

**Alarming ignorance about Safe Sex, HIV/AIDS and Reproductive Health awareness
among young men: A Survey of Huruma Estate, Eldoret, Kenya.**¹*J.K., Choge, ²E., Bosire, and ³S.J Rono¹Moi University, School of Science, P.O Box 1125, Eldoret, Kenya.²Chepkoiel University College, School of Science, P.O Box 1125, Eldoret, Kenya³ Kabianga Univeristy College, School of Science and Technology, P.O Box 1, Kabianga, Kenya.Joseph K.Choge: Email: chogekjoseph@gmail.comElijah Bosire: Email: elbos.85@gmail.comSalina Rono: Email: sjrono@yahoo.com

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Abstract

Health education to promote awareness about safe sex, the human immunodeficiency virus and reproductive health is vital in communities most vulnerable to sexually transmitted diseases. The cross-sectional survey conducted between July and September, 2009 in Huruma Estate in Eldoret, Kenya determined the awareness of 290 young men aged 10-24yrs, about sexual, HIV and reproductive health. Questionnaires were issued to participants of the study and Chi-square was used for data analysis. Results showed that statistically significant ($p < 0.05$) number of single, cohabiting and/or married young men (59%) across the 15-24-year age bracket, engaged in sex with steady or unsteady partners but rarely or never used condoms in the process. The proportion of married men who never used condoms consistently was 22%, while 41% of those who had sex in the past six months prior to the study period had engaged in sex with multiple partners. The proportions of young men who had had their first sexual encounter within 15-20 yrs and 20-24 yrs of age were 46% and 95%, respectively. Only 18% and 42% of those aged 15-19 yrs and 20-24 yrs, who had already engaged in sex by the time the study was carried out had been tested for HIV, because they considered themselves protected from sexually transmitted diseases and from impregnating their sexual partners. Hence significant proportions ($p < 0.05$) of sexually mature young men, including those aged 13 yrs and below engaged in unprotected sex, despite the fact that they knew about the dangers of HIV/AIDS, other sexually transmitted diseases and unwanted pregnancies. Persistent advocacy for improved awareness of reproductive health matters, protected sex against diseases and pregnancy are urgently required by young men, regardless of their age or marital status.

Keywords: AIDS; HIV; Awareness; Safe Sex; Reproductive

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Introduction

Dissemination of informative knowledge on safe sex and reproductive health is increasingly becoming important given that the human immunodeficiency virus (HIV) has become the leading cause of death among adults aged 15–59 worldwide (WHO, 2003). Of particular concern is the devastating effect HIV has had on sub-Saharan Africa (UNDP, 2005). In Kenya 1.3 million people are living with HIV/AIDS and the prevalence of HIV among adults aged 15 – 49 years is estimated at 6.1% (UNAIDS, 2006). This population proportion includes young men. Out of over one billion youth (aged between 15 and 24) worldwide, some ten million of the population are living with HIV; some of them get infected with *Cryptococcus neoformans*, hence may succumb to cryptococcal meningitis (UNAIDS, 2006; Bii, et al., 2007; Mitchell, et al., 1995; Bicanic, et al., 2005). Out of the total worldwide youth population that is living with AIDS, 63% live in Sub-Saharan Africa (UNAIDS, 2004). In order to significantly reduce or prevent HIV transmission, promotion of abstinence and condom use by young men should be encouraged, because lower abstinence and avoidance of condoms was reported in one study among young men (Chi Chiao and Vinod Mishra, 2009). If young men are empowered with knowledge on the prevention against HIV/AIDS, they have enormous potential for changing the course of HIV/AIDS epidemic (Cohen, 2003; UNICEF, 2002; Glyn, et al., 2001).

Materials and Methods

Materials

Structured questionnaires were used during the study that was done in a major estate within Eldoret, Kenya. Huruma estate is found in Huruma ward, and currently has an estimated population 200,000. Eldoret town covers an area of

about 157km² and is situated at an altitude of 2,085 metres above sea level. It is found in Uasin Gishu district which lies between longitude 34° 50' and 35° 37' East and 0°55' North. Rainfall is high, reliable and evenly distributed. Due to the high altitude, temperatures are relatively low. The highest is 25° C and lowest is 8.8°C. Humidity is moderate, averaging 56% (Republic of Kenya, CBS: Population Figures for Towns and Municipalities, 2003).

Methods

The cross-sectional survey design was used for the study because the study involved description of observations made at one point in time. Questionnaires were issued to all participants after adequate explanations concerning the instructions on how to fill the questionnaire.

