



THE ADOLESCENT AIDS EPIDEMIC IN KENYA

A Briefing Book

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POPULATION
COMMUNICATION
AFRICA



**POPULATION COMMUNICATION AFRICA AND
PATHFINDER INTERNATIONAL**

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ACKNOWLEDGEMENTS

Population Communication Africa owes a debt of thanks to organisations and individuals that support the cause of adolescent reproductive health in Kenya...

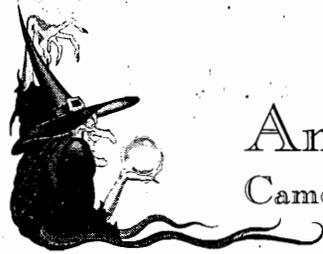
In particular, the Ford Foundation (Mary Ann Burris); Population Council (Ayo Ajayi and Annabel Erulkar); The Futures Group Europe (Don Dickerson); The United Nations Childrens Fund (Helena Eversole and Marinus Gotink); The International Development and Research Centre (Kabiru Kinyanjui); The JHPIEGO Corporation (Pamela Lynam); Pathfinder International (Elizabeth Lule, Wilson Kisubi, Francesta Farmer and Pamela Onduso), and Family Health International (Jessica Price).

ACKNOWLEDGEMENTS

DEDICATION (A KENYAN FAIRY TALE)

Once upon a time....

There was a handsome set of overhead transparencies that PCA used to illustrate Adolescent Reproductive Health Saturday Seminars.

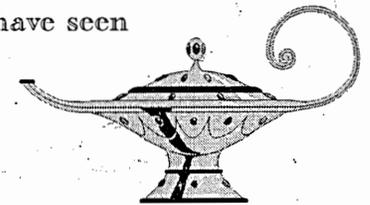


And then a wicked witch....

Came along and cut the Saturday supply of electricity.

So...

Over several midnights, the transparencies turned into a briefing book which is dedicated to the Kenya Power and Lighting Company. Had it not been for them, this modest volume would never have seen (pardon the pun) 'the light of day'.



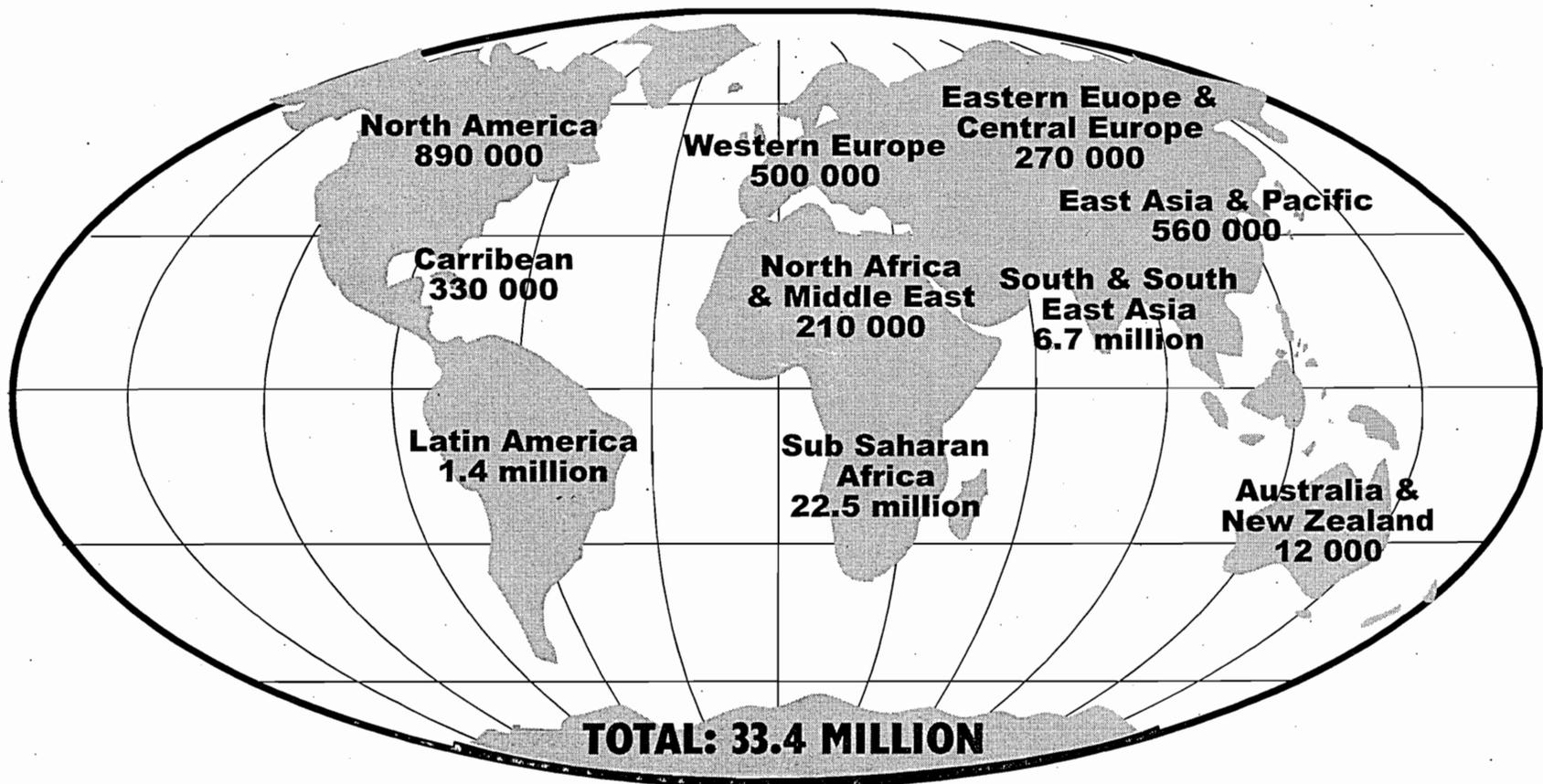
THANKS

The editor wishes to express a debt of thanks to those authorities and organisations who were the source of information for this booklet. He is also obliged to Professor David Wilson (University of Zimbabwe) and Dr. Ferdinand Rath (formerly the Director of the Population Division UNESCO) for their comments and discussions of content. The Editor also owes his thanks to Saturday Seminar participants who have broadened his education considerably. Julia Seth-Smith has accomplished the word processing, design and layout with her usual flair, panache and style. The Editor is of course responsible for all errors of omission and commission.

HIV/AIDS STATISTICS

**AIDS IS A PANDEMIC WHICH AFFECTS EVERY CONTINENT
- AND AFRICA PARTICULARLY:**

ADULTS AND CHILDREN ESTIMATED TO BE LIVING WITH HIV/AIDS AS OF END 1998

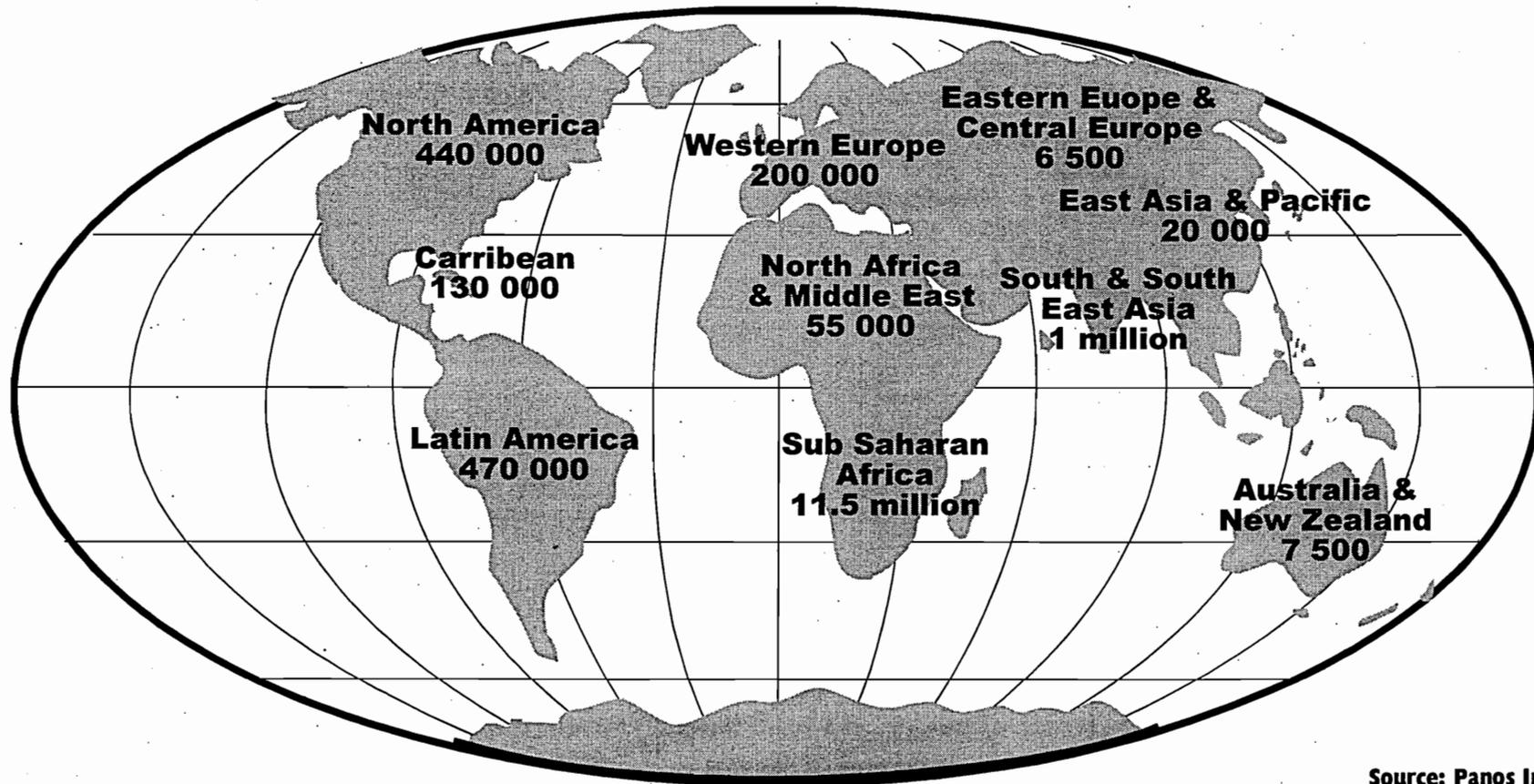


Source: Panos Institute
London, 1999.



HIV/AIDS STATISTICS

ESTIMATED ADULT AND CHILD DEATHS DUE TO HIV/AIDS FROM THE BEGINNING OF THE EPIDEMIC TO END 1998



TOTAL: 13.9 MILLION

Source: Panos Institute
London, 1999.

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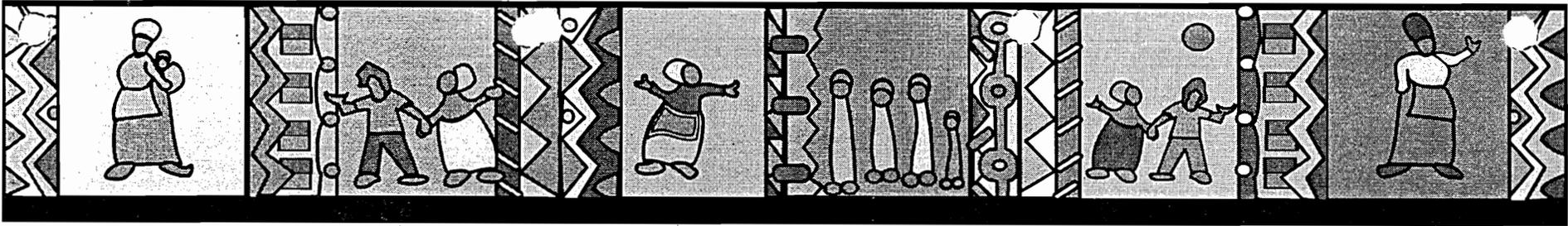
THE PANDEMIC



**ALTHOUGH SUB-SAHARAN AFRICA HAS
68% OF HIV INFECTIONS AND 74%
OF AIDS CASES, IT ACCOUNTS FOR 3%
OF GLOBAL AIDS SPENDING.**

**THE FIFTEEN COUNTRIES WITH THE HIGHEST
HIV PREVALENCE WORLDWIDE ARE ALL IN
SUB-SAHARAN AFRICA.**

KENYA IS ONE OF THEM.



■ The **KENYAN AIDS** epidemic is just 21 years old. And that makes it an adult or grown up epidemic.

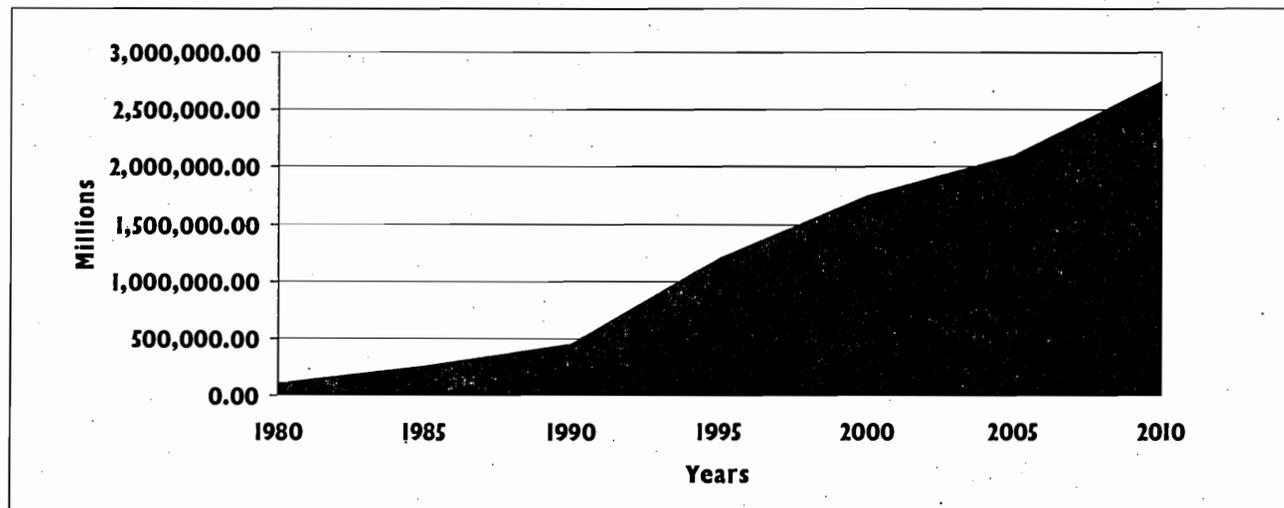
■ The first cases of HIV infection occurred (in 1978) in communities living around the shores of Lake Victoria.

