It is paramount that campaigns on HIV awareness should continue and emerging new information should constantly be given to the youths and the general public. Not much impact is gained when a few days are taken to teach youths on HIV with no proper follow up done there after. The message should be reinforced for if it was possible to learn everything in a few days then we would not expect such gaps of knowledge.

Re-defining the Youth’s Sources of Information on HIV

The source of information is very important in any public health campaign and cannot be underscored. The source of information to the youths and who is giving this information may determine if they believe the information or trash it away as hearsay. For example it

is common for people to dismiss politicians as liars and even utterances from them are viewed with suspicion. Hence if important information is left for politicians to pass, many people are likely not to believe them.

With over 40 organizations working in this slum, some working directly with issues of HIV /AIDS one would expect that the highest source of information for youths in this slum would be the organization. Results from this study however showed that NGOS was the least source of information. Only 48% of the youths reported getting information from the organizations. Teachers were the highest source of information with 69% reporting that they got the information on HIV from teachers at close. This was followed by media at 65% and 61% for TV and radio respectively. This is a worrying trend considering that organizations main activity in the area in to pass the HIV message. They unlike the teachers, have dedicated there time to deal with issues related to HIV while teachers even though they now cover topics on HIV are not able to address every topic. Teachers are also faced with interruptions that are a part of school life and make complete content coverage difficult as was also discovered by Denny et al when he evaluated abstinence-only sex education curriculum in eighteen district schools in the US (70). Interruptions include holidays, other extra curricular activities like sporting events, strikes by teachers and even students them-selves.

The Kibera situation is even made worse by lack of well trained professional teachers and under-staffing in most schools. Bridging what is learned at school with what is taught at home or in the community, it is important for interventions to integrate positive social norms and attitudes that are culturally relevant as O`Donnell et al affirms (71). He however like many other researchers thought that sexuality educators acknowledge that primary responsibility for sexuality education falls on the family. However parents are often reluctant to acknowledge their children are at a stage where they may be faced with difficult sexual choices (71). Parents limit the amount of information the children can get at home (72), this is even worse in the African context where sexuality issues are rarely discussed.

The paradox on why youths in Kibera get little information on HIV from organizations could only be understood after the face to face interviews with the youths. Many saw NGOs in particular as having vested interests in the programmes of benefiting them

selves and not the youths they serve. They looked at such organizations with a lot of suspicion and many worked with them for their own financial benefits. Some youths put themselves in strategic positions to benefit from any organization working in the slum, often trained as peer educators from one organization to the next. This means recycling the same individual hence little impact is made to the rest of the community. Some admit to telling development workers what they think “they (development workers) want to hear” during baseline surveys before implementing the programmes. This presents a possibility that they may hide the real problem while the organization go ahead to implement irrelevant programmes to the youths. This could partially explain why the youths think talks on HIV by professionals are,

‘.....monotonous and boring and you always know what they are going to say even before they say it...’.

For such reasons many youths do not attend such talks and the organizations confirmed this when they admitted that youths do not like to attend their talks as they assume ‘they know it all’. There is no doubt that if the youths keep on informing the NGOs about one particular issue that they think the NGOs want to know, the approach of the NGOs on that issue will become monotonous and boring. The youths in many occasions will report that they want abstinence campaigns as was reported by the NGOs enlisted in this study. These organizations therefore continue to preach abstinences because the youths think that is what they want to hear. Ironically the youth continue to engage in unsafe sexual practices even as they work with the organizations on abstinences campaigns. While the organizations may not know what happens behind there back, reality only hits them when individuals in their much popularized youth groups fall pregnant or are diagnosed with STIs. This is not only a blow to their campaign but also to the credibility of their work which is eroded in the process.

Youths still continue to get information from their peers as friends accounted for 59% as a source of information. While this may be regarded well in one way; the problem arises where friends may not have correct information about HIV. They are often misinformed and may mislead peers. They are also controlled by peer pressure and the desire to fit in and may not reason objectively.

Information from books are often more detailed and factual in many cases while information can also be found on the internet, but generally there is a poor reading culture by youths in the slums and parents will also rarely buy books that are not compulsory for use at school. This state of affairs calls for a reconsideration on sources of information among the youths. There is an urgent need to go back to the drawing board to find out how best the youth can be reached with factual information.

One interesting finding in this study was that some youths get information on HIV from traditional medicine men, who in many occasions hawk their merchandise along the alleys of the busy slum. Such individuals are out to make money out of their herbal concoctions while some claim they can cure HIV with their herbs. Lack of clear and trustworthy sources of information where youths can get clarification on such issues make some believe the medicine men as they yearn for new information. Walking along Kibera slums one cannot help notice the many signs posts everywhere with such information,

“Medicine man from the COAST, we cure mental illness, HIV, gonorrhoea, Syphilis, Malaria, Love problem, Marital problems, Business problems, Housing problems, Poverty and many more. Visit us!”

People have become so desperate that they visit such individual and pay large sums of money and certain types of animals like a black goat for rituals to get treatment. Traditional men or witch doctors have taken advantage of the knowledge gap to make money. Some youths and the people in one area of this slum believe that HIV is caused by evil spirits `jinis` and can only be cured by the witch doctors. The closer to the ocean a witch doctor or medicine man comes the more likely they will be believed. The general believe among some people is that they are able to get `stronger jinis` from the ocean, hence the emphasis on `coast` in their advertisements.

There is a need to have recognized and trusted sources of information among the youths. The information on HIV in such places should be updated and the youths can be assured that they can always get information irrespective of whether they belong to the local youth groups.

The Dilemma of Moral Gospel of Abstinences

In this study nine out of the ten organizations interviewed focused on abstinence campaigns as their main objective in the war against HIV. Faith based organizations also

stress this while other opinion leaders mention this after their speeches as a last word to the youths. In almost every research on HIV and youths, no matter which age group, a percentage of the respondents often agree that they have engaged in sexual activities leaving no doubt that youths are still having sex despite the numerous abstinences campaign.

Berer in her editorial paper, “Condoms yes! Abstinence No” states that abstinence is a misnomer. It has sacrificial and religious overtones; it is about holding not giving in to temptations, not sinning (73). She further asserts that from a public health view point, the prescription of abstinence is a potential death sentence for anyone who wants to have sex if the means to make it safe at whatever age is withheld (73). This is true especially when abstinence is preached to non Judaism followers who believe in maximizing pleasure without the guilt of sin. This could explain why abstinence only programmes do not work sustainably (74-76), if at all.