The target group for the study was obtained through visits to schools in the study area i.e. both primary and secondary, where those between 10-19 years were assessed, while the remaining 20-24 years were assessed out of school. A sample population of 290 responded to the questionnaire. Stratified sampling technique was used to select eligible youths for the study. Stratified sampling technique is a sampling a technique that identifies subgroups in the population and their proportions and select from each sub- group to form a sample. It groups a population into separate homologous subsets that share similar characteristics so as to ensure equitable representation with a view of accounting for the difference in sub-group characteristics. The survey involved the use of questionnaires, which were given to the respondents after adequate explanation was given on the instructions to fill them. Data was analyzed using Chi-square.

Ethical Considerations

The permission to carry out this research

was granted by the Institutional Research Ethics Committee (IREC), constituted jointly by Moi University and Moi Teaching and Referral Hospital. Privacy and confidentiality was maintained throughout the research. Informed consent of those involved in the study was also sought before carrying out the study. For those under 18 years the consent was gotten from their parents/ guardians.

Names of the participants were not used, instead study numbers were used.

Results

The striking feature was that 59% of young men across the 15-24-year age group, including single, cohabiting and/or married, rarely or never used condoms whenever they engaged in sex with a steady or unsteady partner (figure 1);



Figure 1: Condom use with steady and other partners by age group and marital status

this was statistically significant ($p < 0.05$). As shown in Figure 2, 22% of married young men engaged in sex without consistent use of condoms in the past six

months prior to the period of the study, while 41% of those who had sex in the past six months prior to the study had engaged in sex with multiple partners.

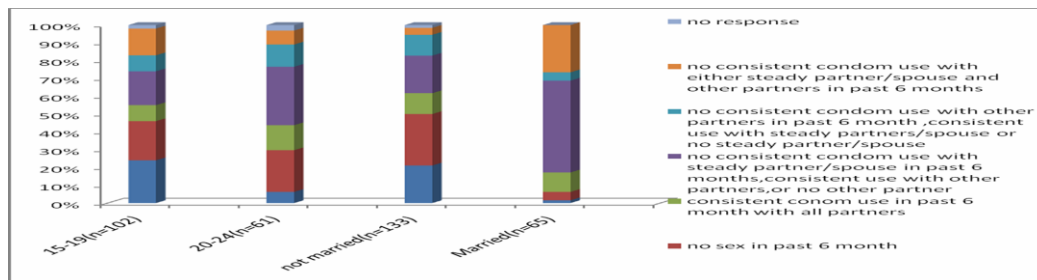


Figure 2: Unprotected Sexual Behavior, (by Age and Marital status)

Whereas 46% of men aged 15-20 had already engaged in sexual intercourse, 95% of those aged 20-24 had done so. Only 18% and 42% of those aged 15-19 and 20-24, who had engaged in sex, had been tested for HIV, because they considered themselves protected from sexually transmitted diseases and pregnancy. Across the 10-24yr age group, there was a highly significant difference ($p < 0.001$) among those who

knew about HIV/AIDS, but their age distribution was 90%, 95% and 100% of those aged 13- 14yrs, 15-19yrs and 20-24yrs, respectively. Results also showed that 10% and 23% among those aged 13-14 and 15- 19, respectively knew about sexually transmitted diseases (STIs) and 45% of

those aged 20-24 could name at least four STIs correctly. By the

time young men already had had sexual experience (Figure 3). attained the age of 23, more 95% of them

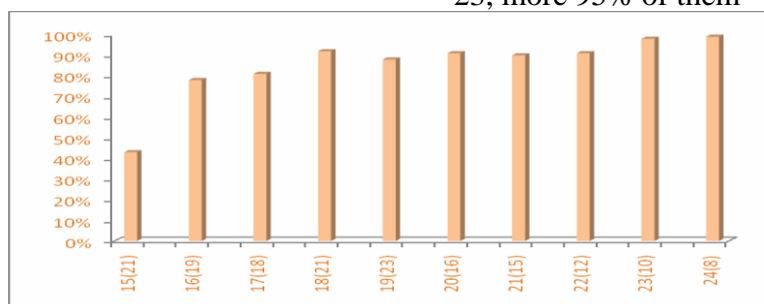


Figure 3: Percentage versus Age of youth who had ever had sex

As regards the mass media, over 80% of young men listened to the radio every week; about 50% watch television every

week approximately 15%-50% of them read newspapers every week, across all age groups (Figure 4).