■ Six years later in 1984 - the first AIDS case was officially reported by the Kenyan Ministry of Health.

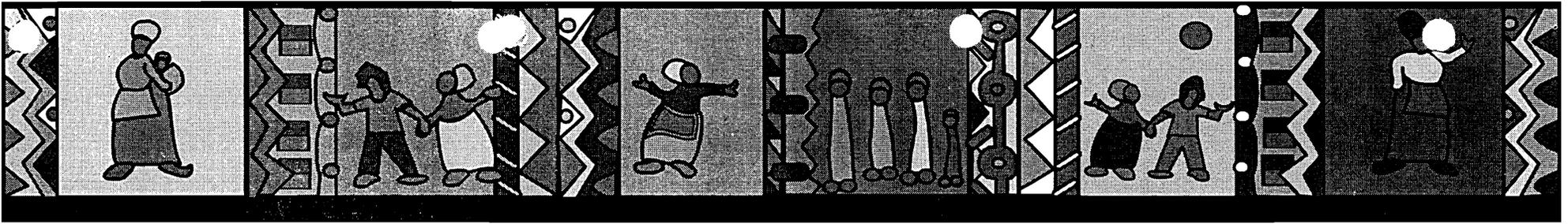
■ Since then...

KENYA:

PRESENT AND PROJECTED POPULATION AFFECTED BY AIDS



Source:
NASCOP 1998/9



The East African AIDS epidemic (in Uganda, Tanzania and Kenya) has passed through a series of stages.

STAGE I: Rapid spread of infection among high-risk groups



60 - 80% of CSWs infected



60 - 80% of STD patients infected



50% of sexually active population in “transport towns” infected.

STAGE II: Slower spread into the general adult population



20 - 30% of ante natal women infected



10 - 30% adult population infected

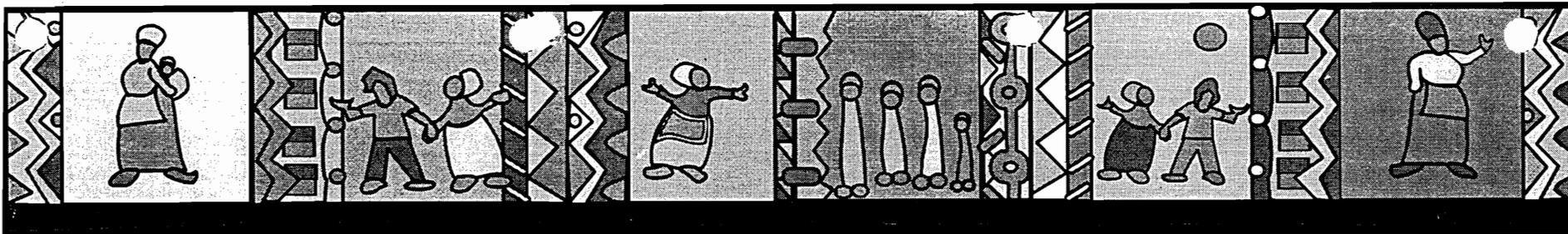


30 - 40% vulnerable communities infected.

KENYA IS PRESENTLY AT THE BEGINNING OF A THIRD STAGE... ..

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The third stage of the AIDS epidemic in Kenya involves the spread to and among youth, “adolescents and young adults”.

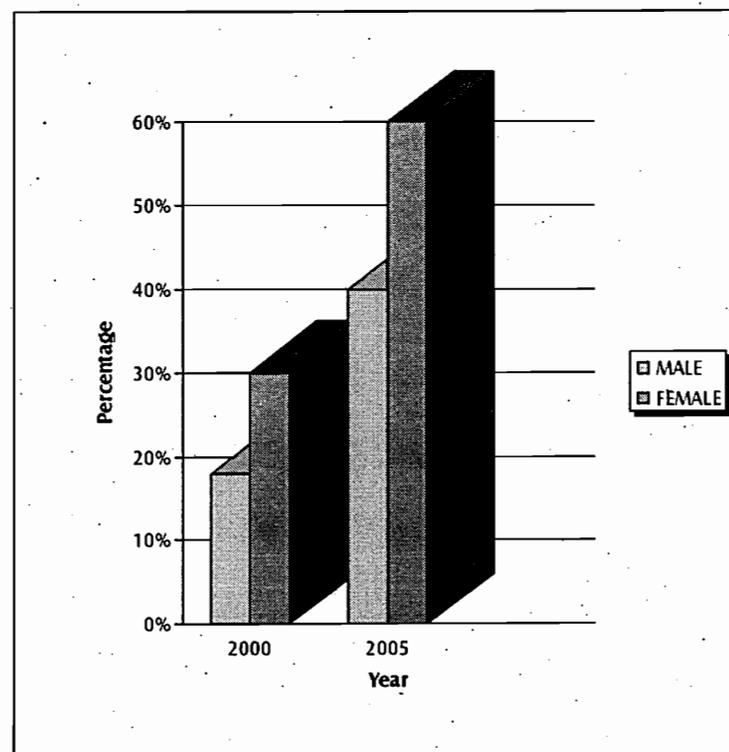
At the present point in time, the percentage of new HIV infections among under 20 year olds is shown opposite (see the year 2000).

But in five years time the percentage of new infections among the under twenties will have increased dramatically.

Within the coming 5 - 6 years:

- 💣 40% of all new male infections will occur to those under age 20,**
- 💣 60% of all new female infections will occur to those under age 20.**

PERCENT OF NEW HIV INFECTIONS AMONG YOUTH UNDER 20



Source: Wilson D. “AIDS in Africa”

WHY ADOLESCENTS AND YOUNG ADULTS?

HIV/AIDS AMONG KENYAN ADOLESCENTS IS ALMOST ENTIRELY A SEXUALLY TRANSMITTED INFECTION. KENYAN SURVEY DATA SHOWS THAT 98% HAVE BEEN INFECTED BY SEXUAL CONTACT.

TEENAGE GIRLS ARE MOST SUSCEPTIBLE AND VULNERABLE TO THE EPIDEMIC AND IN KENYA, THEIR INFECTION RATES ARE FIVE TIMES HIGHER THAN FOR BOYS OF THE SAME AGE.

- 1. In Kenya, most teenagers report very early sexual debut (experience of first sexual intercourse). Indeed, sexual debut in Kenya tends to be at a younger age than elsewhere in sub-Saharan Africa. This increases the number of sexually active young people.**
- 2. Kenyan surveys indicate that some quarter or more of teenage girls are coerced or forced into first intercourse. This also increases sexual activity rates and vulnerability to AIDS.**
- 3. It follows that very large proportions of Kenyan teenagers are sexually active. A majority have experienced sexual intercourse by age 15/16 and over 90% are active by age 20.**
- 4. Young teenagers are less likely to be protected from the consequences of sexual intercourse and more likely to be ignorant of the ways in which accidental pregnancy or sexually transmitted infections can be prevented.**
- 5. Through-out the teenage years, most intercourse among teenagers is unprotected against accidental pregnancy or sexually transmitted infection.**
- 6. Kenyan teenagers commonly report relationships with multiple sexual partners with boys being seven times more promiscuous than females.**



Why is there a gender differential in teenage HIV infection rates ?

There are a number of physiological reasons:



1. The female reproductive tract remains immature until at least 18 years of age.
2. The walls of the vagina, cervix and uterus are thin (single layered) and easily ruptured, penetrated and infected.
3. Cervical mucus output is frequently inadequate in very young women, and lack of lubrication can increase the likelihood of infection.

There are also a number of sociological reasons for the high adolescent female infection rates.

4. Young girls are often preferred by older men who believe that unprotected intercourse is less likely to lead to infection.
5. Young girls are also preferred by older men who believe in the myth that intercourse with a virgin will cure a sexually transmitted disease.
6. Young girls living in poverty may find older men attractive because of their wealth, power and position.

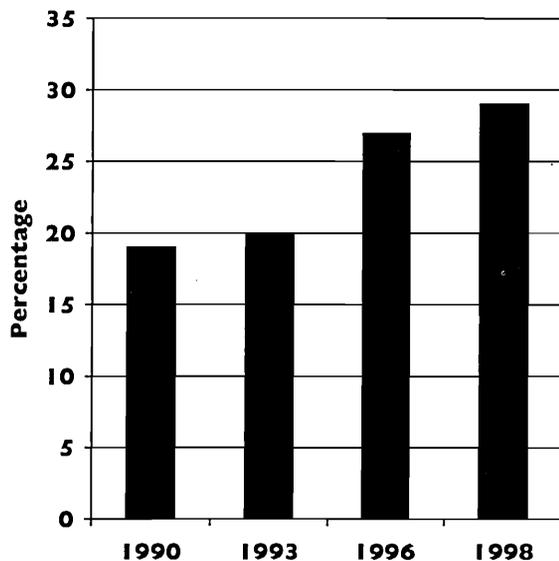
YOUNG GIRLS WHO ARE UNAWARE OF THE SEXUAL HISTORY OF OLDER PARTNERS ARE AT HIGH RISK OF INFECTION

We know that a youth based AIDS epidemic is on its way:

Because it has already begun in Western Kenya and it is beginning to spread into the Rift Valley and Central Province. There is bountiful evidence for a nation-wide epidemic.

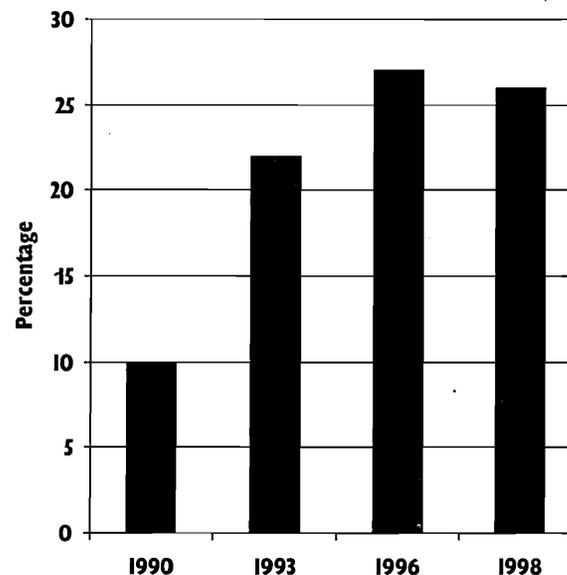
KISUMU:

Percentage of Pregnant Women Testing HIV Positive



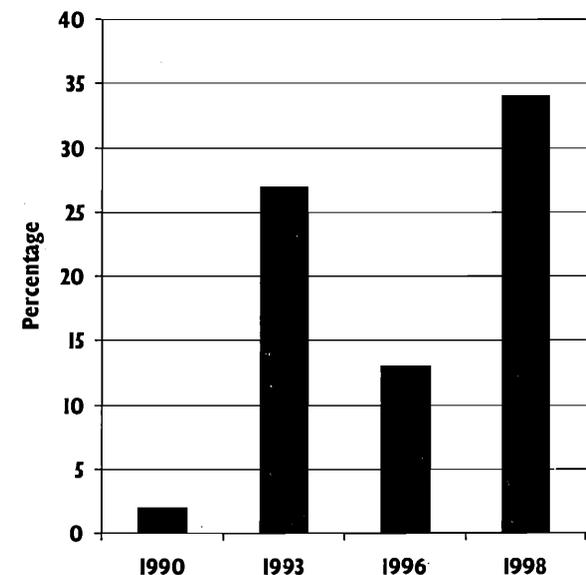
NAKURU:

Percentage of Pregnant Women Testing HIV Positive



THIKA:

Percentage of Pregnant Women Testing HIV Positive

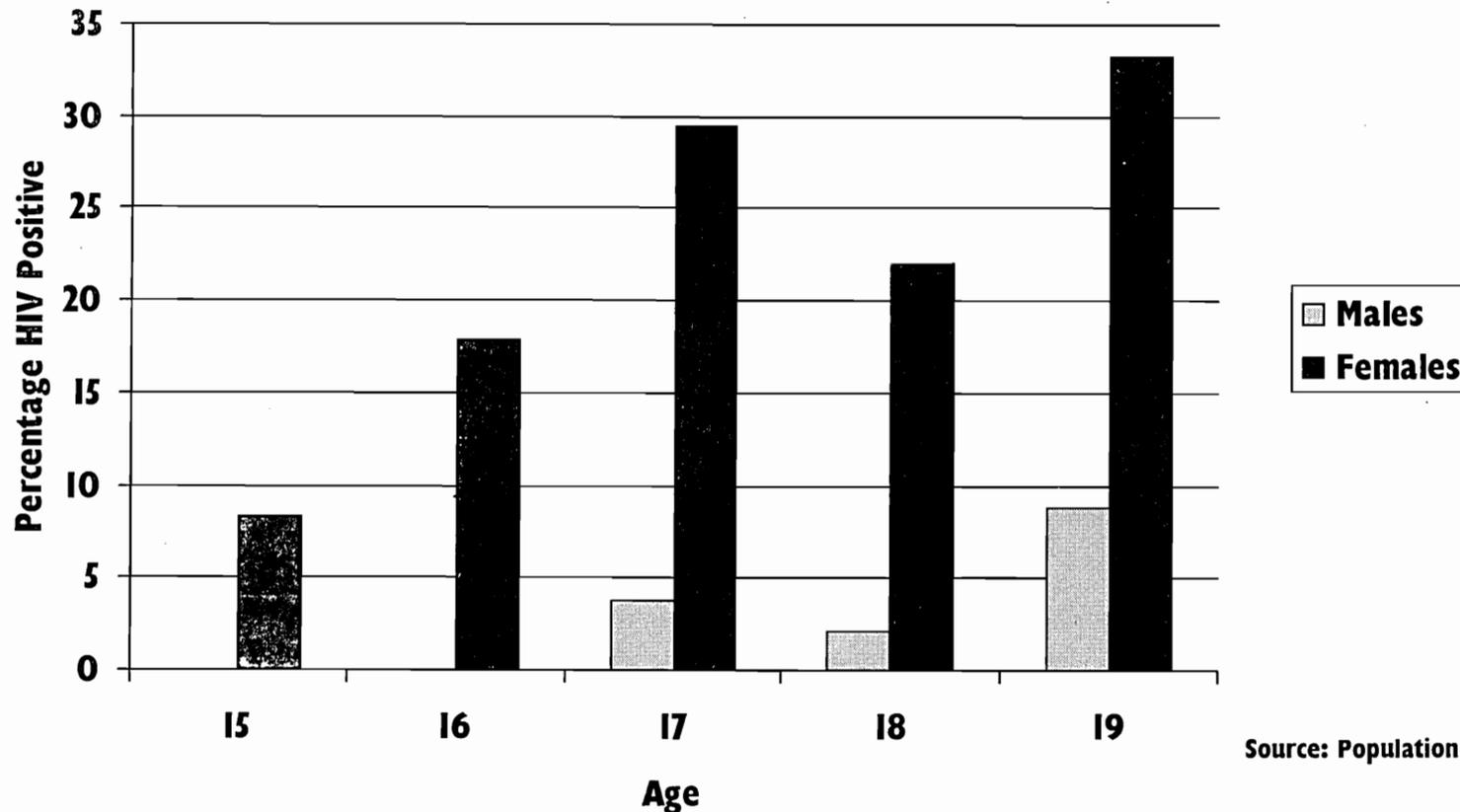


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Source: NASCOP 1998/9

The Western Areas of Kenya generate a typical start-up pattern

Kisumu Adolescents 15 - 19 years by gender, and percentage who are HIV positive by exact age