In this research 73% of the youths reported that, the main reason why they were not able to abstain was because of their own desire to have sex. During the interviews others reported that the hormonal changes in their body were too strong hence they found it hard to abstain. Other youths said they were only able to abstain for a short while after which they would start again. This seems to be the case with many other abstinence programmes. Evaluation done few weeks after the implementation of the programmes often reveal that the number of those having sex reduced as compared to those in the control groups, but this only last for a short while after which there are no major differences in subsequent evaluations with the control groups.

The cultural norms of the societies may often encourage the youths to abstain from sex or start. Strong sanctions against those who go against set society norms may discourage some youths who may not want to be cast off by their communities. While it was traditionally important for women to be married as virgins in some African cultures, this has changed in many parts of the African societies. Globalization and urbanization has changed the long held traditional beliefs on virginity. Both urban and also rural youths no longer think that it is fashionable to be a virgin. Many boys do not believe that there are still girls who are virgins. Meekers and Calves reports that in Yaoundé, the norms expecting adolescent girls to be sexually active are so strong that virgin girls tend to be

marginalized not only by males but also by females (77). This was almost similar to the Kibera situation; the youths believed that `virgins could only be found in the morgue`, meaning only those who are dead do not have sex. They did not believe anyone was capable of abstaining from sex unless there was something abnormal with them.

Similar norms discouraging sexual abstinence also exists in other African societies. Such as Zimbabwe as Munodawafa et al reports the culture encourages the youths to start engaging in premarital sex (67). There are no rewards for practicing abstinence or incentives by the societies to encourage it. Moreover, among youths in the Yaoundé community argue that premarital sex enhances marital stability. They believe it reduces the need for sexual experimentation outside the marriage (24). Further, the Yaoundé youths reported that men preferred to marry sexually experienced women because they want to avoid any woman “who does not know any thing on their wedding night”. Such were also the beliefs among the Kibera youths who reported that premarital sex was used to perfect their future sexual liaisons with their spouses. Some youths argue that a woman marriage prospects improves if she has some sexual experience, provided that she did not have a reputation for sleeping around (24).

Interestingly some organizations working in the slums admitted that they did not think abstinence campaigns were working. It is also very difficult for such to be monitored and evaluated as one may not know what is done behind closed doors. Reality only emerges when there are biological indicators like pregnancy or presences of STIs among youths who were thought to be abstaining. When there are no such indicators, it is not easy to know what the youths are doing and the organizations can only relay on their self report. In privy, individuals working with the organizations report that they continue to emphasize on abstinence because that is what the available funds are for. They maintain that they have to protect their lively hood as they cannot go against the donor’s wishes and policies and face the consequences of loosing their funding. Besides it is easy to get support from the community and the churches which are powerful when one preaches abstinence among the youths.

One reporter with the Kenyan news paper reports that an abstinence campaign with a two figure salute with the slogan “Nimechill”, that was to be a sign for those abstaining soon

become one of fun and mockery and few could even remember why it was launched in the first place (78).

Even though research shows that the abstinence only campaigns have also failed in the US where it was first launched (76;79), this evidence is falling on deaf ears among those whose aim is the promotion of the morality of virginity. President Bush still continues to fund programmes of this nature in the African societies. Tempted as everyone else, Beger reports that faith based organizations too have taken on abstinence only campaign (73). The PEPFAR funds have exempted them from teaching the crucial life skills, sexuality and relationships education. This can also be said to be the case with many NGOs who despite knowing that abstinence only campaigns do not work continue to preach it among youths with raging hormones and little knowledge on how to control them. It is not only organization and faith based organizations that are caught in this mentality as was observed by McCormick, “By 1986 people were falling over one another to get involved in the AIDS research. They realized that AIDS presented an opportunity for grant money, training and possibilities of professional advancement.A certain brand wagon mentality took hold. Careers and reputations were riding on the outcome” (80).

Catholics have been at the fore front of championing abstinence and also insisting that condoms can not be used as a method of family planning. Abortion is not an option for members of this religion. However there has been no significant association between religious affiliations and sexual behaviors hence one cannot say that they are more likely to contract HIV. But certainly one is either cheating the church or the proponents of condom use as we would expect more Catholic to be infected with HIV which is not the case even though they are not supposed to use condoms.

There are also believes among youths that abstaining is not good for their health. In the case of Kibera youths, they reported that abstaining would make their urethra block. The girls believed their vagina would close. Such misconceptions make abstinence difficult as the youths use try and fail to learn what is true. Wet dreams in some cases were said to be equivalent to having sex and there was no need therefore to abstain. While this is a cheap rationalization and an easy escape route for the youths, such misconceptions should not be ignored but taken into consideration when teaching youths on sexuality matters.

Abstinence only campaigns have failed to curb the spread of HIV as it does not work for those who want to have sex. It is only when those who are sexually active start believing that abstinence is better and that sex is good and even better when it is safe that public health needs might prevail. Drumming the message to those who do not believe it is a waste of time and resources. The timing for this message to be passed is also very crucial as it is much difficult to change the sexual practices of those who have already started engaging in sex. For such individuals secondary virginity is a far fetched story and many admit that sex is like a very addictive drug and it takes time before one can out grow from this habit.

Resistance against Condoms

It is in deed interesting to note that there are numerous studies reports that condoms are being used less by those it was intended for. It is also worth noting that even though condoms sales have risen substantially in many countries, there are discrepancies in condom use survey and information from exit survey may not be reliable (81). Consequently, the recorded sales numbers will include condoms that are being stocked at various levels of the distribution chain. In addition some of the condoms may be wasted or smuggled to other countries. Reported condom use in a survey may also be inaccurate since the respondents may not want to admit to the interviewer that they are engaging in risky sexual behaviors (82).

One participant in a HIV evaluation seminar noted with concern that condoms are least used by those in love and confess undying affection for each other. This can further be attested by the youths who admit that, they use condoms with people they do not know but not with their regular partners as they trust them (68;68;83;84). While public health proponents may rejoice at this hoping that the trusted partners are also faithful and would use condoms with other partners, this joy is only short lived. Studies have also found that, some youths the more they perceive them selves to be at risk of contracting HIV the less likely they are to use condom (68;85). This paradox asks for sociological studies to understand this seemly strange trend. What is more worrying is the finding by Hingson et al that the more partners one had the less likely they were to use condoms (85).

