STUDENTS ATTITUDES TO ABC AS A STRATEGY FOR HIV/AIDS
PREVENTION WITHIN KENYATTA UNIVERSITY

BY

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E35/0204/02

A RESEARCH PROJECT REPORT FUNDED BY UNITED NATIONS
DEVELOPMENT PROGRAM (UNDP) THROUGH KENYATTA UNIVERSITY

MARCH, 2006
DECLARATION

This report is my original work and has not been presented anywhere.

Signature........................................Date 23/3/06

GIDRAPH MUGO KAIRU
E35/0204/02

I confirm that this project was carried out under my supervision

Signature........................................Date 23/3/06

DR. ISAAC MWANZO
DEPARTMENT OF PUBLIC HEALTH
KENYATTA UNIVERSITY
DEDICATION

To my dear fiancée, Joyce Mueni; my parents, brothers and sisters.
Special dedication goes to my college mate and brother in Christ, Samuel Odao, who gave me encouragement.
ACKNOWLEDGEMENTS

Special appreciation goes to the United Nations Development Programme (UNDP) for their financial support through the University that facilitated the completion of this thesis. Sincere gratitude goes to my supervisor Dr. Isaac Mwanzo of Kenyatta University. Heart felt gratitude goes to Dr. Josephine Gitome, coordinator of Kenyatta University United Nations Development Programs (KU/UNDP). Finally, I wish to extend my gratitude to all my colleagues and friends of Kenyatta University for their positive responding to questionnaires and invaluable insights that facilitated successful completion of this study.

To Almighty God be the honour and Glory.
ABSTRACT

This study sought to establish and document the perception of risk and attitudes to ABC approaches of HIV/AIDS prevention among Kenyatta University students. The research specifically focused on the practicability of the ABC framework within the university environment. Using descriptive cross-sectional approach, a structured questionnaire was administered to a randomly selected sample of 84 respondents aged 20-24 years (mean = 22), during the first session of 2005/2006 academic year.

The findings show that more than 60% of the respondents perceived themselves to be at risk of contracting HIV/AIDS. This likelihood could be hinged on perceived impossibility of completely abstaining from sexual contacts (58%). Another 18% said they didn’t trust their sex partner(s). Other reasons like blood/body fluid contacts from/during transfusion, transplant, accident or handling HIV/AIDS patients were also cited by 22%.

By contrast, of those who perceived themselves not to be at risk, majority (79%) said they were abstaining. With regard to prevention, the results show that the majority of students considered abstinence to be the most important (51%), followed by Being Faithful (20%). Condoms were mentioned by 17%. Those who preferred abstinence said it was the safest (61%). Faithfulness was credited with creating stable relationships (24%).

For those who cited condoms, 72% associated it with affordability.

The general response to the ABC shows some positive opinions. However, there are a proportion of students who expressed impracticability of adopting ABC.

The study concludes that the university programmes that are in place to sensitize the students on matters related to HIV/AIDS infection and prevention require some re-engineering to bear the right outcomes. This study recommends that any future programs or policy within the university being aimed at creating awareness on HIV/AIDS should re-examine the current ABC approach.
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CHAPTER ONE
INTRODUCTION

1.0 Background to the Study

The global epidemic of HIV/AIDS is one of the most challenging public health emergencies. Approximately 40 million people are living with HIV worldwide. The majority (28.1 million) are to be found in Sub-Saharan Africa particularly the reproductive and economically productive group. HIV impacts on all sectors with far reaching effects. The consequences of HIV/AIDS include death, orphaned children, child headed households, loss of labor and talent. The economic losses, investment in educating youth, burden of hospitalization, medication, and care for the infected and affected is enormous. The social stigma associated with AIDS prevents care and support for the infected and affected. As such there is an urgent need to devise strategies to reduce the prevalence of the disease particularly among the youth. The challenges of combating HIV/AIDS menace are more complicated among the rural and urban poor (UNAIDS Report 2004).

The risk factors for HIV transmission include multiple sexual partners, cultural practices, poverty, gender, peer influence, drug and substance abuse among others. Long-term investments and talent is wasted as the reproductively active groups succumb to HIV/AIDS. In order to effectively curb the spread of HIV, there is need to equip communities with correct and adequate information that can enable them to make reasoned and informed choices that can be used to mitigate transmission of the virus and influence positive behavior change.