Source: Population Council 1999

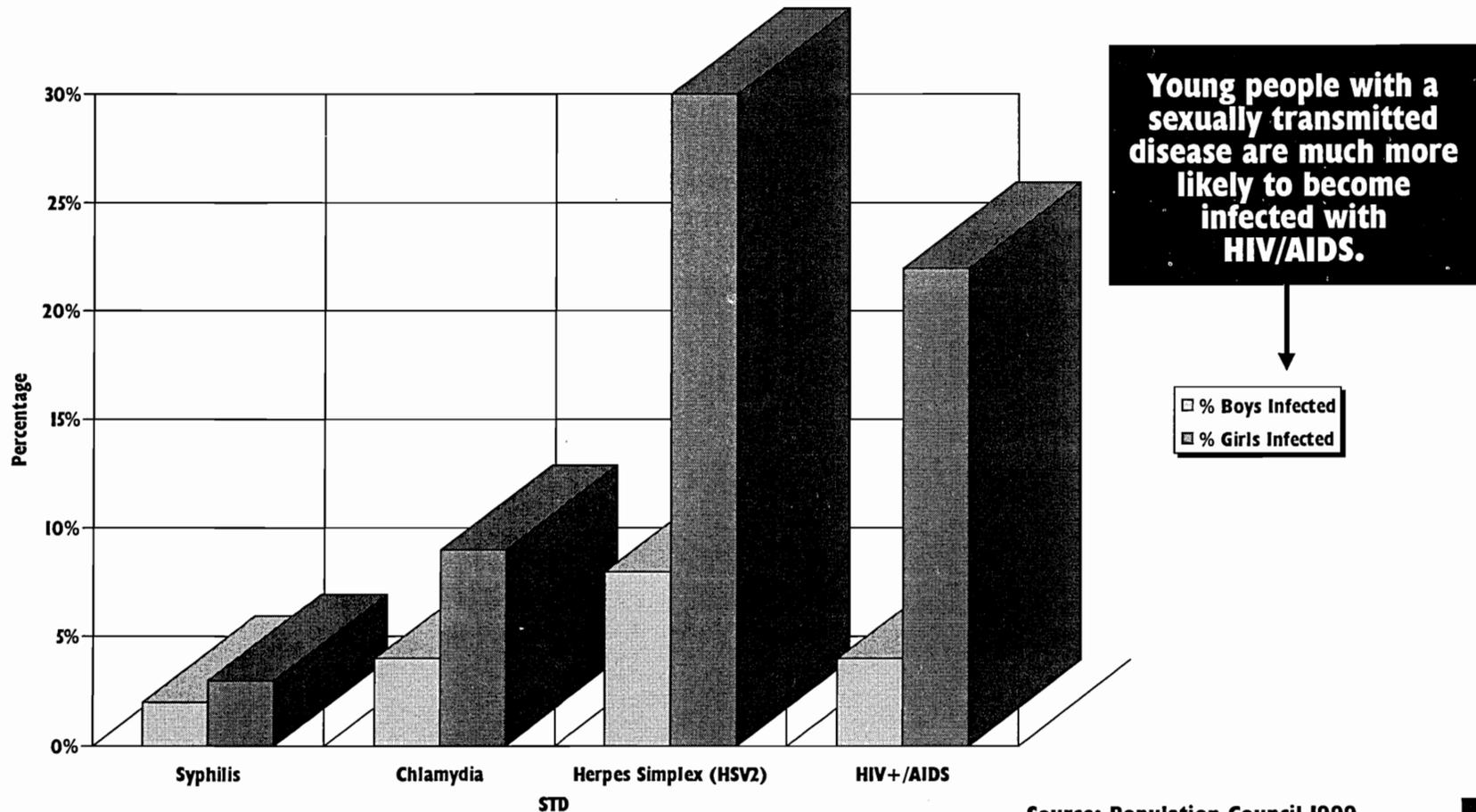
n = 372

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Here are some typical Kenyan STD/HIV infection rates:

As always high rates of HIV infection are paralleled by high STD rates.

SELECTED STDs PREVALENCE RATES AMONG ADOLESCENTS 15-19 YEARS SOUTH NYANZA PROVINCE KENYA 1998 BY GENDER



Source: Population Council 1999

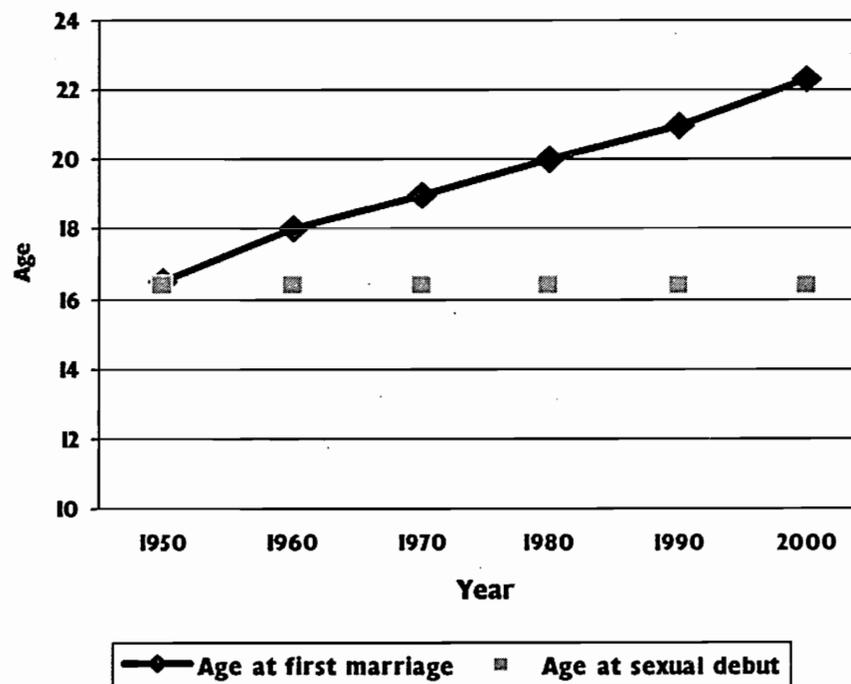
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How are these high rates of infection possible?

There are a number of contributing factors:

1. Over 50% of Kenya's population is less than 16 years of age.
2. Almost one third of Kenya's population fall into a teenage-adolescent category: 13 - 19 years.
3. The average age at first sexual intercourse has not changed significantly over the past 50 years.
4. Over the same period the average age at marriage for both males and females has increased by nearly 5 years.

KENYAN WOMEN: AGE AT SEXUAL DEBUT AND MARRIAGE: 1950 - 2000



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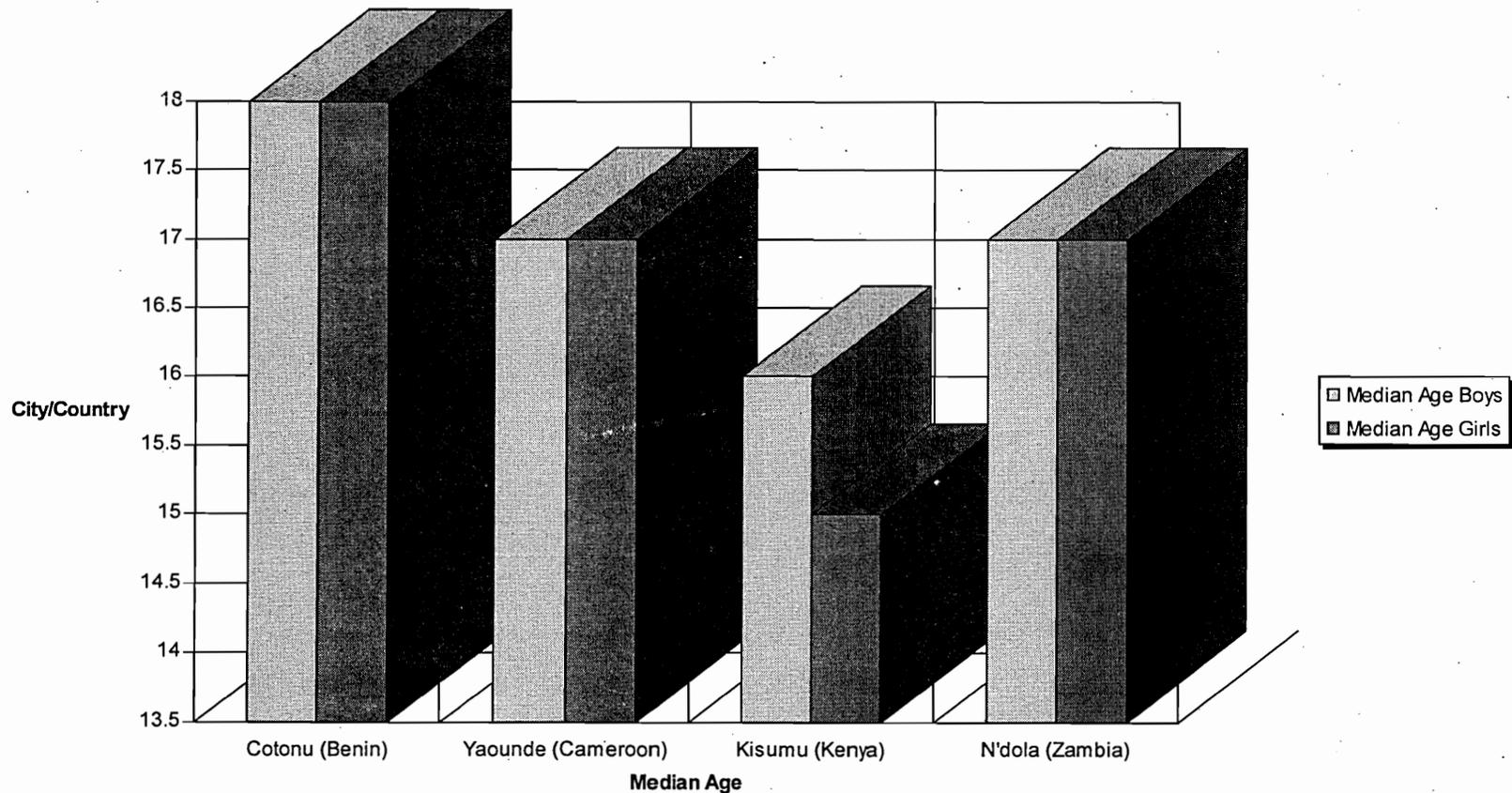
Source: KDHS 1998



● The median age for sexual debut for both boys and girls in Kenya is much lower than for some other African societies

Comparative Analysis: Four Centre Study: Population Council 1999

Percentage Frequency: Median Age at First Intercourse (Sexual Debut) by Gender

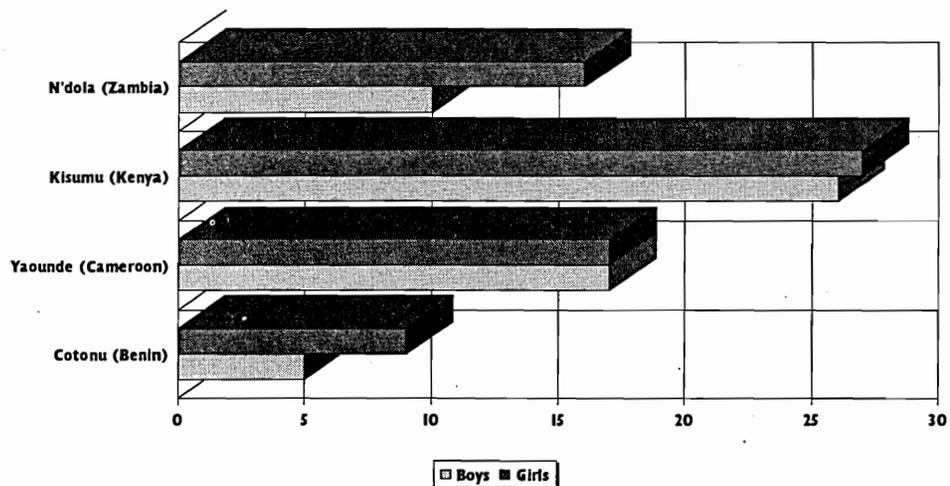


Source: Population Council 1999

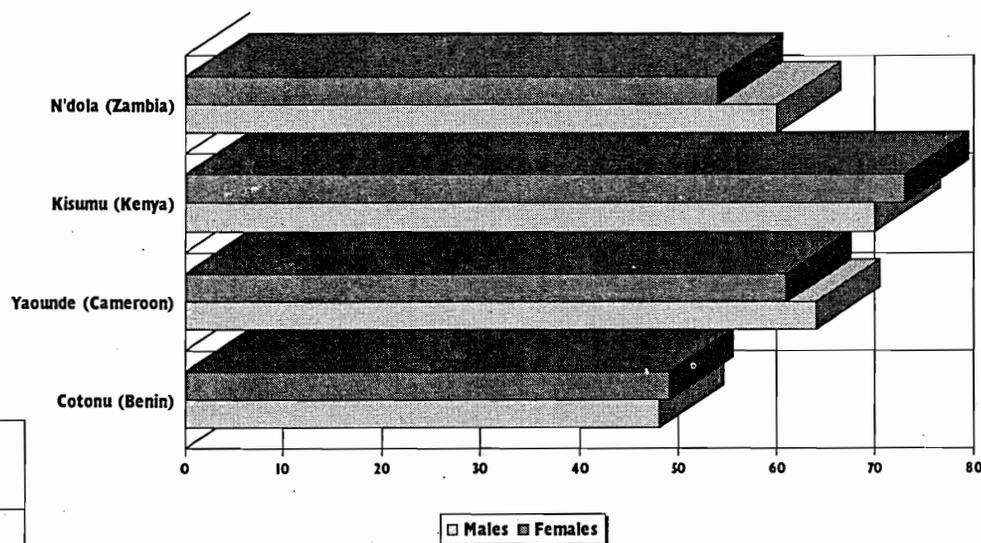
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THE PERCENTAGE OF URBAN TEENAGERS WHO ARE SEXUALLY ACTIVE BY PLACE OF RESIDENCE AND BY AGE CATEGORY:

Percentage of Teenagers Sexually Active Before Age 15



Percentage of Adolescents Sexually Active Before Age 20



Source: Population Council, Nairobi. 1999

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Recent Surveys Have Shown That:

➔ **ONE KENYAN GIRL IN EVERY FIVE HAS REPORTED FIRST INTERCOURSE TO HAVE BEEN COERCED OR FORCED**

SURVEY A

Proportion of Girls Rift Valley Province (13-19 Years) Reporting First Sexual Intercourse (1997)

1.	Consensual		
	Agreed	14.8	
	Persuaded	33.7	
2.	Non-Consensual		
	Tricked	24.4	
	Threatened	4.1	
	Coerced	9.7	} 23.0
	Forced	13.3	
		100.0	

Source: PCA 1998

n = 624

SURVEY B

Proportion of Girls Central Province (15-19 Years) Reporting First Sexual Intercourse (1997)

1.	Sweet Talked	40.5	
2.	Tricked	24.4	
3.	Forced	21.4	
4.	Persuaded	10.6	
5..	Threatened	3.1	
		100.0	

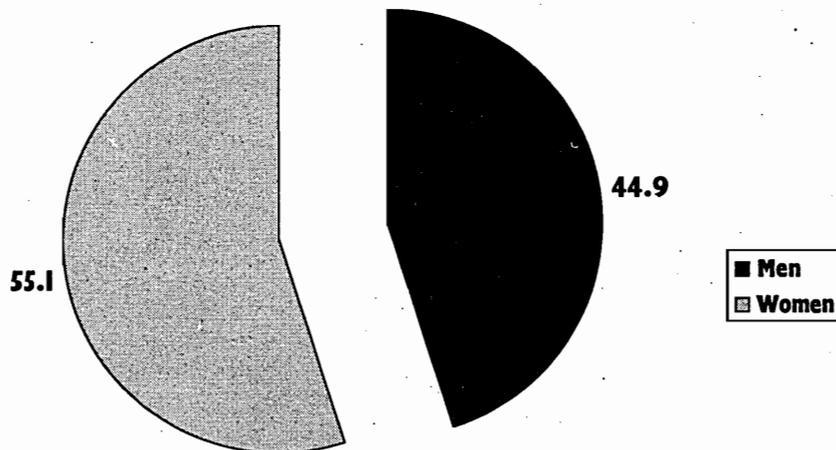
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n = 522

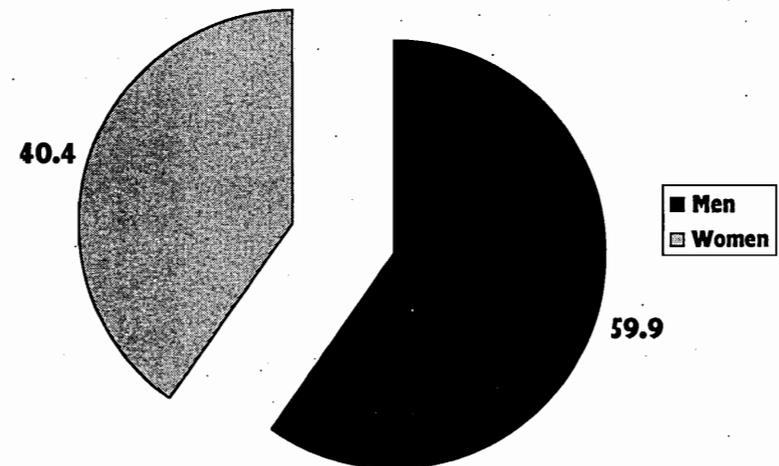
In Kenya sexual intercourse is frequently a result of:

➔ AN OBLIGATION, A GIFT, A FAVOUR OR MONETARY PAYMENT.

**Kenyan Unmarried Adolescents (15 - 19 Years)
By Gender: Percentage Who Gave or Received
Money, Gifts or Favours in Return for Sex in
Previous 12 Months**



**Kenyan Men and Women (30 - 39 Years)
By Gender: Percentage Who Gave or Received
Money, Gifts or Favours in Return for Sex in
Previous 12 Months**



It would seem that a significant proportion of older men are paying for sexual favours from young (adolescent) women

Source: KDHS 1998

**PAYMENT FOR A SEXUAL FAVOUR IS A PARTICULARLY PREVALENT PRACTICE
AMONG POOR, UNMARRIED, UNEDUCATED AND
UNEMPLOYED URBAN GIRLS.**

A PAUSE FOR REFLECTION

Those who deal daily with adolescent reproductive health in Kenya often:-

- **Have great difficulty in persuading the Kenyan public that adolescents are sexually experienced and sexually active, and indeed not always responsibly so. See the table**

- **The majority of the teenage mothers opposite are unmarried. Most of the pregnancies are unintended or accidental. A percentage of these mothers are also now known to be HIV positive.**

PERCENTAGE OF KENYAN TEENAGE GIRLS WHO ARE MOTHERS OR ARE CURRENTLY PREGNANT (BY SPECIFIC AGE)

Age	%
15	3.3
16	6.0
17	19.6
18	30.1
19	44.9

Source: KDHS 1998

Does the following table not provide food for thought?

■ We have great difficulty also in persuading church leaderships and traditional conservative decision makers that the reasons for this 'immorality' do not lie in "American television or pornography". See the table →

■ Remember also that most American school curricula include content dealing with reproductive health and sexuality.

PERCENTAGE DISTRIBUTION SEXUALLY ACTIVE TEENAGERS USA AND KENYA

Age	Percentage Sexually Active	
	USA	Kenya
15	22.4	49.7
16	41.0	68.3
17	56.9	80.6
18	64.2	89.5
19	79.9	92.8

What Knowledge Attitude and Behaviour Factors Fuel This Epidemic?

➔ KNOWLEDGE (OF STDS)

Kenyan reproductive health surveys of adolescent boys and girls (15 - 19 years) demonstrate that in terms of symptoms:

- ✘ 40% of boys and girls could not identify syphilis as an STI,
- ✘ 80% of boys and girls could not identify gonorrhoea, and over
- ✘ 90% of boys and girls could not identify genital ulcers or warts as STIs.

➔ KNOWLEDGE (STDS TREATMENT SOURCE)

Young people (15 - 24 years of age) from Western Kenya who were infected with an STD were asked "where would you go for STD treatment?" (First choice - second choice)

- ✘ 30% of these adolescents and young adults gave as first choices unreliable sources of treatment e.g. traditional healers, herbalists, pharmacists, friends and relatives
- ✘ 48% of second choices involved the same unreliable sources.

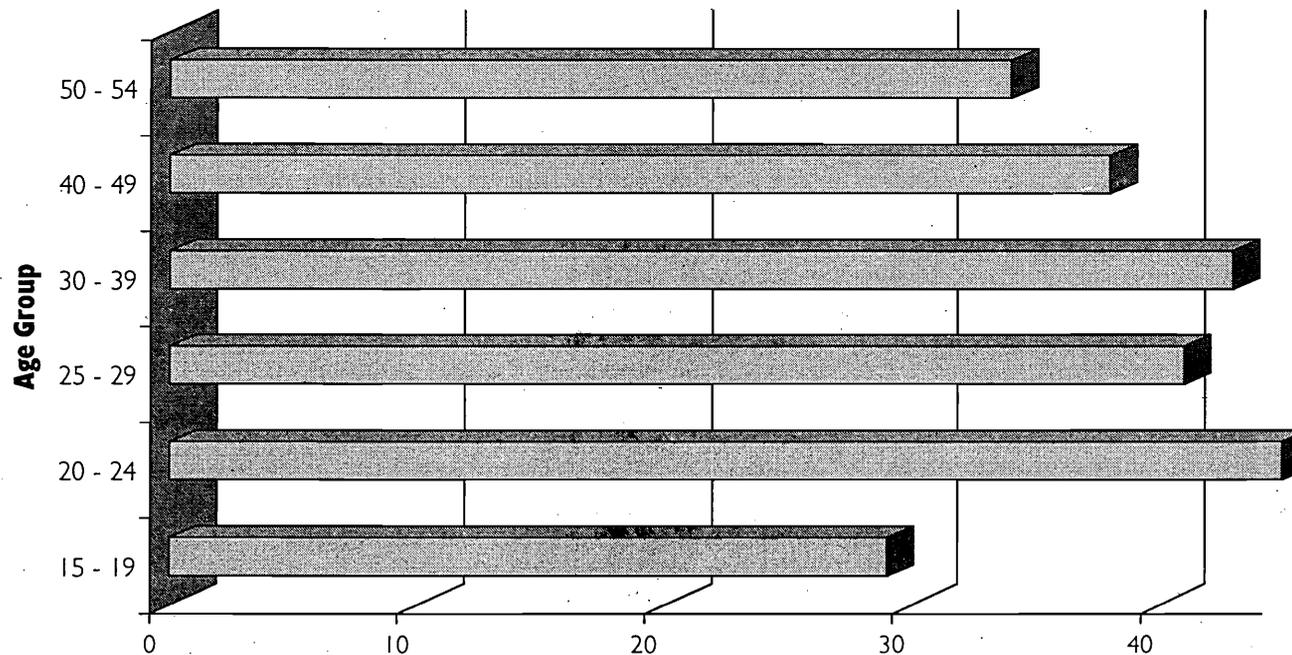
Too Many Kenyan youngsters simply do not know where to go for STI treatment.

A recent survey of 16 - 24 year olds nationwide indicates that over 10% of youngsters with an STD had sought to treat themselves.

Knowledge: (Ways to Avoid HIV Infection)

The Kenyan demographic and health survey provides the following information.

Percentage of Kenyan Males By Age Group Knowing at Least Two Ways to Avoid AIDS



Percent Knowing Two Means of Avoidance

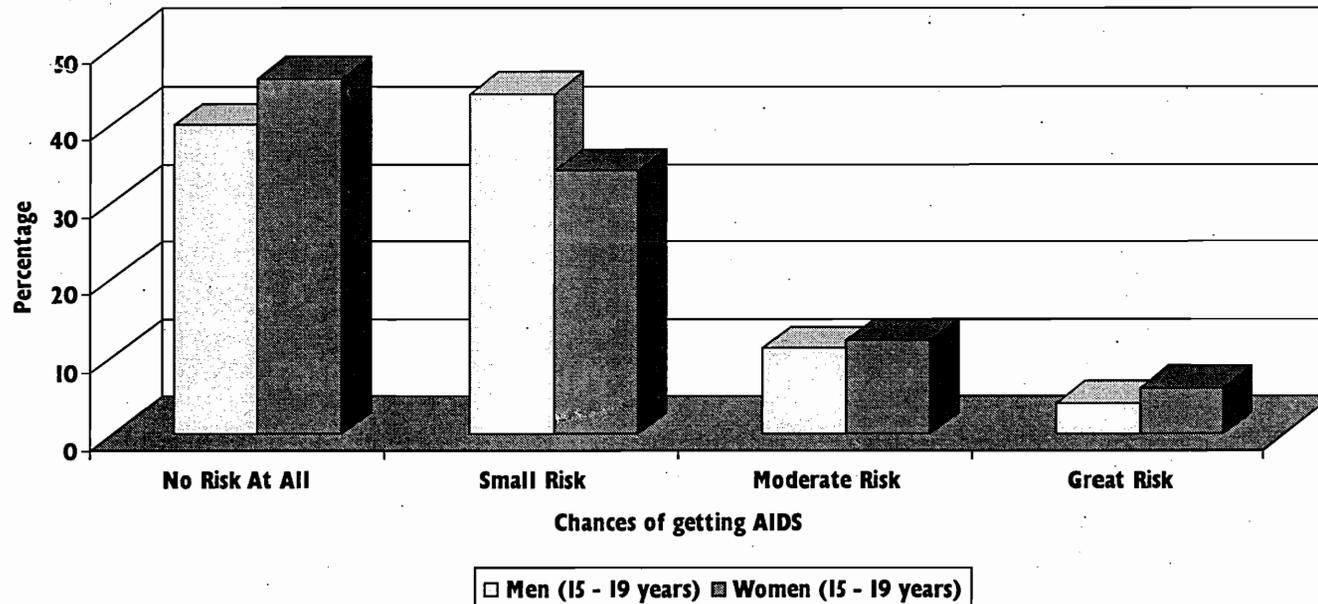
Source: KDHS 1998

LESS THAN 28% OF KENYAN ADOLESCENT BOYS KNOW MORE THAN TWO SAFE SEX PRACTICES.

Attitudes (Perceptions)

Perception of Risk of Getting AIDS by Gender

The Kenyan demographic survey asked adolescents nationwide “How would you rate your risk of getting AIDS”?



84% of Kenyan adolescent boys perceive themselves to be at no risk or small risk of getting AIDS.

80% of Kenyan adolescent girls perceive themselves to be at no risk or small risk of getting AIDS.

BUT THE REALITY IS...

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BEHAVIOURS

➔ **TEENAGE SURVEYS IN KENYA OVER THE LAST DECADE CONSISTENTLY SHOW:-**

- **That at age 16 a majority of our adolescents are sexually active.**
- **That at one time or another some 80% or more of those sexually active have engaged in intercourse that was not protected from STIs.**
- **That an overwhelming 60 - 70% of under 20s are presently at clear and present danger (high risk) of HIV/AIDS infection.**

PERCENTAGE OF KENYAN ADOLESCENT BOYS AND GIRLS WHO HAD HEARD OF AIDS AND HAD CHANGED THEIR BEHAVIOUR TO AVOID INFECTION (BY TYPE OF CHANGE)

	Boys 15 – 19*	Girls 15 – 19*
No Change	14.2	19.9
Kept Virginity	33.5	42.3
Stopped Sex	8.2	7.3
Began Condom Use	20.4	2.6
Kept to one Partner	20.9	23.6
Reduced Partners	13.2	5.6
Asked Partner to be Faithful	2.2	5.7
Other Change	0.4	0.6
Change in Non-Sexual Behaviour	23.2	28.9
Avoided Prostitutes	2.7	

* Multiple response (Does not total 100%)

Source: **KDHS 1998**

BEHAVIOUR - PROMISCUITY

A series of behaviours will quicken the spread of the AIDS epidemic among Kenyan youth.

The most important of these factors is that of promiscuity (involvement with multiple sexual partners).

KENYAN ADOLESCENTS ARE AS SEXUALLY PROMISCUOUS AS WERE KENYAN OLDER GENERATIONS.

(This is particularly the case with boys and men).

The Kenyan demographic and health survey indicates that:

- **23%** of boys 15 - 19 reported more than one sexual partner in the past twelve months.
- **3.1%** of girls 15 - 19 reported more than one sexual partner in the past twelve months.

KENYAN BOYS ARE SEVEN TIMES MORE PROMISCUOUS THAN KENYAN GIRLS.