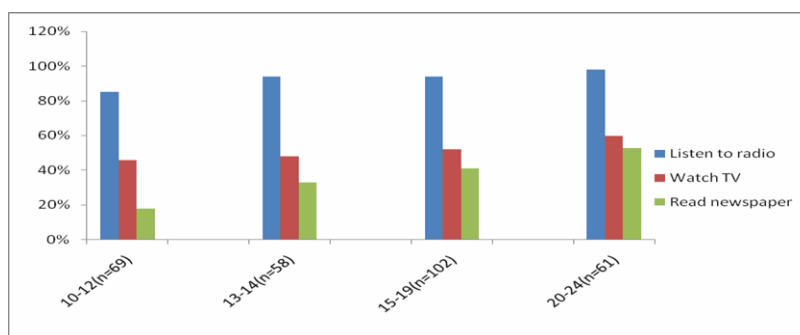


Figure 4: Type of media exposure reported by young men in the sample population (by age group)

With regard to the knowledge about human reproductive biology and pregnancy prevention, at least 25% of any age group could not correctly answer the questions about puberty in boys or girls or about fertilization. At least 25% of the sample population neither knew about sexual maturity age of girls and boys nor the definition of fertilization. Knowledge about the most likely time during the month a girl can get pregnant was extremely low. Male condoms were the most mentioned method of pregnancy prevention. Although majority (>90%) of young men aged 15-24 knew that male condoms could prevent pregnancy, <60% of those aged 13-14 did so. Less than 40%

of young men aged 13-19 knew about contraceptive pills but over 60% of those aged 20-24 did so. 74% of the participants aged 13 and above knew that HIV was transmitted through sexual intercourse and could be prevented by abstinence and condoms. Less than one quarter of young men use condoms consistently with their spouses/ steady partners. Conversely, about half never used condoms with their spouse/steady partner. Even with other partners, consistent use is low though married men were more likely to use them with another partner than consistent partner.

Discussion

The results of the survey show that young men need more information to improve their sexual and reproductive health knowledge, attitudes and behavior. The young men had inadequate basic knowledge on reproductive biology and certain specifics about HIV and sexually transmitted infection transmission and prevention. The need for sexual and reproductive health information is evident across all age groups. This finding concurs with UNAIDS report that youth around the world have shown an alarming degree of misinformation and lack of knowledge about HIV/AIDS among young people and many of them cannot access condoms (UNAIDS, 2004). Furthermore, the young men in the sample population displayed widely varied attitudes toward gender norms, the role of women in sex and condom use which could influence their sexual behavior. By the age of 16, almost 80% said that they had had sex. Multiple partners were common among those who engaged in sex, regardless of marital status, and few used condoms consistently. The highest percentage that consistently used condoms whenever engaging in sex with other partners was only 35% among those aged 20-24 years. While many of the 20-24 year olds had been tested for HIV, few of the 15-19 year olds reported being tested. In Sub-Saharan African countries with high prevalence of HIV, the mode of the transmission of the virus has been known to be heterosexual (UNAIDS, 2004). However, many young people do not know how to protect themselves from HIV. Surveys conducted within Sub-Saharan Africa found that only 21% of young women and 30% of young men aged 15-24 years had knowledge needed to protect them from HIV. Furthermore, in the Commonwealth of Independent States (CIS), only 7% of young men and women were equipped with comprehensive and correct knowledge about HIV/AIDS (UNAIDS, 2004). Many Sub-Saharan

countries (44 out of 107 countries) have failed to include HIV/AIDS in their school curriculum, as shown in one global study (Lopez, 2002; UNAIDS, 2004). UNAIDS has also shown that in Sub-Saharan Africa, only about 8% of young people out of school and only slightly more among those in school have access to education on prevention measures against HIV/AIDS (millenniumindicators.un.org). However, if young men are empowered with knowledge on the prevention against HIV/AIDS, they have enormous potential for changing the course of HIV/AIDS epidemic; this concurs with a research conducted in Uganda (Cohen, 2003; UNICEF, 2002), in which a dynamic youth movement against AIDS launched a campaign to delay sexual initiation, reduce the number of sexual partners and increase condom use actually reduced HIV prevalence among teenagers aged between 15 and 19 in Kampala from 22% to 7%. The emphasis on the involvement of young men in the promotion of safe sex and reproductive health issues is important because men have great influence on decision making as far as sexual matters and marriage are concerned. One study conducted in Kisumu and Zambia by Glyn et al (2001) revealed that married girls aged between 15 and 19 have higher HIV infection levels than non-married, sexually active females of the same age. Hence young women had a much higher prevalence of HIV than young men. This is partly because many young women experience coerced and unprotected sex from an early age; such forced sex is associated with consequent abrasions, which facilitate the entry of the virus during sex (UNAIDS, 2004). Studies in Sub-Saharan Africa on age difference between girls (aged between 15 and 19) and their sexual partners show a gap of six or more years; this wide age gap limits the girls' powers to resist unsafe sexual practice (Luke and Kurz, 2002).