It is argued time and again that raising the level of awareness of communities on HIV/AIDS equips them with skills useful in reduction of stigma and discrimination, skills of positive living with HIV/AIDS, behaviour change and healthy choices as a means of mitigating the spread of HIV/AIDS.
According to the Republic of Kenya session paper No.3 (1997), it has been reported that the chief mode of HIV/AIDS transmission is through sexual contacts. Other modes of HIV/AIDS transmission like blood transfusion, administration of blood products and organ transplant have been minimized through HIV-screening (WHO, June, 1994). Thus, any sexual behavior that may lead to an exchange of semen, vaginal fluids, or blood is a risky one (Republic of Kenya Session paper No. 4, 1997; Nursing Times: Module 2 (2002); WHO, June 1994). The following are sexual risk-taking behaviors:

- Unprotected penetrative sex, both anal and vaginal
- Unprotected receptive sex, both anal and vaginal
- Sex with multiple sex partners
- Oral sex, both fellatio (oro-penile sex) and cunnilingus (oro-vaginal sex)
- Sexual activities where blood is shared.
- Shared sex toys
- Sex with a person who participates in any of the above mentioned.

In recent years, there have been concerns over some of the approaches used in the fight against HIV/AIDS. Particular to this study is the ABC of HIV/AIDS. For instance, the public burning of condoms and AIDS-awareness material in a ceremony presided over by the late Cardinal Otunga of the Catholic Church in Kenya in 1996 clearly highlights the deep resentment over the proposal to teach FLE including condom use in schools. The condom burning ceremony held under the theme of "Choose Chastity: 100 percent safe" clearly outlined Cardinal Otunga's position over the proposal to teach FLE in schools in Kenya. Some of the posters read in part:

It is immoral to teach family life education in schools. Sex education is not the cure for AIDS, abstinence and fidelity are. No legalization of abortion, it is murder, more contraceptives, more abortions and Trust condoms, trust death (...) (Salmon, 1999:7)

This was a second similar event after that of 1995 organized by church leaders. In their views, the teaching of contraceptives would make people engage in sexual intercourse for
the sake of pleasure and this is immoral. The Archbishop of the Catholic Church in Kenya, Bishop Raphael Ndingi (1993, 1999, and 2000) had repeatedly taken a strong stand against the teaching on the use of contraceptives. In his arguments, the Bishop advised the government and parents at large not to teach the use of contraceptives to young people particularly the use of condoms. He maintained that they are not hundred percent safe, and even if they were, human sexuality must be respected, to the extent that the use of condoms makes it immoral. He contented that:

What this country needs in order to address problems of STIs such as HIV/AIDS and unwanted pregnancy is chastity. People both young and old should shun sexual immorality and respect themselves. We do not need condoms and pills. Let them respect sexuality as a gift from God and not use it for purposes of pleasure or material gain (Ndingi 2000:13).

The scenario described above raises policy issues over the people’s perceptions towards the condom use. Furthermore, there are several advertisements that seem to show that condoms are good; they give pleasure while having sex and so on. The current study purposes to find out how this situation affects the manner in which university students go about reducing risky sexual behaviour.

1.2 Statement of the Problem.

Mixed reactions towards efforts to reduce the spared HIV/AIDS have been reported widely. These reactions raise pertinent concerned as to whether the fight against HIV/AIDS is achieving its goals or it has become its own antithesis. With regard to university students, the concern is whether students really pay attention to the many interventions strategies available to them. It is expected that the findings will provide a database for a comprehensive HIV/AIDS awareness programme that will enable students to make more accurate personal judgments and ultimately adopt positive health changes. It is also expected that these findings will reveal the gaps that exists between what the students know and what they ought to have known. What they do and they ought to do.
This is likely to be important for counselors, teachers, health workers, parents and general public as they will be aware of the specific aspects to address when educating students on this disease.

1.3 Research Questions

The following questions guided the study:

a) Do Kenyatta University students perceive themselves to be at risk of contracting HIV/AIDS?
b) What are some of the reasons that make them perceive to be at risk?
c) What are some of the reasons that made them perceive not to be at risk?
d) Are the students aware of the approaches used to prevent HIV/AIDS spread?
e) Which method do Kenyatta University students use to minimize the spread of HIV/AIDS?
f) What is the attitude of Kenyatta University towards the approaches (ABC) used to minimizing the spread of HIV/AIDS within the student community?
g) How effective is the ABC approach in minimizing the spread of HIV/AIDS among Kenyatta University student community?
h) What are the merits and demerits that may prompt the use of ABC as a method of preventing HIV/AIDS?
i) What would be the best strategy for prevention of HIV/AIDS amongst university students?

1.4 Objectives of the Study

The main objective.

a) To document perception of risk and attitudes to approaches to HIV/AIDS prevention among selected Kenyatta University students.
Specific objectives

b) To establish the students perception of vulnerability to the HIV/AIDS.
c) To document their attitudes to ABC of HIV/AIDS.

1.5 Limitations of the Study

This study was limited to Kenyatta University students who were in session during the first semester of the academic year 2005/2006.