BEHAVIOUR - PROMISCUITY

OR SHOWN IN ANOTHER WAY:

IN HIGH PREVALENCE AREAS, FOR EXAMPLE, URBAN PLACES IN WESTERN KENYA:-

PERCENTAGE OF MEN OF ALL AGES (MARRIED AND UNMARRIED)

REPORTING **3** OR MORE LIFE TIME SEXUAL PARTNERS → **25%**

PERCENTAGE OF WOMEN OF ALL AGES (MARRIED AND UNMARRIED)

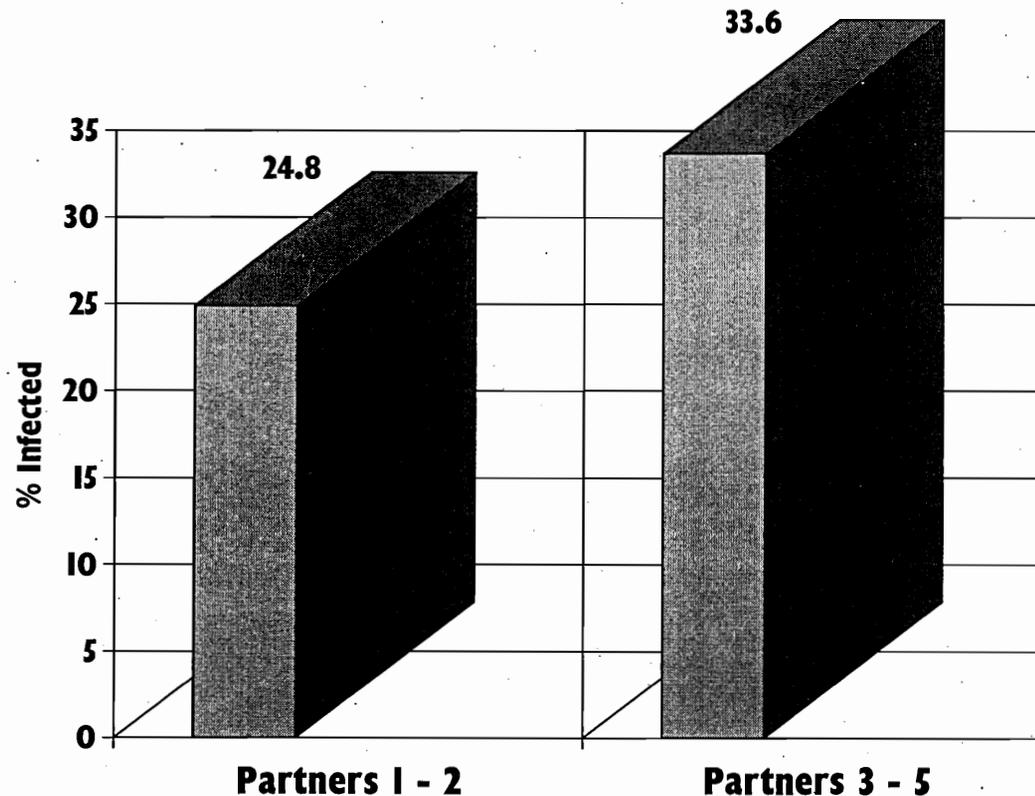
REPORTING **3** OR MORE LIFE TIME SEXUAL PARTNERS → **19%**

SEXUAL PROMISCUITY AMONG TEENAGERS AND ADULTS INVOLVED WITH TEENAGERS IS COMMONPLACE IN KENYA. THIS BEHAVIOUR CONTRIBUTES SIGNIFICANTLY TO THE YOUTH AIDS EPIDEMIC

BEHAVIOUR - PROMISCUITY

The number of multiple sexual partners (in any current or lifetime context) affects the risk of infection. (As the number of partners increases so too does the likelihood of HIV transmission).

**PERCENTAGE OF THOSE HIV+ KISUMU WOMEN UNDER AGE 20
BY NUMBER OF LIFE TIME SEXUAL PARTNERS**



Source: Population Council, 1999

BEHAVIOUR - PROMISCUITY

In case anyone might think that sexual promiscuity is an invention of today's young, or in case anyone might think that promiscuity is "cured" by marriage...

DO CONSIDER THE FOLLOWING INFORMATION:-

**A. Percentage Life time sexual partners:
Kenyan unmarried males.**

Partners	Percentage
0	5.6
1	6.1
2 - 3	16.1
4 - 5	16.0
6+	50.2
Missing	6.0
TOTAL	100.0

**B. Percentage Life time sexual partners:
Kenyan currently married men (monogamous).**

Partners	Percentage
0	0.2
1	4.4
2 - 3	10.3
4 - 5	13.3
6+	64.8
Missing	7.0
TOTAL	100.0

Source: KDHS 1993

BEHAVIOUR - PROMISCUITY

LIFETIME SEXUAL PARTNERS: KENYAN MEN AND WOMEN IN 35 - 39 YEAR AGE GROUP 1993

(NOW 40 - 44 YEARS OF AGE AND PARENTS OF TODAY'S TEENS)

A. Men 35 - 39 Years

Partners	Percentage
0	0.0
1	4.4
2 - 3	8.7
4 - 5	10.5
6+	69.8
Missing	6.6
TOTAL	100.0

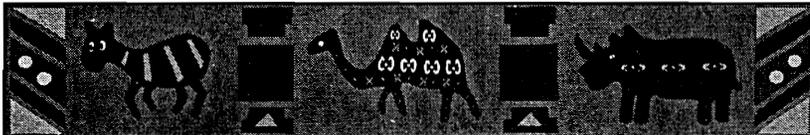
B. Women 35 - 39 Years

Partners	Percentage
0	1
1	41.8
2 - 3	37.7
4 - 5	13.3
6+	5.0
Missing	1.8
TOTAL	100.0



PROMISCUITY PLUS CSWs

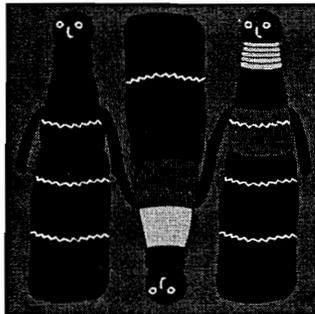
- ➔ **In Community based surveys some 10 percent of Kenyan adolescent boys (13 - 19 years) report previous contact with a commercial sex worker.**
- ➔ **HIV rates of infection among Kenyan CSWs (and particularly those working in high prevalence places) can often exceed 80%.**
- ➔ **Investigations in Western Kenya indicate that only 50 percent of CSWs regularly use protection against HIV transmission (condoms).**



PROMISCUITY PLUS LACK OF PROTECTION

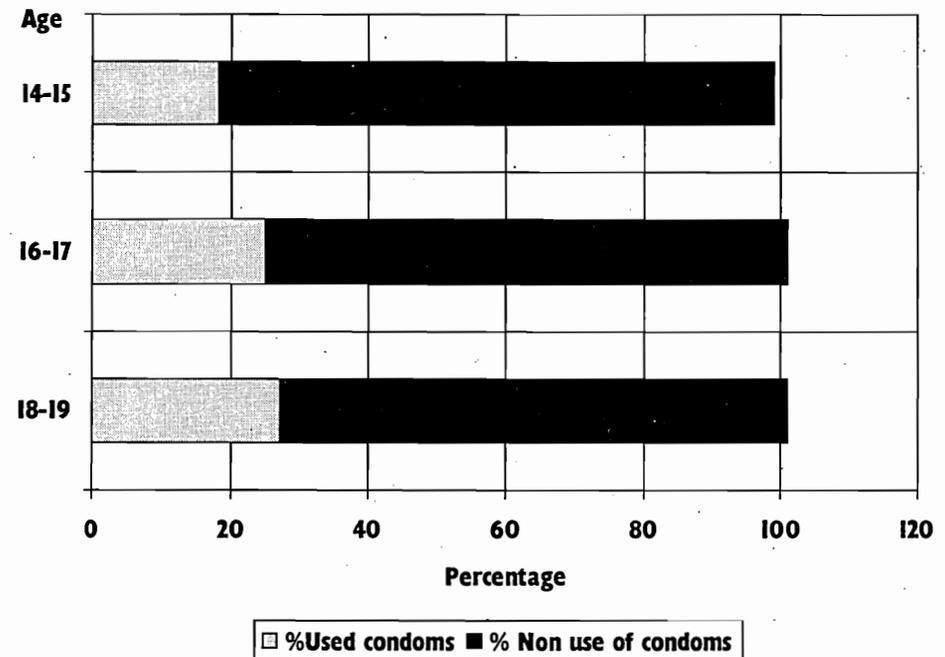
A. Percentage of sexually active Kenyan adolescents by age and use/non use of family planning at last intercourse (prevention of pregnancy)

Age Group	% Sexually Active	% Used Family Planning	% Non Use
14 – 15	17.7	35.0	65.0
16 – 17	46.4	42.0	58.0
18 – 19	92.8	51.0	49.0



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B. Percentage of sexually active Kenyan adolescents by age and use/non use of condoms at last sexual intercourse (protection against STI)

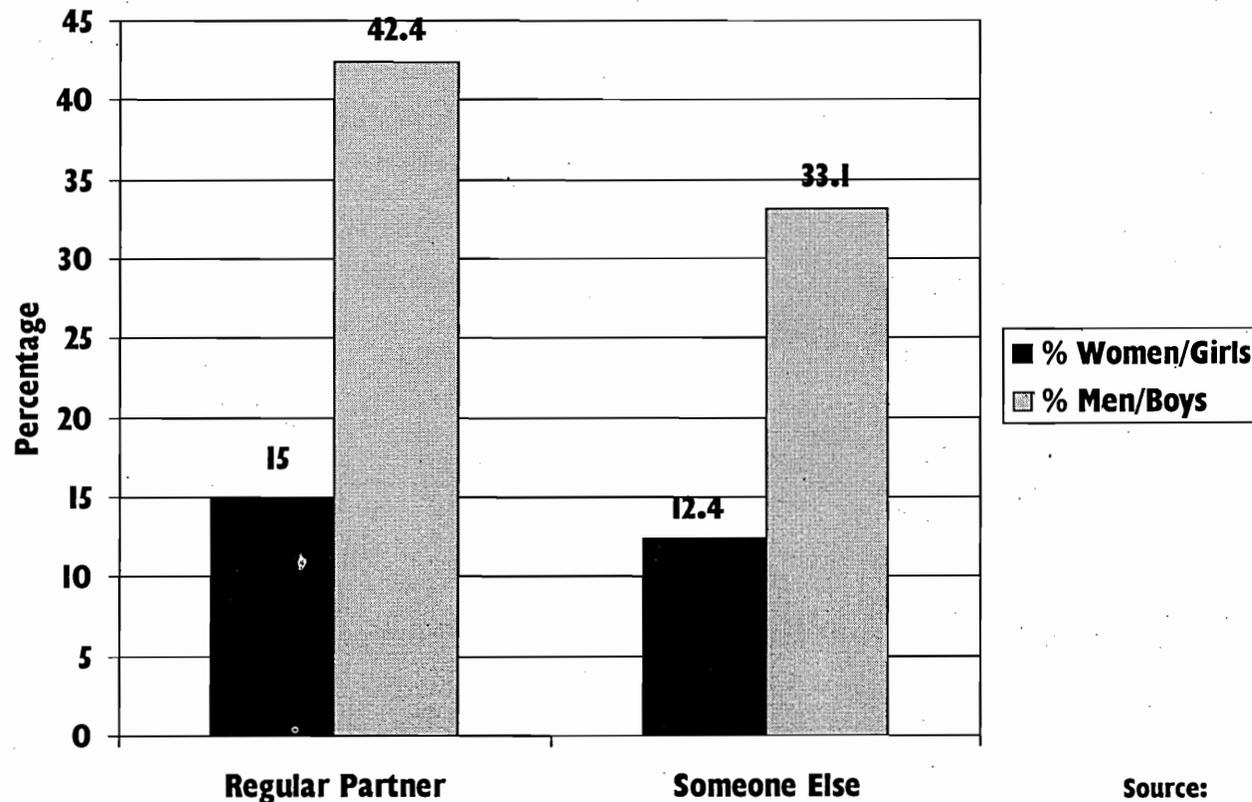


Source: PCA: Muita 1998

PROMISCUITY PLUS LACK OF PROTECTION

The following data is reported from the KDHS

PERCENTAGE FREQUENCY KENYAN UNMARRIED SEXUALLY ACTIVE ADOLESCENTS (15 - 19) BY USE OF CONDOM(S) AT LAST INTERCOURSE BY PARTNER AND GENDER



Source: KDHS 1998

WHO IS BETTER PROTECTED (AND IN WHAT KIND OF RELATIONSHIP)?

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BEHAVIOUR - MALE CIRCUMCISION

Recent research in Western Kenya has begun to show a strong relationship between HIV infection on the one hand and male circumcision on the other.