In the Kibera slums an interesting new finding revealed that the young boys have sex with as many women to make them pregnant in a bid to know their HIV status through them. This is done by finding out if the baby will be healthy or not. A sign of disease or ill health is often associated with HIV. This in it self is a very dangerous way of knowing ones HIV status as one may also get infected in the process, while its not always the case that a sickly child is HIV positive.

Condom use to prevent pregnancy and STIs excluding HIV is a common thing among many youths around Africa (61;83;86). The fear of getting pregnant among girls is often more of a worry to them because of the immediate negative consequences they will face like dropping out of school (68). While the fear for contracting HIV is also profound, they seem not to mind at that time since the disease will manifest it self in later years. This could help explain the high numbers of HIV cases seen among the 20-29 year old in many countries. Given the incubation period, many of those persons were infected during their high school years or shortly there after (85).

Despite several myths that surround condoms not much is done to correct these misconceptions hampering these campaigns further. Condoms having holes, low quality condoms being sent to Africa, Americans/Europeans motives to finish the African population with HIV infected condoms, condoms causing barrenness and infertility among men are just a few believes shared by youths in Kibera and around other African countries (59;63;85;86).

The fact that there have also been reports of condoms bursting cannot be wished away. In this research the younger youths were more likely to report that they would use condoms and that condom are effective. However as the age increased they believed less in effectiveness of condoms. This is also consistence with other research findings. Hingson reports the same finding in US (85). This could be attributed to the negative experience the older youths have had with condom use hence the decision not to use them. Pinkerton and Abramson estimate that the failure rate for condoms in preventing HIV transmission is approximately 5% to 10% based on studies of HIV transmission in monogamous couples of initially discordant HIV status (87). This could be one reason why some youths would not use condoms and equate it to being cheated to cross river Nile swimming with the assumption that all crocodiles have been removed. Such individuals

think it is better to not use a condoms and know they are not safe than to think they are safe while they are not.

While there are still reports that many youths think that condoms reduce pleasure, this is not a plausible reason for not using condoms and has been used as an excuse by many. The pleasure seems to reduce only when they have sex with their trusted partner but not with prostitutes or other partners as was seen among the Mozambique youths. They reported that they would use condoms with `Pita` other partners, but not with `Namoro` close regular partner. Hence the pleasure of sexual enjoyment seemed to only reduce with `Namoro` and not `Pita` (62). This could also be explained by other finding that youths equate using condom with a trusted partner as a sign of lack of trust, and also it interrupts the romance associated with love making among close partners which is not the case with prostitutes and one night stands.

Condoms do not necessary translate to safe sex, because oral sex may still be performed. Besides the timing at which the condom is put on is very important as fore play could results to exchange of fluids without the two parties realizing it. While not using a condom is not an option, there should be more education on correct condom use as it is the only option available for those who would want to have relatively safer sex. A Meta analysis of 12 studies found that among the participants who reported consistence condom use, the incidence of HIV was 0.9 sero conversions per 100 person's years. While among those who reported never using condoms in seven studies the summary estimates of HIV incidences was 6.7 sero conversions per 100 persons (88).

According to this study the organizations working with the youths are not consistent in their information about condoms. While some openly tell the youths that condoms will not protect them from contracting HIV others say this is the only way out. This was also manifested by the frustrations from the youths. They reported that the NGOs confuse them with conflicting messages and they are left wondering who is passing the right message. While some NGOs report that their campaigns are based on a moral point of view others insist that it is not practical to engage youths in abstinence talks while they continue having sex. The proponents of moral talks inform the youths that condoms encourage irresponsible sexual behaviors and that abstinence is the surest way to avoid HIV infection. While abstinence is truly the surest way to avoid HIV, arguments of this

nature which totally contradicts those who encourage condom use among the youths as responsible sexual practices are indeed presented with some degree of confusion.

It is therefore of urgent need that the organizations working with the youth come to a consensus on how they should go about with this campaign since some youths still have faith in the use of condoms to prevent themselves from infection. Consequently condom promotions should be increased while trying to demystify the myths surrounding it. It should be linked to fashion and eroticism to encourage more people to use it. It is also important to encourage it among the married couples. This would remove the fear among youths and the unmarried anytime they buy a condom as one would not tell if they are married or not. At the moment more focus and emphasis is often put on those who can not abstain or with irregular partners making individuals who buy condoms such a distinct group.

It is also important that the organizations adopt other ways of monitoring and evaluating the condom campaigns. Indicators like number of condoms distributed should not be used to measure success in the programme. This is because the number of condoms distributed does not often translate to those used as the youths reported many of the condoms given by NGOs are not trusted among them and it is fairly common to see them thrown everywhere. To emphasize this they reported that even if condoms were distributed along the railway line which runs across the slum, one would still find them after one month except for a few that children will pick to use as balloons. A few adults may also pick some, but the majority will still be there.

Since the youths trust the local brands of condoms there should be collaboration either with the governments and the company so that taxes on condoms can be zero rated hence they will be affordable to the majority. The governments and also interested donor organizations can also buy such condoms and distribute them instead of wasting billions on condoms that are not socially accepted among the target population.

Being Faithful as an Option

It is fairly clear now that many youths will not abstain from sexual activities for long periods, while the numbers of those using condoms are not as many. During the qualitative interview with the youths in Kibera many reported that they would rather be told to be faithful to one partner than to abstain from sex. Little research has been done in

this areas of faithfulness to one partner and very little is also known about the sexual partners of the African population.

While a lot has been said about sugar daddies and sugar mummies this is not enough to fully understand the sexual behavioral patterns of this populations. The youths generally have a high frequent partner change (62). The potential of loosing a boyfriend or a girlfriend is often so devastating for this group and to avoid the loneliness they often move to another relationship as soon as the previous one ends. While it is never made clear by the proponents of the faithfulness campaigns on how long a relationship can last before it is changed to the next and still be termed being faithful. Several of the youths interviewed have taken advantage of this loop holes and are constantly changing partners with whom they remain faithful for the duration they are together, which could be as short as six days before they change to the next one.