1.6 Assumptions of the Study

In this study it was assumed that university students are exposed adequate information regarding HIV/AIDS, which they could make, use of in shaping their knowledge and behaviour to minimize the spread and contracting of the disease.

1.8 Conceptual Framework

This study adopted a framework in which behavioral modifying factors were taken as independent variables while the likelihood of taking action was taken as dependent variable. This conceptual translated into the figure below:

<table>
<thead>
<tr>
<th>Modifying Factors</th>
<th>Likelihood of Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographic variables e.g. Age, sex, race, ethnicity etc</td>
<td>Perceived benefits of prevention action minus perceived barriers to preventive action</td>
</tr>
<tr>
<td>Sociopsychological Variables Personality, social class, peer Pressure etc</td>
<td></td>
</tr>
</tbody>
</table>
Definition of Terms

i. **HIV** – Human Immunodeficiency Virus. A virus that affects the immune system of human beings.

ii. **AIDS** – Acquired Immunodeficiency Syndrome. The consequence of infection with the human immunodeficiency virus type 1 which results in broad suppression of cell mediated immunity. This results in an increased incidence of infection by a variety of opportunistic bacterial, fungal, protozoan, and viral pathogens, as well as of malignancies such as Kaposi Sarcoma and Lymphomas.

iii. **Epidemic** – affecting many individuals within a population, community, or region at the same time; an outbreak of sudden, rapid spread.

iv. **ABC** – Acronym for Abstain, Be Faithful, and Use of Condoms
CHAPTER TWO
LITERATURE REVIEW

2.0 Introduction

This section reviews literature that relates to the current study. It brings out the gaps and provides comprehensive analysis of attempts made towards combating HIV/AIDS and the perceptions of people towards such efforts.

2.1 Perception of risk of contracting HIV/AIDS

One of the reasons given for the spread of HIV/AIDS is the failure by individuals to perceive themselves to be at risk of infection (Putts, 1995; WHO, 1995). The following are the some of the reasons why individuals do not perceive themselves to be at risk of contacting HIV/AIDS as summarized by Pecker (1974), Rosenstock (1984):

- The myth that HIV/AIDS is a disease of the minority,
- Optimistic bias belief,
- Consideration of risk-cost off,
- Over estimation of prevalence of risk behaviors.

2.4 Prevention of HIV/AIDS

According to the world health organization (1994), the main modes of preventing HIV/AIDS infection include:

1. Complete sexual abstinence,
2. Use of condoms during sexual contacts,
3. Lifetime mutual monogamy (Being faithful to one partner),
4. Safer sex:
   i. Abstaining from risky sex acts
   ii. Use of a latex condom during risky sexual acts;
   iii. Use of spermicidal non-oxinol-9
   iv. Use of massage.
5. Avoidance of having sexual contacts with those involved in casual sex relationships

2.5 Past studies on HIV/AIDS

Several studies have reported a high level of knowledge on the modes of HIV/AIDS transmission but with gender variation (Becker and Joseph, 1988; Bilglan, 1990; Golombok, 1989; Varga and Makubalo, 1996). For instance, in study on sexual decision making and negotiation in the midst of HIV/AIDS in Kwazulu Natal South Africa, Varga and Makubalo (1996) found from their 39 and 34 female and male respondents respectively, that knowledge regarding acquisition and transmission of HIV/AIDS was high among female participants. When asked to list the means by which HIV/AIDS could be acquired, females more readily than males indicated unprotected sex (49 percent), blood contact (24 percent) and multiple partners (13 percent); Studies by Obudho (1992) and Williams (1993) have reported identical results showing major aspects of HIV/AIDS transmission incidences of unprotected sex and high frequencies of multiple sexual partner were still prevalent.

Other studies indicated that knowledge on how HIV/AIDS is transmitted still has ‘yawning’ gaps [Dawsons, cyamon, full, 1988; Obudho, 1992; population studies and Research Institute-university of Nairobi, 1989-1991]. Though the study by Dawson et al. [1988] on knowledge and attitudes about AIDS revealed that 95 percent of the 3100 US civilian respondents believed that HIV/AIDS could be transmitted through sexual intercourse, substantial numbers were grossly misinformed. For instance, a third or more of the respondents wrongfully thought it was definitely or probably true that sharing eating utensils could make one contract HIV/AIDS or eating in a restaurant where a cook had HIV/AIDS or using public toilets or being bitten by insects. The study by Obudho (1992) on urbanization, sexual practices, and the risk of the spread of HIV/AIDS in Kenya found gender differences in the level of knowledge on risky sexual behaviors. However, the high level of knowledge on risky sexual was also reported not to have had a positive impact on their actual sexual behaviors. Lema and Hassan’s study [1994] on knowledge of sexually transmitted diseases, HIV infections and AIDS among adolescents in Nairobi corroborated Obudho’s study besides the findings that females were more likely than males to report changes in behaviour after hearing about HIV/AIDS. Boys
were also found to have had more sexual partners compared to girls. 37.3 percent of the students reported coitus with high-risk groups.