The results suggest various ways of disseminating health information to young men. Most reported they either go to church or are members of youth clubs. In addition, listening to the radio is very common. Similarly, many young men had attended sex education lessons, but the topics of the lessons that they reported shows a need to broaden the scope of these types of programmes.

It was concluded from the study that inadequate basic knowledge about transmission and prevention of HIV and other sexually transmitted infections (STIs) is significantly high among young men in the study area. Ignorance on safe sex by abstinence or use of condoms and reproductive health knowledge is significantly high among younger men but the ignorance decreases with age. There is an urgent need to advocate for safe sex and reproductive health across all age groups of young men in the study.

References

- Bicanic, T., Harrison, T. (2005) Cryptococcal Meningitis. *British Medical Bulletin*. 72(1). 99-118.
- Bii, C., Makimura, K., Abe, S., Taguchi, H., Mugasia, O., Revathi, G., Wamae N., Kamiyas (2007). Antifungal drug susceptibility of *Cryptococcus neoformans* from clinical sources in Nairobi, Kenya. *Mycoses*. 50(1)..25-30.
- Central Bureau of Statistics (CBS)(2003) Republic of Kenya, Population Figures for Towns and Municipalities,.
- Chi Chiao and Vinod Mishra. (2009). *Trends in primary and secondary abstinence among Kenyan youth. AIDS Care, Volume 21: issue 7*.
- Cohen, A. (2003). Beyond slogans: Lessons of Uganda experience of ABC and HIV/AIDS, New York. Alan Guttmacher Institute.
- Glynn, et al., (2001). Why do young women have a much higher prevalence of HIV than young men? A Study in Kisumu, Kenya and Ndola, Zambia, *AIDS*, 15 (suppl 4): 551.
- Hakim, G., Gangaidzo, T., Heyderman, R. (2000), Impact of HIV infection on meningitis in Harare, Zimbabwe: a prospective study of 406 predominantly adult patients, *AIDS* 14pp. 1401-1407.
- Kenya Demographic Health Survey (KDHS), (2003). Calverton, M.D (USA): Central Bureau of Statistics, Ministry of Health and ORC Macro.
- Lenth, R.V. (2006) Java Applets for Power and Sample Size [Computer software]. Retrieved 04/14/2008, from <http://www.stat.uiowa.edu/~rlenth/Power>.
- Luke, N., Kurz, K. (2002). Cross-generational and Transactional sexual relations in Sub-Saharan Africa, Washington, AIDS mark. www.icrw.org/docs/cross gensex report 902pdf.
- Mitchell, T.G., and J.R. (1995) Perfect. Cryptococcosis in the AIDS era-100 years after the discovery of *Cryptococcus neoformans*. *Clinical Microbiological.. Reviews* 8:515-548.
- National AIDS Control Council (NAS COP), 2000-2005: xv, 70p.
- UNAIDS. (1998) AIDS Epidemic Update: December 1998. Geneva: UNAIDS,.
- UNAIDS. (2006) Report on Global AIDS Epidemic 2006. Geneva: UNAIDS, Uasin Gishu District Development Plan, 1996-2001.
- UNAIDS. (2004). At the cross roads: Accelerating Youth Access to HIV/AIDS intervention.
- UNAIDS, (2004); Report on the Global

AIDS Epidemic 2004: 4th Global Report
UNAIDS/04.16E), Geneva, Switzerland:
UNAIDS.

UNICEF, UNAIDS, WHO, (2002). Young
people and HIV/AIDS: Opportunity in
Crisis: New York: UNICEF.

United Nations Commission on Population
and Development (2005). *Monitoring of*

*population programmes, population,
development and HIV/AIDS emphasis on
poverty.* Commission on Population and
Development, thirty-eighth session,
Geneva, 4–8 April

WHO (2003) World Health Report 2003.
WHO, Geneva.