There are also no clear guidelines for the youths on how to maintain relationships and the steps they should take should the relationship end and they want to start a new one. Taking an HIV test if they had been sexually active in the previous relationship would be important. Being faithful could save millions of lives since many youths agree that they would want to have faithful partners (68). Helle argues that both complementary discourses on HIV/AIDS and search for trust and ontological security, one of the characteristics of modern life styles, shape and propel a local discourse on fidelity (68). Finding a faithful partner is perceived as a valid prevention measure similar to the use of condoms. Since many youths report that they do not use condoms with their trusted and regular partner it is therefore possible to contain HIV if they all stuck to their respective partners without the risk of contracting HIV with prostitutes and others.

The phenomena of sugar daddies and sugar mummies is a complex situation that has been unofficially accepted in many cultures around the continent and one that is silently spreading the disease very fast across the generations. While young women will engage in sexual relationship with older men for economic benefits, social status if not survival (89), the older men do it for extra sexual bliss behind their official spouses. Terms like `folded necks` `Sponsors` `VVV (acronym from French words for *Voiture*, *Villa*, *Virement* (Car, House, Money) have been used to refer to such relations across Africa

(90). While sugar mummies are not so common, anecdotal evidence suggest that the trend is quickly picking up due to the hard economic times many countries are facing.

The complexity of these extra marital affairs is that the young men and women involved in such relations will often have `main girlfriends` and `boyfriends` with whom they intend to marry and settle down with. The problem however is that quality time that should have been dedicated to one person is shared between two or more persons. It is in the human nature to seek for love and attention. Hence the main girlfriends and boyfriends may seek for extra attention else where which may further lead to sexual relations. In such complex relationship there are always the innocent victims like the legal spouses who may not know what happens behind their back. Women are often the victims in many cases as their husband look for young women.

Hard economic times make young women get involved in many sexual relationships to keep up with the trend. In this research some young women chose to have men in their lives that would perform various duties like paying house rent, buying food among other basic needs. If young people are economically empowered this trend is likely to change.

Priscilla Akwara in her dissertation paper states that in Kenya, while women report that the reason they do not use condoms is because they trust their partners, men on the other hand report frequent partner change with little use of condoms (65). This has lead to high numbers of women who unknowingly contract HIV from their partners. The male youths in Kibera also reported that girls were generally not truthful about their past sexual experiences. Many women do not tell the truth leading the men to believe they were sleeping with virgins yet some of the women had chain of lovers before. The same was echoed by the Mozambique youths. Women also tend to accept that men cannot be faithful because they have a strong desire for sex and cannot control them selves (62). This belief is further entrenched in the cultural believes of many cultures that a real man must have multiple partners while a good woman should be ignorant of sexual issues (65). The belief is so ingrained in the society that women almost always accept unfaithfulness from their spouses and it is common to hear young girls tell each other that no man is faithful to one woman.

A HIV commercial on Kenyan TV that was to reverse this belief seems to re-emphasize it. The setting is in a church where the bride and the groom are supposed to exchange their vows, but instead of the universally recited vows the lady vows,

“I take you to be your wife to serve you; I will be faithful to you even when you are not faithful for that’s what is expected of men. I will love you and cherish you because it is important that I get married so that my family can be happy (looks back at the smiling family) till deaths do us apart”

Much of the commercial is concentrated on this and only a few seconds given to the last yet important part that states,

“The habits Kenyans take to be normal...” The advert is so absurd yet it continues to be aired just before prime time news everyday with millions of viewers. Anyone watching this advert and leaving before the last few seconds before it ends would not get the important message that it is supposed to pass. If remaining faithful to one trusted and (emphasis) tested partner could be promoted, the number of those infected with HIV could significantly reduce in few years. If the status quo remains older men will infect younger girls who in turn infect their younger boyfriends, who will then infect their sugar mummies. This trend risks maintaining high incidences

Voluntary Counseling and Testing Revisited

Though this research did not intend to look at VCT, views from the youths were so overwhelming and could not be ignored. It is one area that I felt if fully exploited could bring tremendous results in the HIV pandemic, yet there is a laxity to use all means and incentives to bring more people to test and know their HIV status. For many organizations and governments alike it is an individual right to choose to know their HIV status. But this is not fully the case in many instances. It is now a common practice in many hospitals around the world to test expectant women for HIV. In many cases their consent is not sought, but the reason behind it is that, it is for the safety of the nurses, doctors and the birth attendants who will be attending to her as she delivers. One would only be too naïve if they are HIV positive and do not notice the treatment and the careful ways in which she would be handled during her stay at the hospital.

Many western countries also still insist that students coming to their universities send a medical records, in many cases HIV test among others tests are often included in the list of the things they would want to know. In a way this is making an individual know their HIV status even if they did not want to know it, yet it is excused as policy or governments regulations.

Though many organizations interviewed admitted that they did not have VTC but they told the youths in passing to get to know their status. But the question is; what next after knowing your HIV status? For the youths the answer is simple, if they are found to be positive, this is a death sentence as was reported by the youths in Kibera and was also seen among youths in rural Benin (61). For this reason they would rather not know their HIV status. If one is found negative they rejoice and promise to be more careful and sooner or later they forget as they are no longer the focus of attention to the prevention workers. They have passed the test. Public health specialists would agree that passing a message once or a few times is not likely to change individual behaviors, at least they have realized this from the famous anti smoking campaigns that decades later still do not work and people continue to smoke despite knowing the consequences.

It is recommendable that some health workers have realized this and pay serious attention to those who test negative. They form clubs and groups in which they can meet and continue to stay healthy. If they are left to go and celebrate, many who had been promiscuous before and turned negative start to think that HIV may not even be real as they should have contracted it yet they did not.

Research has shown that with increased perceived risk, there was also increased risk taking behaviors among the youths (86). This could be due to the fatalistic way in which they view HIV. This fatalism has been noted in other studies where participants are aware of modes of transmission and prevention and yet continue to engage in risky sexual practices (91). One reason to this seemingly disturbing trend according to the findings in Kibera was, the youths thought they were infected even when they were not and did not know. They hence continued to engage in risky behaviors with the assumption that they were infected and there was no need to care any more. This could also explain partially why the young men made women pregnant in a quest to know their HIV status. We may wonder where the empathy is when they are sleeping with unsuspecting women. The

reasoning behind such individuals is not easy to decipher. It is known that when some youths and individuals are diagnosed with HIV positive status some decide to revenge. This may include sleeping with many innocent victims. Whether this is the reasoning behind such youths it is not easy to tell or if it is desperation to know their HIV status using other people.