The thrust of the evidence is that uncircumcised men are six times more likely to be HIV infected than males who have been circumcised. See the table below:

ALL MALES N = 537 (KISUMU)

	% Not Circumcised	% Circumcised	% Total
HIV Positive	18.0	2.6	20.6
HIV Negative	55.0	24.4	79.4
TOTAL	73.0	27.0	100.0

**WOMEN REPORTING FIRST SEX WITH PARTNER
CIRCUMCISED/UNCIRCUMCISED BY HER HIV STATUS**

	% Not Circumcised 1st Sex	% Circumcised 1st Sex	% Total
HIV Positive	24.3	0.4	24.7
HIV Negative	68.5	6.8	75.3
TOTAL	92.8	7.2	100.0

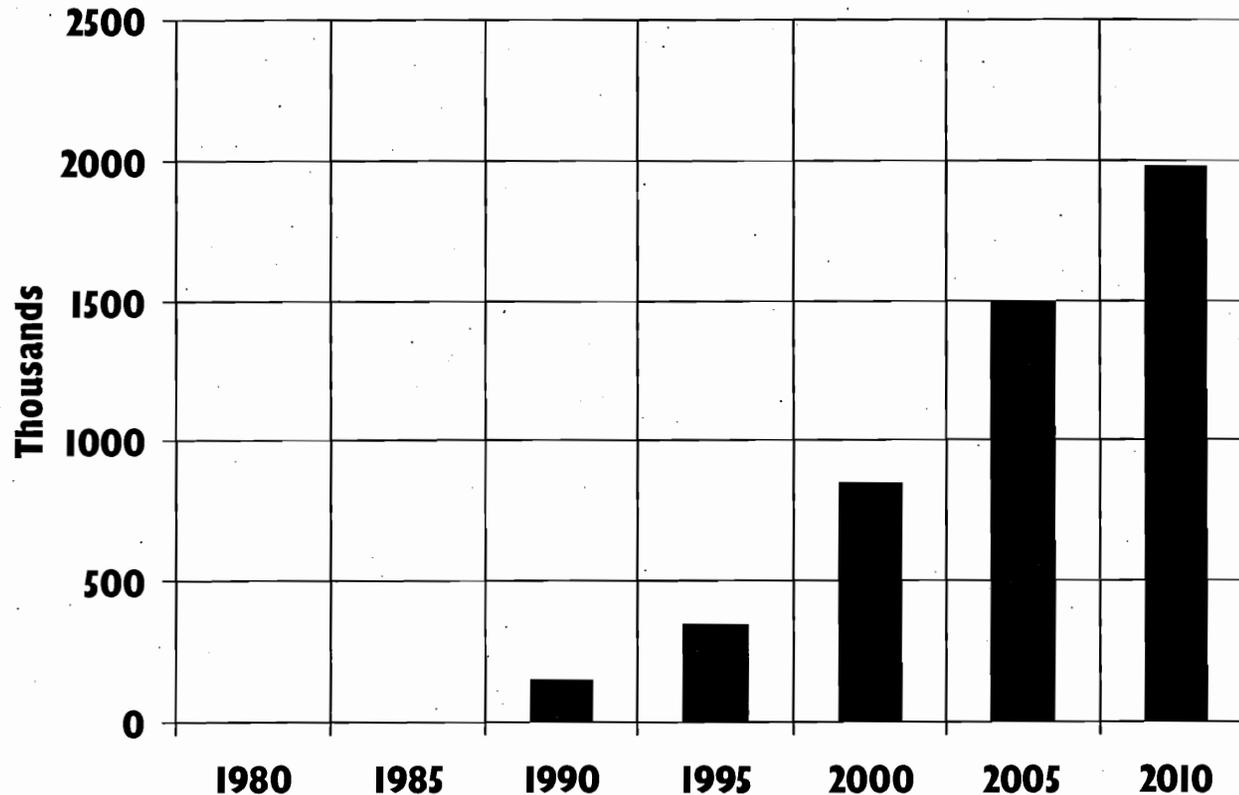
**WHAT DO THESE TABLES "SAY" TO MEN ABOUT
CONDOM USE?**

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Source: Population Council 1999

AIDS ORPHANS

Kenya presently has some 800,000 children and adolescents who have lost one or both parents to AIDS.



The number of AIDS orphans will increase to 1.5 million in the next five years.

Those seeking more information about this topic should see: Johnston T. and Ferguson A. "A Profile of Adolescent AIDS Orphans", Population Communication Africa, Nairobi, July 1999

Source: NASCOP
1998/9

AIDS ORPHANS

IN LATE 1998 AND EARLY 1999, POPULATION COMMUNICATION AFRICA UNDERTOOK A SURVEY OF 72 ADOLESCENTS LIVING IN AIDS AFFLICTED HOUSEHOLDS ON RUSINGA ISLAND.

THE DIAGRAMS WHICH FOLLOW ARE TAKEN FROM THIS SURVEY.

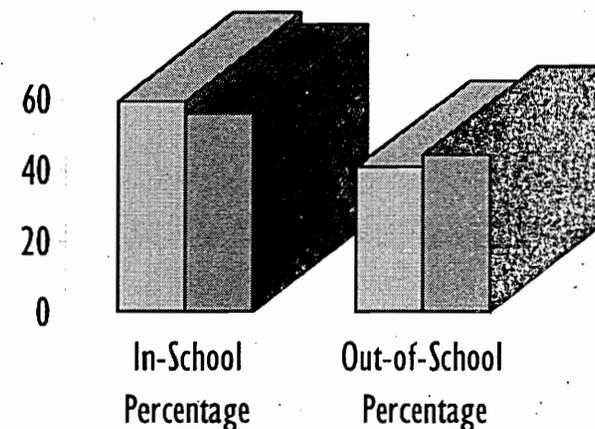
FIRSTLY, IT IS CLEAR THAT GIRLS FROM AIDS AFFLICTED HOUSEHOLDS WERE LESS LIKELY TO BE ENROLLED IN SCHOOLS THAN WERE BOYS.

IN A MINORITY OF CASES, GIRLS RATHER THAN BOYS WERE WITHDRAWN FROM SCHOOL TO SUBSTITUTE FOR ADULT HEALTH-CARERS IN THE FAMILY. IN A MAJORITY OF CASES, BOTH BOYS AND GIRLS WERE WITHDRAWN DUE TO REASONS OF POVERTY - INABILITY OF THE FAMILY TO FIND THE MONEY NEEDED FOR SCHOOL BOOKS AND UNIFORMS AND SCHOOL FEES.

Source: PCA 1999

PERCENTAGE FREQUENCY: SCHOOL AGE SIBLINGS BY SCHOOL ENROLMENT AND GENDER, (AIDS ORPHANS REPORTING SIBLINGS IN-SCHOOL AND OUT), (N= 188)

School-Aged Siblings by Gender	Percentage	Percentage	Total
	In-School	Out-of-School	
Males (Brothers, Stepbrothers)	59.5	40.5	100.0
Females (Sisters, Stepsisters)	55.8	44.2	100.0



■ Males (Brothers, Stepbrothers) ■ Females (Sisters, Stepsisters)

AIDS ORPHANS



RUSINGA ISLAND FAMILIES ARE MOSTLY POLYGAMOUS. A MAJORITY OF FATHERS REPORT TWO OR MORE WIVES.



CHILDREN FROM AIDS AFFLICTED HOUSEHOLDS REPORT WHAT IS A TYPICAL ISLAND PATTERN.

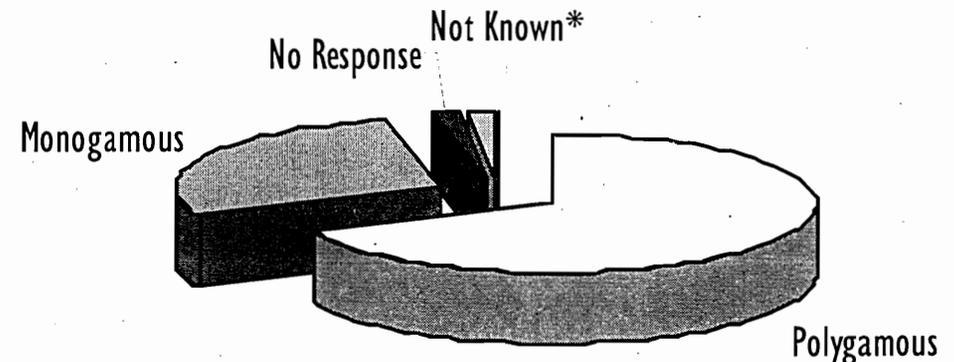


THERE IS NO EVIDENCE THAT POLYGAMOUS FATHERS ARE MORE PRONE TO AIDS INFECTION THAN ARE FATHERS WHO ARE MONOGAMOUS (ONLY ONE WIFE).

PERCENTAGE FREQUENCY: PATERNAL MARITAL STATUS

- FOR FATHERS BOTH ALIVE AND DEAD, (RN = 72)

<u>Status Reported</u>	<u>Percentage</u>
Polygamous	68.3
Monogamous	28.3
No Response	1.8
Not Known*	1.6
Total	100.0

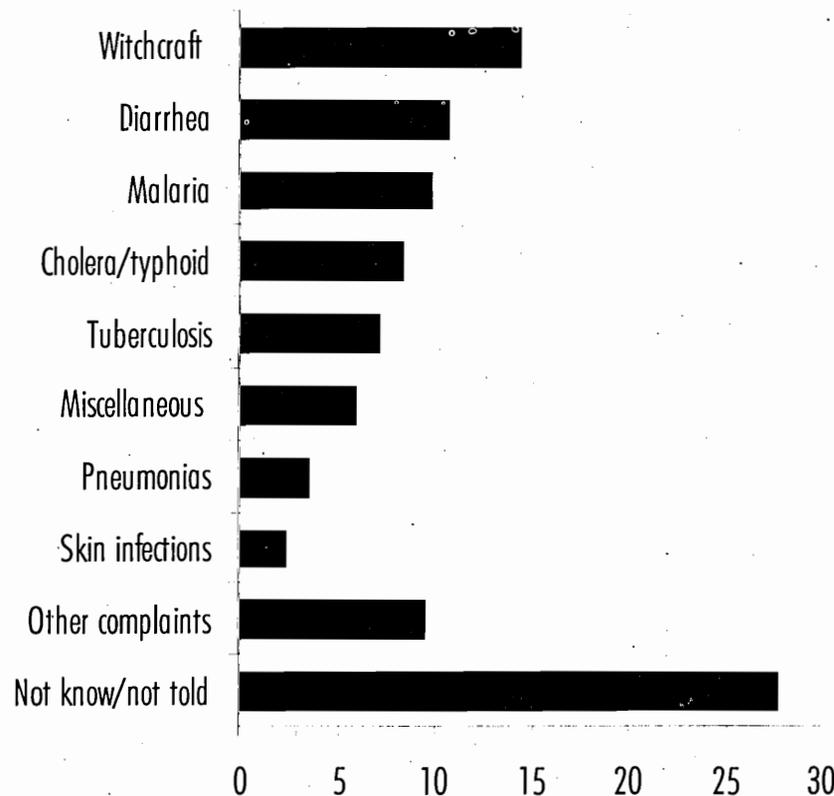


Source: PCA 1999

AIDS ORPHANS

- AIDS ORPHANS REPORT MANY MORE FATHERS WHO HAVE DIED THAN MOTHERS.
- THE TABLE AND DIAGRAM BELOW REPORTS CAUSE OF DEATH AS DESCRIBED BY CHILDREN LIVING IN AIDS AFFLICTED HOUSEHOLDS.
- IT IS VERY CLEAR THAT AIDS DOES NOT FEATURE IN THE LIST OPPOSITE. SUCH IS THE STIGMA OF AIDS THAT THE MAJORITY OF CHILDREN EITHER DID NOT KNOW THE CAUSE OF PARENTAL DEATH OR WERE NOT TOLD ITS CAUSE.

PERCENTAGE FREQUENCY: CAUSE OF PARENTAL DEATH AS DESCRIBED BY SURVIVING PARENT, OTHER FAMILY MEMBER OR HEALTH OPERATIVE, AND REPORTED BY AIDS ADOLESCENTS, (RN= 83)



Reported Cause of Death	Percentage
Witchcraft	14.5
Diarrhea Vomiting	10.8
Malaria and Other Fevers	9.8
Cholera Typhoid	8.4
Tuberculosis	7.2
Miscellaneous Aches and Pains	6.0
Pneumonias	3.6
Skin Infections	2.4
Other ill-defined complaints, (Oedema, internal bleeding, difficulties in breathing, etc.)	9.6
Did not know/was not told	27.7
Total	100.0

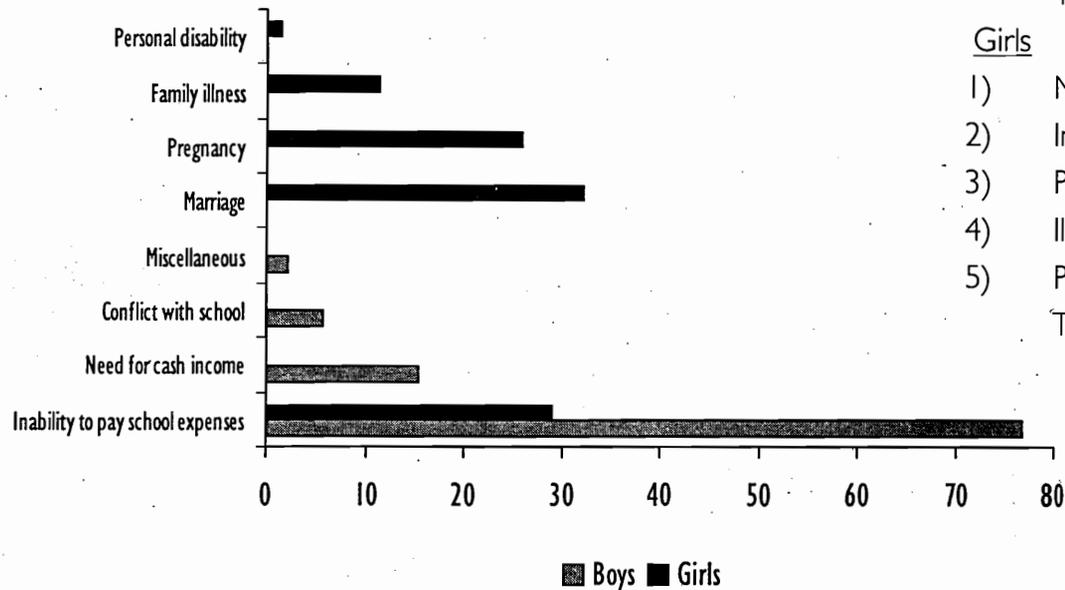
Source: PCA 1999

AIDS ORPHANS

❖ **ADOLESCENT ORPHANS LIVING IN AIDS AFFLICTED HOUSEHOLDS WERE ASKED ABOUT BROTHERS AND SISTERS WHO HAD DROPPED OUT OR BEEN WITHDRAWN FROM SCHOOL. A NUMBER OF DIFFERENT REASONS WERE GIVEN FOR DROP-OUT ACCORDING TO GENDER.**

❖ **BOYS, TYPICALLY, DROPPED OUT OF SCHOOL BECAUSE THE FAMILY WAS UNABLE TO PAY FOR SCHOOL FEES - OR THE BOY AND HIS FAMILY NEEDED A CASH INCOME WHICH COULD BE OBTAINED FROM FISHING.**

❖ **IN CONTRAST, GIRLS TENDED TO DROP OUT OF SCHOOL TO MARRY OR BECAUSE THEY WERE PREGNANT.**

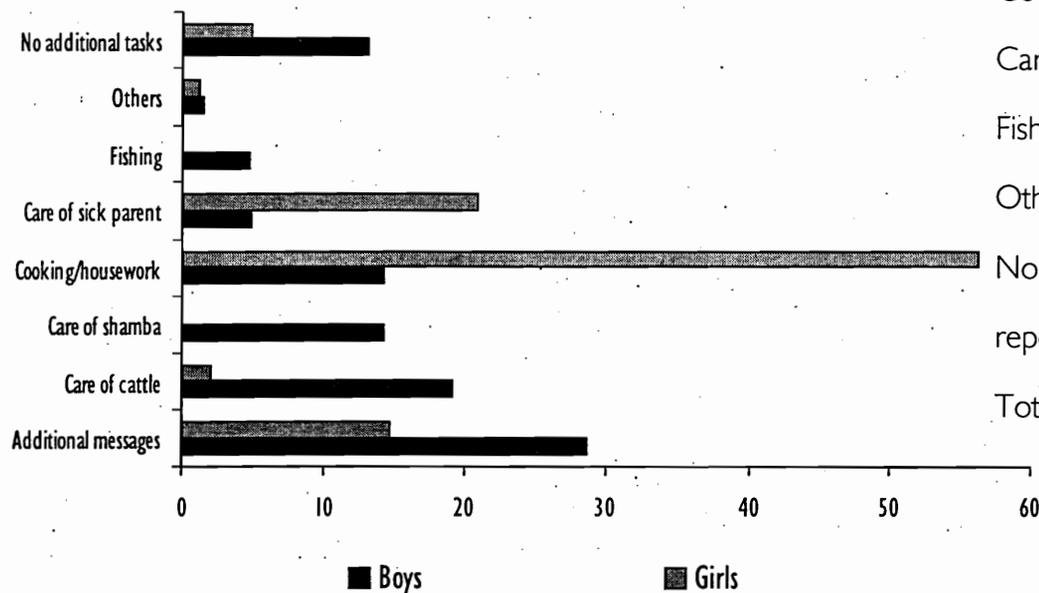


PERCENTAGE FREQUENCY: SCHOOL DROP-OUT BY RATIONALE AND GENDER (N = 57)