Several studies have also been conducted among high-risk groups like drug abusers, Commercial sex workers and gay men [Barnard, 1993; Beccker and Joseph, 1988; Jones, Forret and Goldman, 1985]. A study conducted in 1984 and 1985 [Jones et al., 1988] in New Jersey on knowledge of HIV/AIDS self-reported protective among 305 IV drug abusers reported a high level of knowledge about HIV/AIDS transmission although high-risk sexual behaviors still persisted. The study by Becker and Joseph [1988] reported prevalence of unprotected sex among gay bisexual men in Canada. Use of alcohol prior to sex was highly related to high frequencies of unprotected sex.

In his study on adolescents’ high-risk sexual behaviors in Australia among 128 adolescents, Bilgan [1990] found that adolescents who engaged in one type of high-risk Sexual behaviour was also likely to engage in high-risk sexual behaviors. For instance, adolescents who reported to have had sex with multiple partners whom they did not know very well also reported low usage of condoms. Moreover, high-risk sexual behaviors were also related to other high-risk behaviors, such as smoking and drinking.

2.6 Arguments Relating to Some Approaches used to Combat HIV/AIDS

Some scholars and organizations have expressed reservations over proposals such as introduction of Family Life Education in schools. Strong opposition to the teaching of FLE in schools seems to focus on human sexuality. The anti-FLE group maintains that such an exposure would enhance sexuality problems and hence, it should not be part of the school curriculum. Accordingly therefore, imparting of sexual knowledge and exposure to information relating to human sexuality will lead to increased indulgence in sexual intercourse. Attention is particularly drawn to young people, of which it is feared could put such knowledge to test and experiment thereby destroying sexual morality. In addition, fears are expressed that equipping young people with such knowledge is another form of encouraging sexual indulgence. Makau (2001) asserts that:
Before the discovery of penicillin and other related drugs, people feared venereal diseases and therefore tried to take precautions while indulging in sexual behaviors, but after, the fear disappeared and promiscuity became rampant...Now once the youth will have the knowledge on how to avoid unwanted pregnancies, STDs and so on, they are likely to abuse sex, knowing very well that the chances of related problems are minimal (...) to maintain chastity, such an exposure should be shunned out of schools...

(Makau, 2001: 10).

Makau’s views seem to compare well with those held by Nassir (1999), one time Kenya’s Minister for Home Affairs and National Heritage, when he spoke against the use of contraceptives to young people. He argued that if young people are taught about contraceptives, it is like advising them to have sex. He maintained that young people do not know about sex, but given contraceptives especially condoms; they may think they are free to engage in sexual intercourse.

In another development, Chelang’a (1995) opposed the move to introduce FLE in schools and maintained that some learners could chose to act contrary to whatever they are told as a result of curiosity. Under these conditions, sexual morality will be destroyed, as moral decay becomes rampant. Chelang’a’s position seemed to echo Ingumba (1985), who felt that such an exposure does not necessarily mean that learners will behave as guided. To him, the recipients, who in this case are the learners, would act contrary to the advice and guidance. His contention was that:

(...) Learners are likely to put such information to experiment. Some would choose to act contrary to what they are told (...) consequently, cases of teenage pregnancy would increase due to increased sexual experimentation (...) the subject should be excluded from the school curriculum (Ingumba, 1985:9).

Amisi (2000) seemed to concur with Chelang’a and Ingumba (1985) when he argued that there would still be immorality despite there being instruction in FLE. To him, people have a tendency of doing things that they know are wrong. In this case, people should be helped to uphold principles accepted to govern their moral conduct, and not just mere transmission of knowledge. He maintained:
(...) It is not teaching and exposure or instruction that will yield good manners and reduction of moral problems related to human sexuality. People have always known what is desired in certain circumstances, but still act to the contrary (...). There are many posters on the streets; many radio announcements and seminars on HIV/AIDS, teenage sex and irresponsible sexual behaviors, yet people are not easily changing. It is not that they lack knowledge; they only fail to act (Amisi, 2000:19).