If such individual by some way knew they were not infected they would normally stop such risky behaviors, as one young man who had taken an HIV test emphasized that he would not sleep with any woman who did not have a certificate of clean health.

Such opinions were also shared among other youths who said if they knew their HIV status they would never be promiscuous again. The difficult part is that they did not want to voluntarily go for the testing, but wished by some sheer luck someone took their blood in their sleep and tested it.

There is however still a lot that can be done to encourage people to take the HIV test. Incentives should be introduced while logistic of purchase of ARV should be improved so that those who test positive are assured of continuous treatment as some get scared the governments would run out of stock and they would die. If the idea of VCTs are revisited and active campaign done on this, and with emphasis on being faithful to one trusted partner with whom you use with a condom, there is a high likelihood that the pandemic would go down considerably. Slogans like “Get Tested, Stay Faithful, Use a Condom” could replace old campaigns like “Abstain from Sex, Be faithful, or use a Condom”. There are no chronological flows in such sweeping statements. One would ask who should abstain from sex, who should be faithful and who should use a condom? This message seems to target everybody and no body in particular. But with a clear message that everyone can relate to both married and unmarried, fewer resources will be used and the message will be passed to many people.

What of Posters, Billboards and TV adverts

Walking through Kibera slums one would expect to see many posters or bill boards constantly reminding people about the scourge. This is not the case, apart from a few paintings as one drives through the main road to the slum, a bill board on condom at the main bus stop, not much can be seen. Organizations in the slum put posters on their office

walls; some on HIV, others on a variety of topic from women, children, and agriculture to evangelical announcements. It seems posters have failed to actively pass the HIV message as it was intended. Many people tend to analysis the posters in the way that best suits them. Many may not understand the language used on the posters and may interpret the pictures in the way they conceive it. The assumption has been that everybody can read and understand English or Kiswahili, while this is not the case as was found during this research.

This was the case when a poster showing an emaciated HIV positive person with an assortment of medicine next to him was shown to truck drivers along the Kenyan high ways. Some interpreted the poster to mean that the person could get cured if they took the assortment of medicine (17), while the writing on the poster clearly stated in both English and Kiswahili that HIV had no cure.

These were the first bill boards in Kenya which were basically meant to instill fear in the people. The subsequent pictures on bill boards showed mainly truck drivers soliciting sex from young girls, sugar daddies beckoning young girls to their vehicles or ordinary men walking into the hotels with prostitutes. This reinforced widely held stereotypes on who could get HIV and at that point many did not see themselves to be at risk. It seemed to pass the message that if people avoided such individuals then they were safe and could not get infected.

Almost twenty two years since the first HIV case was diagnosized in Kenya posters, bill boards and more current television advertisements have failed to capture the issue of HIV. It is important to note however that television and radio were the second and third source of information among the youths at 65% and 61% respectively calculated. When asked during the interviews which adverts they could remember, the answers were often vague with each giving just an aspect of the advert that caught there eyes or ears but not the message being passed. Television advertisements seem to want to capture people's imagination but in the process the real message is lost.

For example televisions advert shows two beautiful young girls salivating over a muscular young man as he crosses the railway station with bare chest. One of the girls suddenly drops a bottle of water she had been holding as she is hypnotized by this young man. He then meticulously walks over to them and dress the leaking bottle with a

condom as the girls continue to watch him and the water stops pouring. He then hands it over to them and walks away. This was supposed to promote condom use among the youths but the message is lost as attention is paid to the handsome man and the beautiful girls. Interestingly when the youths in Kibera were asked about such advertisements, they could only remember the same things, the muscular man among the women and the beautiful girls among the males.

The VCT adverts have not fared any better. In one for example a man proudly says he went to the VCT and found out that he was HIV positive and his family is proud of him for taking the test. In another it is a woman who says her husband is proud of her even though she is HIV positive. The unspoken message in this advertisement is that being unfaithful to your spouse is acceptable as long as you take the tests and inform your family who will in turn support you, as there are many VCT centers where you can get tested and know your status.

A bill board showing president Kibaki (2002) with Kenyans from all walks of life with the slogan “Pamoja Tuangamize Ukimwi” (Let’s fight AIDS Together), remains just that. There is no further information on how we should work together to eradicate the disease. When such posters are given in the slum they are used as reinforcements to the walls and soon the rain water leaks on them. Many also use them as toilet paper, while the women who sell small merchandize use them to wrap their products to their customers. When organizations distribute posters, people scramble to get as many as they can. One may think they will put them in some common areas where other community members will benefit from them. This is often not the case as was explained.

Handing T-shirts or caps with HIV messages to community members sometimes may turn violent as youths and the general population fight to get one. They are used as regular clothes. It is interesting to note that many are interested in the T-shirts and not the message on those t-shirts. It therefore seems like this type of campaigns do not tend to have much impact. One organization reported that their field vehicle was stoned during a campaign when they had run out of t-shirts and people were demanding for more. They then had to run to save their lives and the campaign was abandoned for that day.

The youths in my study had very little to say about the posters or bill boards. It almost seemed like it was not in there conscious that it is also a method of HIV prevention

campaign. However, organizations still rely on number of posters printed and distributed as an indicator for their success in the campaigns.

CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS

CONCLUSIONS

Throughout the HIV epidemic, prevention has remained the single most effective defense against it. Even though there have been advances in the medical field, the drugs currently available in the market do not cure HIV besides the side effects are quite diverse while noting that well balanced diet is also essential for it to work effectively. Medicine and balanced diet entails some financial expenses and venture many poor communities cannot afford hence they take the toll of the disease. Prevention efforts on the other hand in many instances do not involve financial expenses on the part of the beneficiary, making it the most affordable way.

It is therefore important that comprehensive HIV prevention strategies are used to prevent further spread of the disease. This includes determining the effectiveness of prevention methods, diffusing proven effective intervention, implementing and evaluation of prevention efforts in high risks communities. As such Kibera slums can be classified as a high risk community given the economic difficulties, harsh living environment and vulnerability of the youths living there. Even though the HIV prevalence in this slum has not reached extreme level, if left unchecked the situation will be not different from what is being experienced among some South African communities with the highest HIV prevalence records in Africa.