Boys		Percentage
1)	Inability to Pay School Accessories or Fees	76.9
2)	Need for Cash Income from Fishing or Other Employment	15.4
3)	Conflict with School	5.7
4)	Miscellaneous (Slow Progress, Boredom, etc.)	2.0
Total		100.0
Girls		Percentage
1)	Marriage	32.3
2)	Inability to Pay School Accessories or Fees	29.0
3)	Pregnancy	25.8
4)	Illness in Family	11.4
5)	Personal Disability	1.5
Total		100.0

AIDS ORPHANS

- **ADOLESCENT AIDS ORPHANS ON RUSINGA ISLAND WERE ASKED ABOUT THE WAYS IN WHICH PARENT ILLNESS AND DEATH HAD AFFECTED THEIR HOME LIFE.**
- **BOYS MOST COMMONY REPORTED ADDITIONAL TASKS SUCH AS RUNNING MESSAGES AND LOOKING AFTER THE SHAMBA AND LIVESTOCK.**
- **MANY MORE GIRLS HOWEVER, REPORTED COOKING, HOUSEWORK AND CARE OF SICK PARENTS.**



PERCENTAGE FREQUENCY: ADDITIONAL TASKS UNDERTAKEN BY ADOLESCENTS (BY GENDER) AS A CONSEQUENCE OF PARENTAL AIDS-RELATED MORBIDITY/MORTALITY, (RN= 164)

<u>Additional Tasks</u> (Boys)	<u>Percentage</u>	<u>Additional Tasks</u> (Girls)	<u>Percentage</u>
Additional messages	28.6	Cooking/housework	56.3
Care of cattle	19.0	Care of sick parent	20.8
Care of shamba	14.3	Additional messages	14.6
Cooking/housework	14.2	Care of farm animals	2.0
Care of sick parent	4.8	Care of shamba	0.0
Fishing	4.7	Fishing	0.0
Others (misc.)	1.4	Others (misc.)	1.2
No additional tasks reported	13.0	No additional tasks reported	4.9
Total	100.0	Total	100.0

Source: PCA 1999

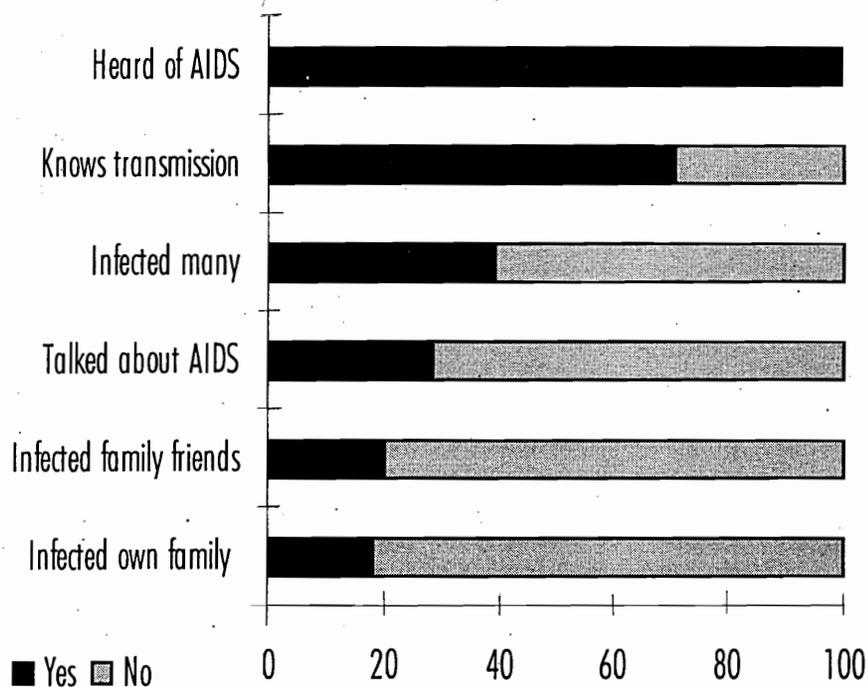
AIDS ORPHANS



IT IS CLEAR THAT VIRTUALLY EVERY ADOLESCENT LIVING IN AN AIDS AFFECTED HOUSEHOLD HAS HEARD OF AIDS AND MOREOVER A LARGE MAJORITY KNOW HOW IT IS MOST FREQUENTLY TRANSMITTED.



THE TABLE AND DIAGRAM INTERESTINGLY ILLUSTRATES A VERY SIMPLE IDEA. THE CLOSER ONE COMES TO HOME, THE LESS LIKELY IT IS THAT ORPHANS RECOGNISE THE PRESENCE OF INFECTION. THE STIGMA OF AIDS AT WORK!



**PERCENTAGE FREQUENCY: "YES" / "NO" RESPONSES ONLY
AIDS AWARENESS, (RN= 408)**

Issue	Yes	No	Total
Has heard of AIDS	99.6	0.4	100.0
Knows Means of Transmission	70.7	29.3	100.0
Many in Community AIDS inflicted	39.3	60.7	100.0
Has Talked About AIDS with Friend(-s)	28.4	71.6	100.0
AIDS Has Infected:			
a) Family Friends	20.3	79.7	100.0
b) Family Member(-s)	18.3	81.7	100.0

Source: PCA 1999

AIDS ORPHANS

FOUR IMPRESSIONS

THOSE WHO HAVE WORKED WITH ORPHANS FROM AIDS AFFLICTED HOUSEHOLDS IN THE RUSINGA ISLAND STUDIES HAVE COME AWAY WITH FOUR LASTING IMPRESSIONS:

- 1. ORPHANS VERY FREQUENTLY FEEL THAT THEY HAVE BEEN BETRAYED/ABANDONED/DESERTED BY THEIR PARENTS AND THAT FUTURE OPPORTUNITIES FOR SCHOOLING, EMPLOYMENT AND A PLACE IN THE COMMUNITY HAVE BEEN LOST.**
- 2. ORPHANS ARE OFTEN LONELY - THEY BELIEVE THAT THERE IS NO ONE LEFT WHO UNDERSTANDS THEIR PROBLEMS - OR NO ONE WHO IS PREPARED TO LISTEN. THIS LONELINESS SOMETIMES STEMS FROM BROKEN FRIENDSHIPS WHICH ARE A CONSEQUENCE OF THE STIGMA WHICH IS ATTACHED TO HOUSEHOLD SICKNESS (AIDS).**
- 3. ADOLESCENT ORPHANS ARE UNIVERSALLY UPSET BY DISINHERITANCE - BY THE WAY IN WHICH RELATIVES, OFTEN UNKNOWN, STRIP AWAY FAMILY GOODS AND POSSESSIONS - OR THE WAY IN WHICH FAMILY PROPERTY ASSETS (THEIR INHERITANCE) CAN VANISH OVERNIGHT.**
- 4. TOO OFTEN AS A RESULT OF PARENTAL DEATH AND ENSUING POVERTY, ORPHANS ADOPT A FATALISTIC VIEW OF LIFE AND LIVING - THEY FEEL HELPLESS IN THE FACE OF DIFFICULTIES - AND THAT THEY HAVE LOST CONTROL OVER THEIR LIVES. THESE NEGATIVE ATTITUDES ARE BARRIERS TO THE PLANNING AND IMPROVEMENT OF PRESENT/FUTURE WELFARE.**

WHY FAMILY LIFE SEX EDUCATION?

RELIGIOUS GROUPS IN KENYA HAVE SAID THAT THE PLACE FOR FAMILY LIFE SEX EDUCATION IS IN THE HOME AND THAT THE IDEAL TEACHERS ARE PARENTS.

UNFORTUNATELY, ALL THE SURVEY EVIDENCE THAT WE HAVE SUGGESTS THAT:-

- 💣 **LESS THAN 10% OF KENYAN PARENTS SEEK TO EDUCATE THEIR CHILDREN IN MATTERS RELATING TO SEXUALITY OR PREVENTIVE REPRODUCTIVE HEALTH.**
- 💣 **OF THIS 10%, THE VAST MAJORITY ARE MOTHERS - KENYAN FATHERS PLAY NO SIGNIFICANT ROLE IN THE SEXUALITY EDUCATION OF THEIR YOUNG.**
- 💣 **TOO MANY KENYAN PARENTS BELIEVE THAT THREATENING, WARNING, AND PREACHING ARE EFFECTIVE MEANS OF COMMUNICATION. DIALOGUE IS RARELY PRACTISED.**
- 💣 **A RECENT SURVEY FOUND THAT OVER 50% OF KENYAN PARENTS HAD MADE NO ATTEMPT TO SEXUALLY EDUCATE THEIR YOUNG - AND MOREOVER ADMITTED THAT THEY HAD NO INTENTION OF EVER DOING SO!**

WHY FAMILY LIFE SEX EDUCATION?

RELIGIOUS GROUPS IN KENYA HAVE CLAIMED THAT THE INTRODUCTION OF FAMILY LIFE SEX EDUCATION INTO OUR SCHOOLS WOULD

-  LEAD TO ADOLESCENT PROMISCUITY**
-  INCREASE ACCIDENTAL PREGNANCY RATES**
-  GENERATE INCREASED PREGNANCY SCHOOL DROP-OUTS**
-  LEAD TO DRAMATIC INCREASES IN SEXUALLY TRANSMITTED INFECTION RATES**

TODAY ALL OF THESE THINGS HAVE INDEED HAPPENED IN KENYA AND WITHOUT BENEFIT OF AN IN-SCHOOL PROGRAMME OF FAMILY LIFE SEX EDUCATION.

WHY FAMILY LIFE SEX EDUCATION?

IN 1991, A PROGRAMME OF FAMILY LIFE EDUCATION WAS INTRODUCED INTO THE NATIONAL YOUTH SERVICE OF KENYA. YOUTH AGED BETWEEN 16 - 26 YEARS WERE EXPOSED TO A 52 HOUR PROGRAMME OF EDUCATIONAL CONTENT DEALING WITH :

-  INTERPERSONAL (BOY/GIRL) RELATIONSHIPS**
-  ADOLESCENT REPRODUCTIVE PHYSIOLOGY**
-  METHODS OF FAMILY PLANNING**
-  PREVENTION OF SEXUALLY TRANSMITTED INFECTIONS**
-  DRUG USE AND ABUSE**

THE FLE PROGRAMME ALSO PROVIDED PEER COUNSELLING AND ACCESS TO FREE REPRODUCTIVE HEALTH SERVICES (ON CAMPUS).

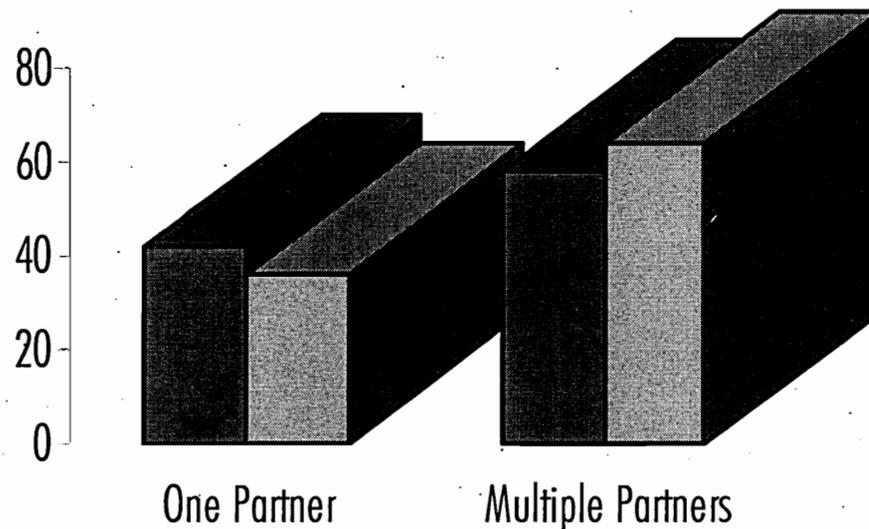
IN 1996, AN EVALUATION OF THIS PROGRAMME PRODUCED SOME VERY SURPRISING RESULTS... ..

FLE/SEX EDUCATION

DID THE FLE PROGRAMME INCREASE THE NUMBER OF LIFE TIME SEXUAL PARTNERS?

DID PROMISCUITY INCREASE?

NUMBER OF LIFETIME PARTNERS BY FLE EXPOSURE



Number of Sexual Partners

(P= 0.015)

■ Exposed to FLE ■ Not Exposed to FLE

WHAT IN FACT DID HAPPEN?

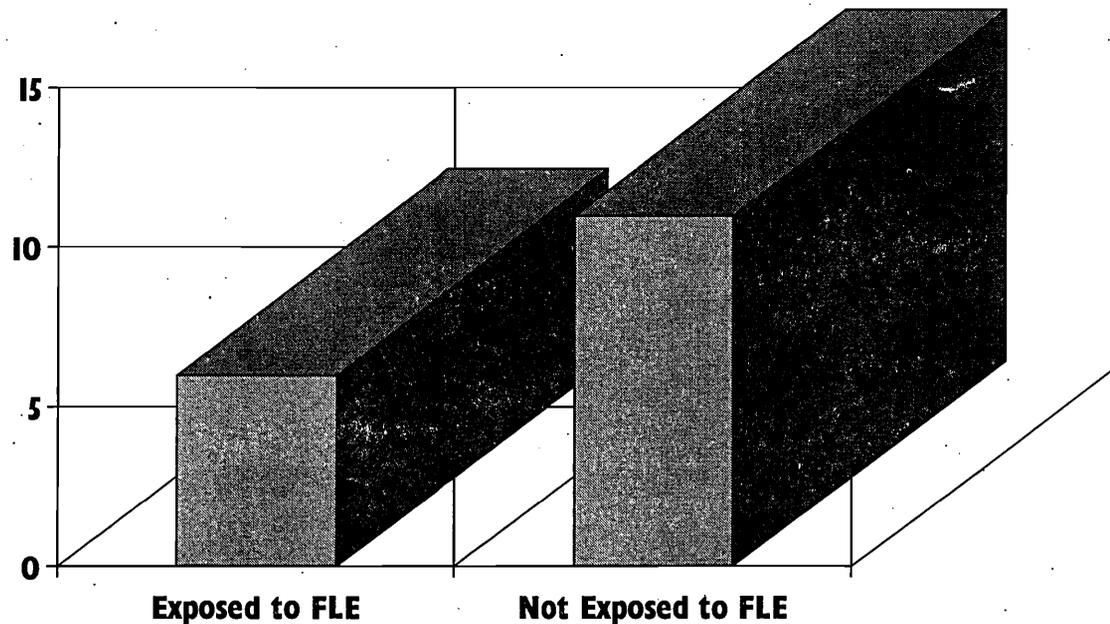
Source: PCA 1999

FLE/SEX EDUCATION

DID THE FLE PROGRAMME INCREASE THE PREMARITAL ACCIDENTAL PREGNANCY RATE?