Comparatively, those who had argued for the introduction of Family Life Education in schools had their grounds. Those who subscribe to the view that FLE be introduced in schools in Kenya (Pro-FLE group) argued that many young people do not have adequate knowledge and skills to deal with moral challenges related to human sexuality. Most of them indulge in sexual behaviors without understanding the consequences of such practices. They hold that some of the young people are at times misinformed about what human sexuality entails and this could be dangerous to their lives. This state of ignorance is the cause of unpleasant living. Within this line of thought McCary (1996), a sex therapist writes:

I came increasingly to recognition of the marked detriment to emotional wellbeing brought by sexual ignorance (...). I have been amazed and distressed by the sexual ignorance revealed by the vast majority of college students with whom I talk. This observation holds not only for college students but also to a vast majority of the population. Any knowledgeable sex educator or psychotherapists will concede that sex-related misinformation all too often causes havoc in the individual’s emotional life and in his or her marital relationship as well. As away of eliminating problems caused by ignorance family life education should be put on the school timetable as subject charged with transmission of true knowledge on sexuality (McCary, 1996:v)

In further support of FLE as a tool of fighting sexual ignorance, Lewis (1984) argued that young people were being put under great pressure in their daily lives to make crucial decisions in the area of sexuality, yet they received least guidance. She observed that both the church and the school have ignored sex as an area of general education and the result is ignorance of the full dimension of human sexuality, and the prevalence of myths and
taboos, as people struggle first of all to understand the mysteries and potential of sex, and then to cope with the problems caused by the very nature of sexuality, which persists, from childhood into adulthood. She continued to say:

The difficulties that many adults are having in their relationships can be traced to lack of understanding of human sexuality...what is needed is a consistent and enlightened FLE programme to offer children a framework of knowledge and guidance in human sexuality (...) to help them make informed decisions (Lewis, 1984:4).

The examined mixed reactions towards such an approach to addressing HIV/AIDS and other related STDs, raises concern on really the knowledge received is taken into action, and how each of the ABC elements are put in practice in particular. Attitude of those intended to practice such a framework equally becomes a point of concern. Overall, there is need to find how efficient this approaches have been in the light of this mixed reactions. The current study focused on this area.

2.6 Studies on Perceptions of Risk of Contracting HIV/AIDS
A number of studies have revealed that individuals believed that they are not at risk of contracting HIV/AIDS even when they were involved in behaviors, which could predispose them to HIV/AIDS infection. For instance, Tuner et al, [1988], found in a study on sexual behaviour, contraceptive practice and knowledge of AIDS of628 Oxford University undergraduates that the students estimated their on personal risk of HIV/AIDS to be less than that of others of their own age and sex. This was true even for those individuals who were engaging in activities associated with greater risk of HIV/AIDS infection. A study on perceptions of risk among 78 patrons of sex industry in Australia by Barnard [1993] and Jones et al. [1985] also revealed perceptions of invulnerability. Of the256 respondents in a study on sexually transmitted diseases by Bilgan [1990], 27.3 percent still believed that they were resistant to HIV/AIDS while 15 percent believed that as committed Christians, they could not get HIV/AIDS
CHAPTER THREE
RESEARCH METHODOLOGY

3.0 Introduction
This chapter deals with various procedures and strategies that were used in the study. It presents research design, study location, target population, sample and sampling procedure research instruments and procedures for data collection and analysis.

3.1 Study Location and Research Design
This study was carried out among Kenyatta University resident in the main campus. An exploratory descriptive survey design was adopted. According to Mugenda and Mugenda (1999), a survey approach allows and facilitates collection of a large amount of data from a sizeable population in a highly economical way. Orodho (2000) re-affirms that descriptive survey designs are used in preliminary and exploratory studies to enable researchers to gather information, summarize and interpret it for the purpose of clarification. Descriptive survey was deemed appropriate for the proposed study because it enabled the researcher to collect qualitative information regarding the feelings of Kenyatta University towards sexual relationships and the emerging issues as it relates to HIV/AIDS scourge and approaches used to combat it.

3.2 Target Population
The target population of this study was university students, who were in session during the first semester of the academic year 2005/2006. University students were chosen for this study because they are comprised of:

   i) Sexually active part of the society living together.

   ii) An intellectually above average group and how this potentiality related to their capacity to deal with matters pertaining to HIV/AIDS was of interest to the researcher

   iii) Different people with diverse demographic backgrounds.

   iv) A group that would there after serves in the society as models, social workers, teachers, instructors, administrators, and above all, parents. Knowing their
level of knowledge on major aspects of HIV/AIDS epidemic and reinforcing health programs to arm the students for this challenge was of great interest.

v) The students comprised of an incoming group at the university, which had not been exposed to campus educational and social life. It was of interest to know the background from which HIV/AIDS awareness programs could be re-strategize in the campus.

vi) The students comprises of continuing and outgoing group who were already exposed and gone through the process of education and socialization. Thus, any positive or negative impact of the existing HIV/AIDS education campaigns at the university was reflected in their responses.