There is no doubt that the work by private organizations in bridging prevention efforts with those of government has brought important results in the HIV prevention campaigns. Unlike few years ago when people knew little or nothing about HIV, today almost everyone has heard about the scourge. The mere knowledge of HIV by many may sound like a failure but this is a an opportunity to once again teach what was taught first and ensure that facts are passed and emphasized in this new approach. The

misconceptions about HIV/AIDS should be looked into and be a basis for focus. It is also important to critically re-evaluate the approach that will be used to pass the message to the already bombarded youths with messages coming from different quarters with little opportunity for them to recollect all and reflect what is best for their own situation.

One thing that has been often given little attention in the prevention efforts in the African context is the realization that the circumstances for the African youth are very different from that of a European youth. While the African youths is faced with hard economic situations, their counterparts may not experience the same and enjoy better social amenities like access to better health care and well balanced meals which in turn boosts there immune system. The African spread of HIV is complex in its nature as people are unable to detach from their cultural practices. This makes prevention efforts very tricky because of the multi different cultural backgrounds from which the youths come from. While some believe that early sex is good for their future sexual prowess, the same does not apply to all youths in these slums. However they are eventually lured into early sexual encounters by their peers.

While it is easy to have specific HIV prevention strategies for people from a common cultural background, the same cannot be said of people from more than the forty two tribes in Kenya all heaving in a few squares kilometers of land. Whilst they may have developed a new urban culture unique to them, we cannot dissent that many will still be influenced by their diverse cultural background that may shape their current sexual behaviors. The intricacy that the diverse backgrounds craft cannot be understood at a glance. One has to look at the varied cultural practices from the different tribes of Kenya to realize that youths in such an area need to be addressed with sensitivity for their cultural specifications however tedious it may be. Taking an example, it may not make much sense to Maasai (tribe) man to be told to be faithful to one wife/partner yet the culture dictates that one can sleep with the brother's wife as long as he come home early and leaves a spear by the door.

The HIV prevention efforts in the African context have been western based. Models that were used in the US or other developed countries have been similarly applied in the African context without considering the different background of the two divides. While no one can bare the blame for this due to the fact that HIV was an emergency that needed

to be stopped and no one had experience on prevention efforts that could work in the African context. Many years have passed since then and the HIV situation in Africa continues to sour even as declines can be seen in many developed countries. New studies therefore need to be done that would take into consideration the varied cultural backgrounds and come up with appropriate and relevant campaigns for the youths. This has to come from the people themselves and it should co-operate positive cultural practices that individuals would be able to identify with.

It is interesting to note that while many governments in the developing countries, Kenya included are now reporting a drop in the number of HIV cases. This may not be a true reflection on the ground. Many people would not want to know their HIV status while organizations and governments are also pressurized by donor community to produce results. This makes the whole situation very complex. While it is important for donor community to get an account of how their funds are being utilized the African governments many be pushed into a corner to admit declines even when this may not be the case. Consequently organizations are made to find ways that they can easily reach the people at the least expense even when there is no sustainable impact gained. While this is good on the financial aspect, a true justification of a project would look at the benefits of a programme verses the cost.

It is easy for organizations to report number of workshops held and campaigns held as key indicators that the programme is realizing its objective. Yet what is important and given little attention is the qualitative aspect where the target populations are asked if they have benefited from the programme. This should be individuals that are part of a larger community or area of target and should not be the everyday individuals who for various reasons visit the organizations. Such individuals often have attachment to such organization and will only report the positive aspects, besides they may be too blinded by the little benefits they have received to realize that the programme has not reached the majority it was intended for.

There is no doubt that the opinions for those the programme was intended for should be taken into consideration before the implementation of the programme however out of line or immoral they may sound. They should not be wished away but should instead be integrated and re-modified with their knowledge to better serve them. If youths say they

want to be faithful to one partner as was the case in this study it should be further followed and supplemented with skills on how to remain faithful. This would indeed go along way even into saving future marriages from the HIV scourge. Ignoring the wishes of the recipients is detrimental to the prevention efforts and a waste of resources in the long run.

Hear our Voices; Way forward

Some of the organizations interviewed reported that they based their campaigns on what the youths suggested. While the down-top approach they have chosen is recommendable it is now clear that many times the youths will tell them what they think is appropriate and accepted and the organizations would want to hear. With realization that abstinence campaigns do not work for long, attention and focus should also be on other aspects of the campaigns previously not emphasized as much.

It is important to note that both the organizations and the youths stressed on the need to work in harmonized tones. Conflicting messages from organizations confuse the youths who are already in a precarious stage where they cannot decide on critical issues. They want a unified voice. It is difficult for them to decide what to believe when some organizations say that condoms cannot prevent an individual from contracting HIV, while other say it will prevent them from contracting HIV. This is one message that the youths found very conflicting.

However they did agree that it is important to emphasize on the other aspects of the campaigns too as new people are always moving into the slums and may not know such information. Many youths nevertheless preferred that being faithful to one trusted partner be explored more as it was not easy to abstain from sex.

The organizations reported that youths wanted tangible things and economic benefits instead of the mere talks on HIV. This was also a concern of the youths that they did not have many activities to do or any income generating activities. This left them with a lot of idle time which led to boredom. It is during such times when they would think of engaging in sexual activities. With no income generating activities these youths continue to languish in poverty as some girls try to find the best way to cope with the harsh living conditions. Prostitution then becomes an option for such girls.

Gesheker in his paper, 'Reappraising AIDS in Africa Under Development and Racial Stereotypes' warns that the leading cause of immunodeficiency and the best predictors for clinical AIDS symptoms in Africa are impoverished living conditions, economic deprivation and protein malnutrition, not extraordinary sexual behavior or anti bodies against HIV (92). If the youths are economical empowered women who are most vulnerable in many situations will be able to make independent decisions without fear of loosing financial support from their partners.

Role modeling was also suggested by the youths as a way to encourage them to live a moral life amidst a more-less community. Sexual activities are rampant in this community. Infidelity, drug abuse and lawless behavior characterize the everyday life of the youths here. Many give up hope and think they will never make it in such an environment. If individuals who have lived in the slums come out of the slum life and have independently established themselves would have regular talks with the youths in the slum this would encourage many of them to work hard.