DID UNPLANNED PREGNANCIES INCREASE?

**LIFETIME PREMARITAL ACCIDENTAL PREGNANCY RATES (AS A % OF FEMALE ENROLMENT)
BY FLE EXPOSURE/NON-EXPOSURE**



WHAT IN FACT DID HAPPEN?

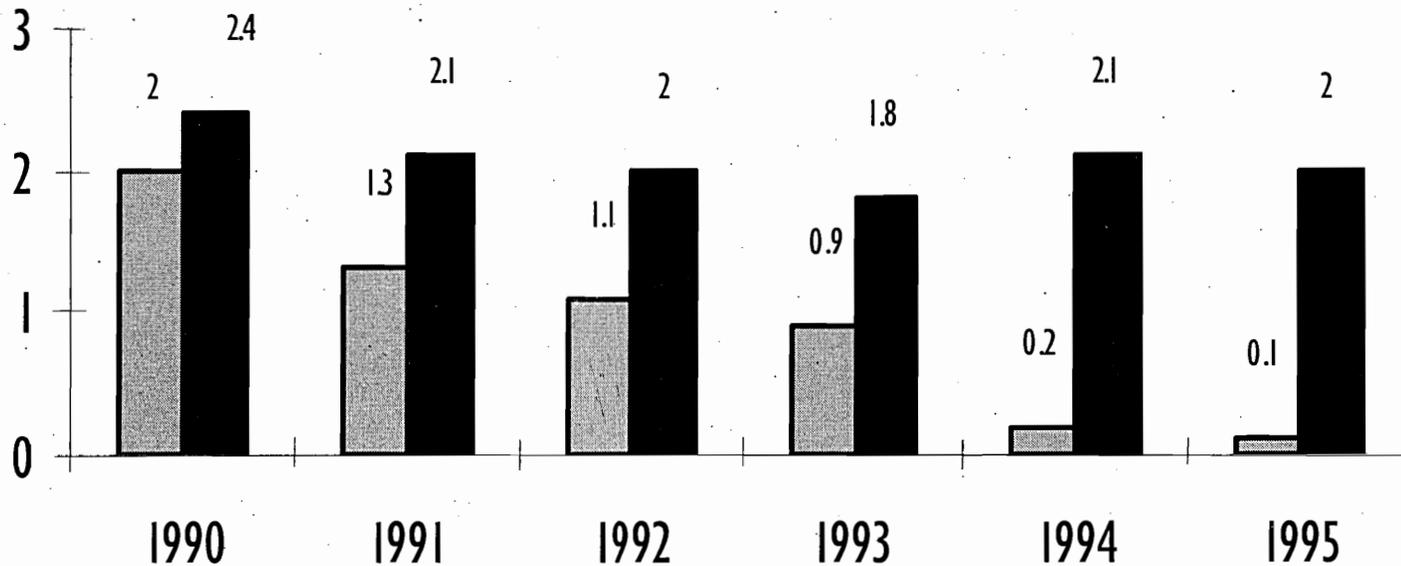
■ Ever Pregnant

Source: PCA 1999

FLE/SEX EDUCATION

AND WHAT HAPPENED TO THE PREGNANCY RELATED DROP-OUTS. DID THEY INCREASE OR DID THEY DECREASE?

PREGNANCY RELATED DROP-OUT AS A PERCENTAGE OF TOTAL FEMALE ENROLMENT 1990/1995



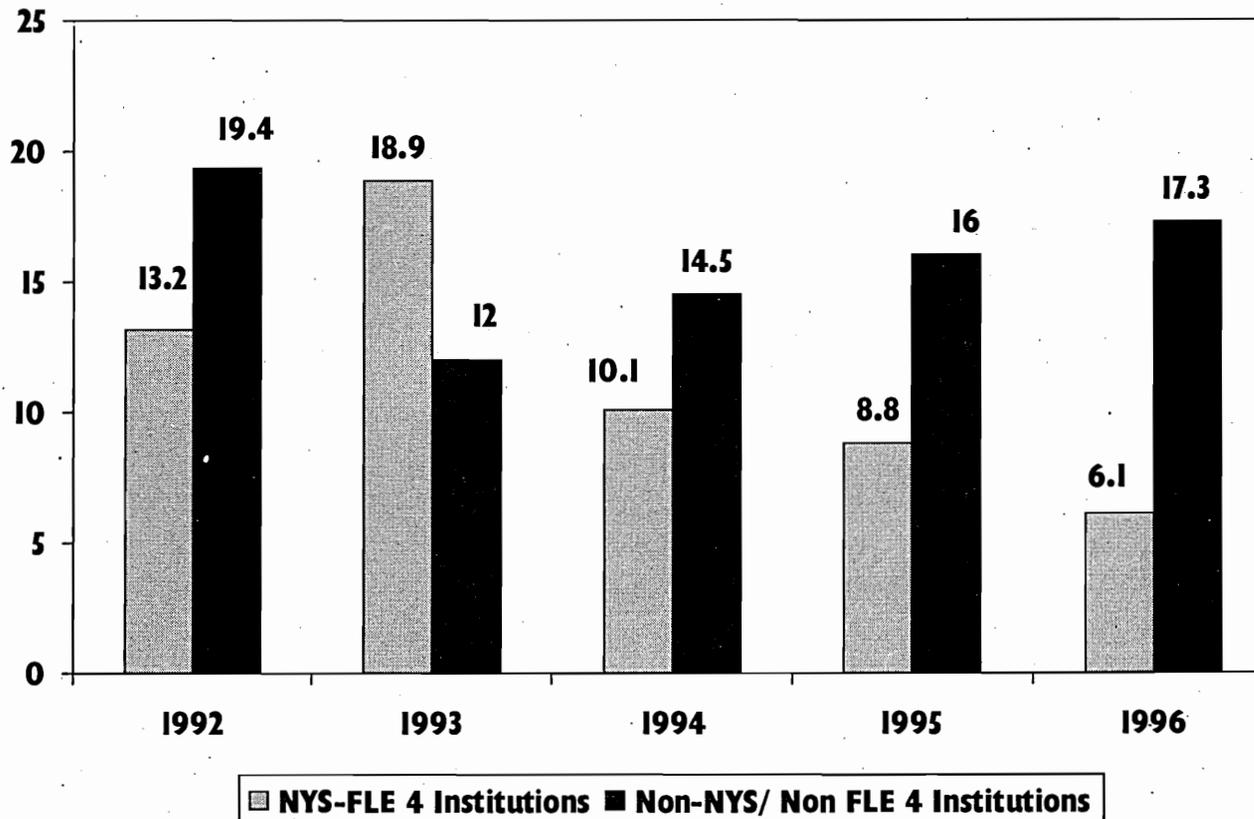
■ 4 NYS Training Camps with FLE ■ 4 Non-Nys Institutions (without FLE)

Source: PCA 1999

FLE/SEX EDUCATION

DID THE FLE PROGRAMME INCREASE THE PREVALENCE OF SEXUALLY TRANSMITTED INFECTIONS?

**REPORTED INCIDENCE OF STDs 1992 - 1996 BY SELECTED INSTITUTIONS
(PERCENTAGE OF ANNUAL ENROLMENT)**



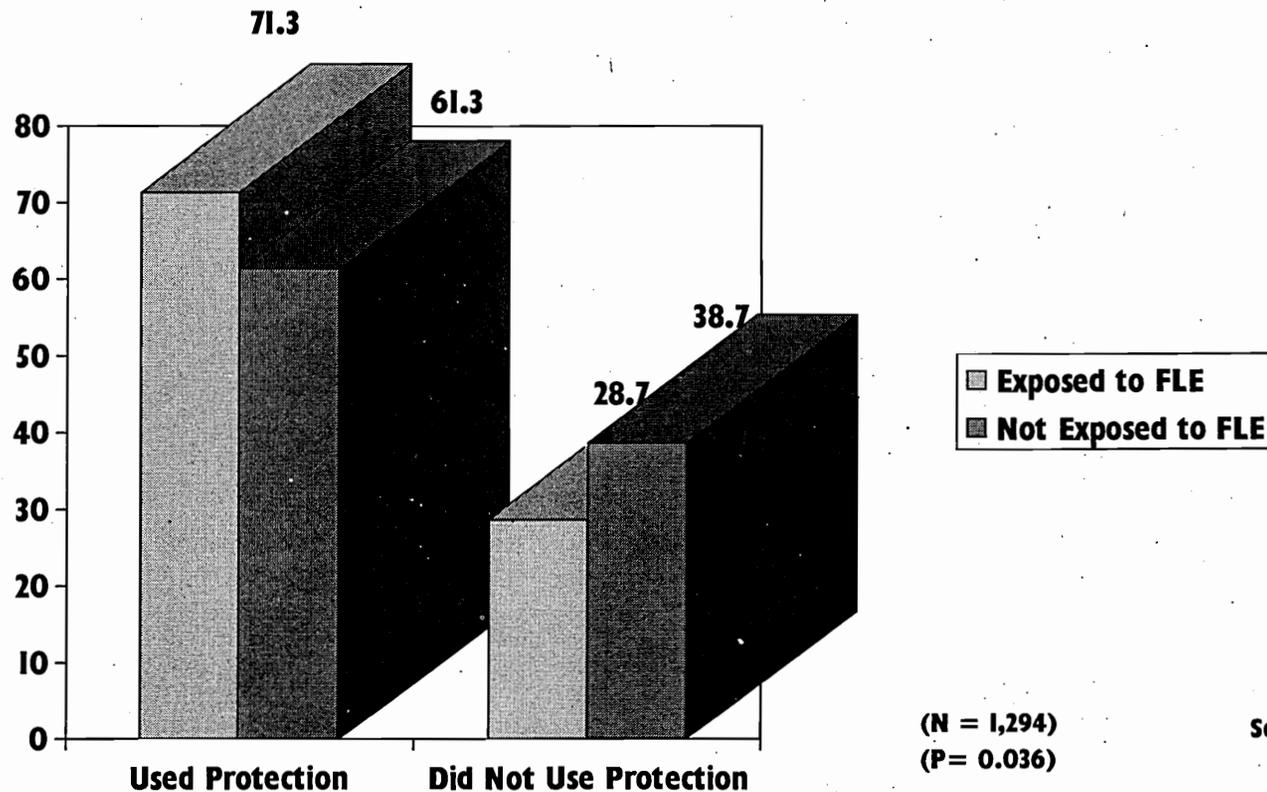
Source: PCA 1999

WHAT IN FACT DID HAPPEN IN THE NYS INSTITUTIONS?

FLE/SEX EDUCATION

Finally, the youngsters who had been exposed to the Family Life Education Programme reported increased use of protection against sexually transmitted infection. Such protection rates were much higher in the NYS groups than among students of the same age and gender attending Kenyan vocational colleges - students who did not receive a family life education.

PROTECTION AGAINST INFECTION AT LAST INTERCOURSE BY FLE EXPOSURE



ENDWORD

WHAT CAN BE DONE ABOUT THE YOUTH AIDS EPIDEMIC IN KENYA?

**THERE ARE TWO ACTIVITIES THAT MUST BEGIN NOW
(THEY SHOULD HAVE BEGUN TEN YEARS AGO).**



THE FIRST IS TO INTRODUCE FAMILY LIFE/SEXUALITY EDUCATION PROGRAMMES INTO THE UPPER LEVELS OF THE PRIMARY SCHOOL - AS PART OF AN INFORMAL GUIDANCE AND COUNSELLING PROGRAMME RATHER THAN PART OF FORMAL CURRICULUM.



THE SECOND IS TO PROVIDE WITHIN EXISTING PRIMARY HEALTH CARE SYSTEMS - A YOUTH FRIENDLY REPRODUCTIVE HEALTH SERVICE.

ENDWORD - A REMINDER

Kenyan teenage - adolescent girls (13 - 19 years of age) are presently enmeshed in two epidemics - neither of which are necessarily or primarily their fault. One is an old but worsening epidemic. The other is new and tends to overshadow that which has been with us for some time.

The new epidemic is of course the topic of this briefing book - the epidemic of AIDS. At the millenium some one third of Kenyan teenage girls in Aids high prevalence areas of Kenya are HIV positive. And this proportion will steadily become more commonplace as the infection spreads.

This is a frightening situation. Very few teenage girls presently know that they are infected. Within the next five years or so, many of these young women will marry. And as a consequence, infection rates among young husbands (males in their mid-twenties) must inevitably increase. So too must the number of AIDS infected babies.

The second and older epidemic while less deadly in terms of its consequences is much more prevalent and continues to grow more so. The second and almost forgotten epidemic is that of accidental mostly pre-marital pregnancy. Presently nearly 45 percent of Kenyan girls aged 19 are already mothers or currently pregnant.

This too is an alarming situation. Nearly one half of Kenyan late adolescent girls have surrendered opportunity for ongoing education, for paid employment and unfettered marriage. A burden upon already economically stressed families, these young also absorb a significant percentage of national expenditure on maternal and child health care.

ENDWORD - A REMINDER

The two epidemics are of course related. They both stem from a single piece of behaviour - unprotected sexual intercourse - too often perpetrated by older men and too frequently cash or gift induced or worse - coerced or forced. The reasons for this simple but by no means singular behaviour are many and complex. What however is important to recognise is that:

Kenya has not one but rather two epidemics. And the solutions are twofold:

Firstly, the provision of youth relevant information, education and communication activities devised to prevent risk behaviour and

Secondly, these activities plus the provision of youth relevant health services to protect behaviour from risk.

**THE TIME FOR A COMBINED ATTACK UPON PREVENTION AND PROTECTION WAS YESTERDAY.
TOMORROW WILL ALWAYS BE TOO LATE FOR TOO MANY KENYAN ADOLESCENT GIRLS.**



**P O P U L A T I O N
C O M M U N I C A T I O N**

A F R I C A

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