Thus, it was of great interest of the researcher to know the knowledge and attitudes to ABC amongst Kenyatta University students to the prevention of HIV/AIDS in the above diversity.

3.3 Samples and Sampling Procedure

The study had a sample of eighty four (84) students, randomly selected from the students who were in session of the first semester of the academic year 2005/2006

Stratification took into consideration the following demographic variables:

- Students year of study
- Sex or Gender of the student
- Religious affiliation

3.4 Research Instruments

A questionnaire was used for data elicitation. It was advantageous to use the questionnaire because a lot of information could be collected within a very short time. The confidentiality of a questionnaire gave respondents freedom to note down their responses without fear.

With the help of supervisor and from literature review related to the topic, the researcher formulated the questionnaire used for the study. Items in the questionnaire were structured (closed-ended) and unstructured (open ended). The structured questions were used to measure the objective responses while the unstructured items measured the
subjective responses, clarified the objective responses, and also enhanced formulation of useful recommendations to the study.

3.5 Preparation of the Data Collecting Instrument

The questionnaire comprised of four sections:

- Section A – Included questions seeking demographic data of the respondents.
- Section B – Included questions seeking data on perception of vulnerability.
- Section C – Included questions seeking data on the student’s perception on ABC in the environment of Kenyatta University.
- Section D – Included questions seeking data on prevention of HIV/AIDS through ABC.

3.6 Administration of the Instrument.

The researcher personally distributed the questionnaires to the respondents. This was done in their respective rooms in the hostels where the respondents were required to respond to them for a period not exceeding one hour. The researcher, then collected the questionnaires.

3.7 Data Analysis

Both qualitative and quantitative techniques were used to analyze data generated for the study. Qualitative involved the presentation and analysis of data in narrative form using words such as most, many, few, among others. Description was also done in form of percentages and ratios where applicable. Quantitative was presented using numbers, figures, and tables.
4.0 Introduction
This study sought to establish and document the perception of risk and attitudes to approaches used in HIV/AIDS prevention among Kenyatta University students. Questions have been raised over how effective this ABC framework is in combating the spread of HIV/AIDS. A total of eighty-four (84) respondents participated in the study. They were randomly selected from the student population that was in session of the first semester, academic year 2005/2006. Males represented 60% and females consisted of 40% of those who were studied. The respondents mean age was about 22 years (20-24 years). Using their demographic variable of year of study and sex, the respondents are tabulated in table 1 below.

Table 1: Respondent's Year of Study

<table>
<thead>
<tr>
<th>Year of study</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>17</td>
<td>10</td>
<td>27</td>
</tr>
<tr>
<td>2</td>
<td>5</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>3</td>
<td>11</td>
<td>6</td>
<td>17</td>
</tr>
<tr>
<td>4</td>
<td>18</td>
<td>12</td>
<td>30</td>
</tr>
<tr>
<td>Grand Total</td>
<td>51</td>
<td>33</td>
<td>84</td>
</tr>
</tbody>
</table>

4.1 Perception of Vulnerability
The researcher sought to establish how the respondents rated themselves with regard to the risk of contracting HIV/AIDS. Of the total respondents, 60% said they were at risk of contracting HIV/AIDS. Males perceived themselves to be at a higher risk (35, 42%) compared to females (15, 21%). Females who said they were not at risk comprised 21% (18) compared to 19% (16) males. The results are tabulated below.
Table 2: Perception of being at Risk to HIV/AIDS (N=84)

<table>
<thead>
<tr>
<th>Response</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>50</td>
<td>60</td>
<td>34</td>
</tr>
</tbody>
</table>

Those who perceived themselves to be at risk or vulnerable to HIV/AIDS cited the following reasons. 22 males said they were unlikely to completely abstain from sex compared to 7 females. Another 6 males and 3 females mentioned that they didn’t trust their sexual partners. Another 5 respondents (3 males, 2 females) said they rarely used condoms during sexual encounters. Similarly, 11 respondents (6 males, 5 females) cited other reasons like through blood contacts during transplant and transfusion. Another 8 respondents (5 males, 3 females) cited religion as a hindrance to the use of contraceptives. The results are as follows:

Table 3: Reasons for perception of being at Risk (N=50)

<table>
<thead>
<tr>
<th>Reasons</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) I do not trust my sexual partner.</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>ii) I have several sexual partners.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>iii) I rarely use condoms during sexual encounters.</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>iv) I am unlikely to completely abstain from sex.</td>
<td>29</td>
<td>58</td>
</tr>
<tr>
<td>v) My religion forbids use of contraceptives.</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>vi) Others*</td>
<td>16</td>
<td>32</td>
</tr>
</tbody>
</table>

- Blood contacts during accident, transfusion, transplant.
- Sharing of sharp instruments
- Handling HIV/AIDS patients

NB: N - in the table stands for number of responses

Those who perceived themselves not to be at risk (N=34) gave the following reasons. Majority (79%) said they were abstaining from sexual contacts, another 38% said they don’t expose themselves to other modes of transmission, another 29% said that they had
no sexual partners, another 27% said that they had one sexual partner to whom they were faithful to and believed is also faithful. A few (3%) said parental restrictions hindered them to engage in sex, another 6% said they were busy with their studies and would like to give it full concentration.