The youth also wanted new approaches to be used to pass the HIV messages. Videos and plays could be used showing real people who got infected telling their stories as it is easy for them to believe it when they see someone infected and they may also relate to the process through which such individuals got infected. In addition to that such videos should be put in a well recognized resource center which is open on daily basis and with regular staff who can attend to their needs should they drop at the center. They should also have up to date information on HIV so that the youths can have a reliable source of information and they can also get clarification on myths they do not understand.

Future research and Action by policy makers

There is a need for further research to identify campaigns strategies that can work for youths from different background.

More research also needs to be done on youth's perspectives on HIV prevention to better understand their sexual behavior.

Particular attention should be given to the youths living in the slums due to their unique environment to come up with programmes that will benefit them and give them an all

round development. Most important best practice models should be used in this population and their impact evaluated.

There is more need to carry out large quantitative research on youth's perception about the HIV prevention campaign as this study did not get significance results in many instances since the response rate was very low. Concerted efforts should be made to include more girls in the study as they are the most vulnerable group yet many decline to participate in such studies and do not complete their questionnaires.

Policy makers should take into account the views of the youths and co-operate them in to their programmes for future impact and success.

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Ref Type: Pamphlet

Appendix 1

Questionnaire 1

INTERVIEW DISCUSSION- QUESTION GUIDELINES

1. Have you ever heard about HIV/AIDS?
2. What is HIV/AIDS?
3. Where did you get this information from?
4. Can somebody prevent themselves from getting HIV/AIDS?
5. What are some of the ways to preventing your self from getting HIV/AIDS?
6. Did you know that condoms can be used in the prevention of HIV?
 - If yes, do you think they are effective in controlling HIV/AIDs?
 - Have you ever used a condom before?
 - What are your reasons for using or not using condoms?
 - Are condoms easy available to you and your friends should you need them?
7. Did you know that one can abstain from having sex to avoid getting HIV/AIDs?
 - Is it possible for youths to abstain from sex?
 - If NO, please give some reasons why is it not possible
8. Do you think it's possible to prevent HIV through being faithful to one trusted partner?
 - If NO, please explain your answer?
9. What are your challenges in practicing the HIV/AIDs prevention campaigns mentioned above?
10. Have you changed your behavior because of the HIV/AIDs prevention campaigns?
11. What do you think it practical in the prevention efforts and works according to your experiences and what doesn't work?
12. What are your suggestions for the future programmes?

Appendix 2
Questionnaire 2

Interview Guide for NGOS and Faith based Organizations.

1. What is the name of your organization?
2. What are the objectives of the organization?(only those implementing HIV prevention campaign among youths will be targeted)
3. How long have your organization implemented programmes in this area?
4. In your campaigns what do you emphasize?
5. Why do you emphasize (condoms, abstinences, being faithful) as opposed to (condoms, being faithful, abstinences)? (Will depend on what they emphasize on)
6. What are some of the challenges with your chosen method?
7. How do you decide on which aspect of the campaign to be emphasized (condoms, abstinences, being faithful)
8. What are some of the known feed back you receive from the youths about the campaigns?
9. What are their perceptions on the campaigns?
10. What is lacking in the HIV prevention campaigns among the Youths?
11. In your option have the campaigns worked in preventing HIV among youths?
12. What would you recommend for future success if necessary?

Appendix 3

Questionnaire 3

My name is Christine O. Oballa; I am currently studying at Oslo University taking a course in International Community Health. This research is a partial fulfillment of my MA course at the institute. The information you provide in this questionnaire will be used for academic purposes only. Your name and identity will remain confidential and therefore do not write your name in any part of this questionnaire. Be honest with your responses in order to gather accurate data. Your co-operation and honesty will be highly appreciated. (Tick where appropriate)

Demographic Characteristics

1. Age 13-18 19-24
2. Sex Male Female
3. Educational Level
- Primary Secondary
- University Other

Knowledge on HIV/AIDS

4. Have you ever heard about HIV/AIDS?
- YES NO
- i) If YES from where? (Tick where appropriate)
- Radio Television
- Friends Newspaper
- Parents Teachers at school
- Health Professionals (Doctor/Nurses)
- NGOs workers Faith Based Organization
- Other please mention

5. According to your knowledge, what is HIV/AIDS?
- A curse A sexual transmitted disease
- God's punishment to human beings A white man disease
- I don't know Prostitute's disease
- Other please mention.....
6. Can you tell if someone has HIV?
- YES NO
- i) If YES, how would to tell?
- By looking at the person if he/she is thin
- By taking an HIV blood test
- If the person is coughing
- Other (mention)
7. Can HIV/AIDS be cured?
- YES NO
- i) If YES how
- Taking Medicine Visiting the witch doctor
- Sleeping with a virgin girl By having more frequent sex
- Other mention

Knowledge on Prevention

8. Can one prevent her/him self from contracting HIV/AIDS?
- YES NO
- ii) If YES, please tick some ways to prevent HIV/AIDS that you know of
- Using a condom
- Withdrawal before ejaculation
- Abstaining
- Being faithful to one trusted partner
9. Where did you learn the methods you have mentioned above?
- Radio Television
- Newspaper Friends

- Parents

 NGOs workers
 Health Professionals (Doctor/Nurses)
 Faith Based Organization

 Teachers at school
 Other please mention.....

Perception about Condoms

10. Have you ever heard about condoms in HIV/AIDS prevention?

- YES

 NO

11. Have you ever used a condom before?

- YES

 NO

i) If NO what are your reasons

- I have never had sex before
 My partner does not want like using condoms
 I don't like using condoms
 They are too expensive
 I do not know where to get them from
 My friends would laugh at me
 Condoms make sex less enjoyable

ii) If YES what are your reasons

- To prevent my self from getting sexually transmitted disease including HIV/AIDS
 To prevent my self from getting pregnant
 To prevent my girlfriend from getting pregnant
 Because my partner wants us to use it

iii) Did you experience any problem using condom, (tick not applicable if you have never had sex

- YES

 NO

 NOT APPLICABLE

iv) Would your friends approve if you used a condom?