Table 4: Less or not vulnerable (N=34)

<table>
<thead>
<tr>
<th>Reason</th>
<th>Male (N=16)</th>
<th>Female (N=18)</th>
<th>Total (N=34)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>1. I am abstaining</td>
<td>13</td>
<td>81</td>
<td>14</td>
</tr>
<tr>
<td>2. Have no sexual partner</td>
<td>7</td>
<td>44</td>
<td>3</td>
</tr>
<tr>
<td>3. I don’t expose myself to other modes of transmission</td>
<td>6</td>
<td>38</td>
<td>7</td>
</tr>
<tr>
<td>4. I have only one partner whom I am faithful to and believe is also faithful</td>
<td>1</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>5. I always have protected sex</td>
<td>1</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>6. Have gone for VCT checkups</td>
<td>4</td>
<td>24</td>
<td>3</td>
</tr>
<tr>
<td>7. I am busy with my studies and neglect social practices that can lead to sexual acts</td>
<td>2</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>8. I am not sexually impressed by campus ladies by the way they behave</td>
<td>2</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>9. My dad would kill me if he knew I have sexual relationship.</td>
<td>1</td>
<td>6</td>
<td>0</td>
</tr>
</tbody>
</table>

4.2 HIV/Aids Prevention Methods Applicable to University Students

The researcher sought to know which method(s) of the ABC framework applies to university students. The results are as follows: majority of the respondents reported the use of condoms, abstinence and being faithful in various combinations. Condoms and abstinence were mentioned separately by 35% and 19% respectively. Faithfulness featured scarcely being mentioned by only 5%.
Table 5: Methods applied by university students in the prevention of HIV/AIDS (N=84)

<table>
<thead>
<tr>
<th></th>
<th>Abstinence</th>
<th>Faithfulness</th>
<th>Condoms</th>
<th>All/None of the above</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>16</td>
<td>4</td>
<td>29</td>
<td>35</td>
</tr>
<tr>
<td>%</td>
<td>19</td>
<td>5</td>
<td>35</td>
<td>42</td>
</tr>
</tbody>
</table>

Individual Preference of ABC methods

Having established the method that applies to university students from the respondents, it was of great importance to know whether their choice was applying to them individually. Thus, the question stated: Of the stated HIV/AIDS prevention methods (ABC) which one applies to you? The results indicate that the majority reported abstinence (51%), followed by faithfulness (20%). Condoms were mentioned by 17% of the total respondents. On the basis of gender, it is noted that 11 females and 6 males mentioned being faithful as their preferred method. Another 24 males and 19 females mentioned abstinence. 11 males and 3 females mentioned use of condoms.

Table 6: Individual preferred method of HIV/AIDS prevention (N=84)

<table>
<thead>
<tr>
<th></th>
<th>Abstinence</th>
<th>Faithfulness</th>
<th>Condoms</th>
<th>All/None of the above</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>43</td>
<td>17</td>
<td>14</td>
<td>5</td>
</tr>
<tr>
<td>%</td>
<td>51</td>
<td>20</td>
<td>17</td>
<td>6</td>
</tr>
</tbody>
</table>

Reasons for selection of methods

When asked why they preferred the method of their choice, their responses are as follows: Those who preferred abstinence cited a variety of reasons mainly as the safest method (61%)
Table 7a: Those who preferred Abstinence (responses = 43)

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>i) It is a Christian moral value</td>
<td>11</td>
<td>26</td>
<td>6</td>
</tr>
<tr>
<td>ii) It is the safest method</td>
<td>13</td>
<td>30</td>
<td>13</td>
</tr>
<tr>
<td>iii) I am not married and would like to give my education full concentration</td>
<td>8</td>
<td>18</td>
<td>4</td>
</tr>
<tr>
<td>iv) It is cheap and no effects</td>
<td>3</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>v) I want to preserve my energy for my country, family and future spouse</td>
<td>4</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>vi) I want to present myself a virgin to my future husband</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>vii) I am too young to have/involve in sex</td>
<td>2</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>viii) I don’t trust anyone</td>
<td>2</td>
<td>5</td>
<td>0</td>
</tr>
</tbody>
</table>

For those who cited being faithful (17) most of the responses revolved around stability in relationships (24%)

Table 7b: Those who preferred Being Faithful.