- Yes they would approve
 No they would laugh at me

I don't know because I would not tell them

Perceptions about Abstinence

12. Did you know that abstinence is one way to prevent HIV/AIDS?

YES NO

13. Have you used this method as a way of preventing HIV/AIDS?

YES NO

14. Do you think it's possible for you to abstain from sex?

YES NO

i) If NO what is the reason

- Pressure from friends
- Pressure from family members
- My own need and desire to have sex
- Pressure from my partner

Perceptions about being faithful to one Partner

15. Do you think that it possible to prevent HIV/AIDS through being faithful to one trusted partner?

YES NO

16. Do you think it is possible for you to be faithful to one trusted partner?

YES NO

i) If NO what are the reasons

- Because I like to have a variety of partners
- Because sex with one partner is boring
- Other please mention

Behavior change due to HIV prevention campaigns

17. Has your behavior changed because of the HIV prevention campaigns you have heard?

YES NO

i) If NO why have you changed your behavior?

- Because I am a Christian
- Because it is morally wrong to have many partners

Other mention.....

18. Do you think the above discussed topics are appropriate for preventing HIV/AIDS?

YES

NO

19. What in your opinion is lacking in the HIV/AIDS Prevention campaigns?

Mention.....

20. Have you ever been tested for HIV/AIDS?

YES

NO

21. Do you think knowing your HIV/AIDS status would help you led a more careful life?

YES

NO

Thank you for your time and responses, these responses will be kept confidential and your identity will not be revealed.

Appendix 4
Consent form

I the undersigned have been informed that the purpose of this research is to find out experiences and perceptions of young people in regard to HIV prevention campaigns that have been advocated for in this area (Kibera slums)

I have been informed that I am going to have an interview with the researcher in regards to my experiences and perception of the HIV prevention campaigns. I will be needed to clarify points that may not be clear and some of the questions may directly focus on my sexuality.

I have been informed that the information I give will be solemnly used for this research and if it gets published my identity will be treated with confidentiality and my name will not be used.

I have also been informed that I can refuse to participate in this research or withdraw from the study and such an action will not have any consequences on me and neither do I have to give any explanations for doing so.

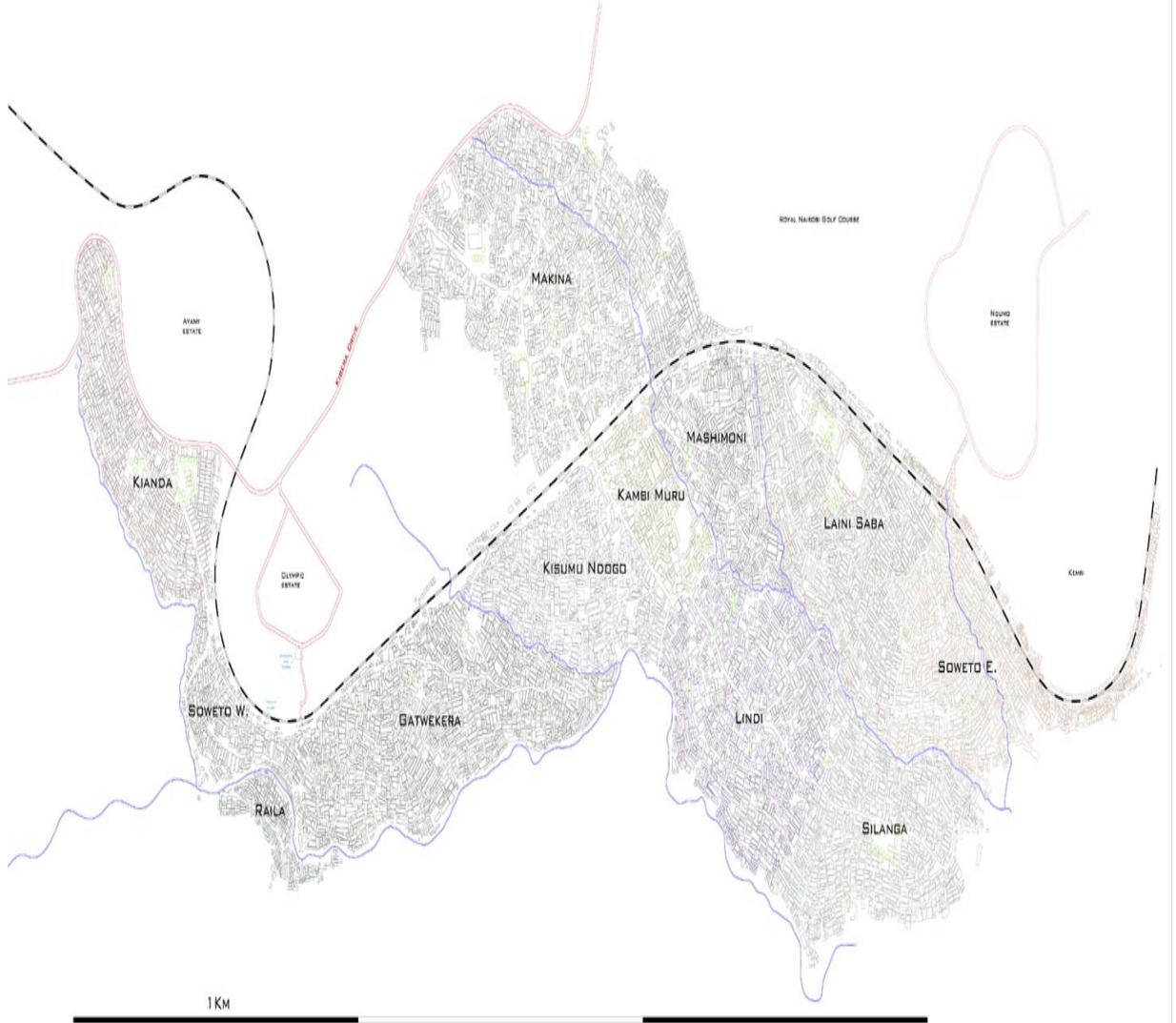
I have agreed to participate in this research voluntarily and share my experiences and perceptions on HIV prevention campaigns.

Signature.....

Date.....

Figure 7

KIBERA MAP SHOWING DIFFERENT PARTS OF THE SLUM



CAROLINA FOR KIBERA

BY ALESSANDRO PERINELLI - TECHNICAL UNIVERSITY OF VIENNA - BASED ON 2003 AERIAL PHOTOGRAPHY