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>i) I am not able to abstain</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>ii) Abstinence is not practical for students</td>
<td>2</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>iii) Faithfulness is a Gods command</td>
<td>1</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>iv) Being faithful gives some emotional stability because there is no doubt</td>
<td>1</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>v) It has low risk</td>
<td>1</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>vi) Faithfulness makes relationship to last longer.</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Out of the 14 who cited condom, the reasons given revolve around safety (72%), cost (36%)
Table 7c: Those who preferred the use of Condoms

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>i) It is safe although not 100%</td>
<td>7</td>
<td>50</td>
<td>3</td>
</tr>
<tr>
<td>ii) Allows to have sex with many partners without risking</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>iii) Abstinence is almost impossible</td>
<td>1</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>iv) I am sexually active and university students has to engage in sex</td>
<td>3</td>
<td>21</td>
<td>0</td>
</tr>
<tr>
<td>v) Sex is fun</td>
<td>1</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>vi) Condoms are cheap and readily available</td>
<td>3</td>
<td>21</td>
<td>2</td>
</tr>
<tr>
<td>vii) My sex partner demands its use</td>
<td>1</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>viii) I cant trust my sex partner</td>
<td>2</td>
<td>14</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 8: Number of sexual partners (N=84)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>%</th>
<th>2</th>
<th>%</th>
<th>3</th>
<th>%</th>
<th>Others*</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td></td>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>38</td>
<td>7</td>
<td>8</td>
<td>3</td>
<td>4</td>
<td>42</td>
<td>50</td>
</tr>
</tbody>
</table>

NB: Others: Includes responses like: Sexually inactive, None Am saved, and any other number apart from 1, 2, 3.

The majority mentioned one sex partner. However, a huge proportion (50%) seemed not to be sure of how to respond to this particular question.

Use of Condoms during sexual encounters

Having established the occurrence of sexual partnership among the respondents, the researcher sought to know whether the respondents used condoms during sexual encounters with their sex partner(s). A proportionate number (18%) ignored or never knew how to answer this question by leaving it blank. More than 43% said they don’t use compared with 39% of those said they do.
Table 9a: Use of condoms during sexual encounters (N=84)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>IGNORED QUESTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>33</td>
<td>39</td>
<td>36</td>
</tr>
</tbody>
</table>

Reasons for the use of condoms (n=33)
For those who said they use condoms, the majority of the responses revolved around prevention of STDs (45%) and pregnancy avoidance (39%)

Table 9b: Reasons for condoms use

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>n</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Prevent stds</td>
<td>9</td>
<td>6</td>
<td>15</td>
<td>45</td>
</tr>
<tr>
<td>Prevent pregnancy</td>
<td>8</td>
<td>5</td>
<td>13</td>
<td>39</td>
</tr>
<tr>
<td>Fear of the unknown</td>
<td>3</td>
<td>3</td>
<td>6</td>
<td>18</td>
</tr>
<tr>
<td>I don’t trust my partner</td>
<td>4</td>
<td>2</td>
<td>6</td>
<td>18</td>
</tr>
<tr>
<td>Demand by my partner</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>It’s the only option</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
</tbody>
</table>

Whereas the NO responses reflected the fact that some had earlier said they are not in any relationship.
Table 9c: Reasons for NO responses (N=51)

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have no sex partner</td>
<td>5</td>
<td>2</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>We trust each other</td>
<td>3</td>
<td>3</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>We don’t play sex</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>I don’t engage in sex</td>
<td>7</td>
<td>5</td>
<td>12</td>
<td>24</td>
</tr>
<tr>
<td>Condoms have limitations</td>
<td>3</td>
<td>2</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Condoms are unbiblical</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>I found her a virgin</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>I don’t know</td>
<td>17</td>
<td>7</td>
<td>24</td>
<td>47</td>
</tr>
</tbody>
</table>

4.3. Practicability of ABC Framework among Kenyatta University Students

In order to establish whether ABC framework was practical within Kenyatta University environment, the respondents were presented with a True/False questions. Each element of ABC had four structured questions, which tested: applicability, attitude, material cost, and whether the method was perceived to be for a particular group of people in the society.

The general response to the ABC shows some positive opinions. However, there are a proportion of students who expressed impracticability of adopting ABC. Table 10 presents the details.
## Table 10

### ABSTINENCE

<table>
<thead>
<tr>
<th>Principle Region</th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>1. Abstinence is just a theory and not practical</td>
<td>14</td>
<td>17</td>
</tr>
<tr>
<td>2. Abstinence is for religious fanatics</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>3. Abstinence is meant for those infected</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. Abstinence is impossible in the Kenyatta university environment.</td>
<td>20</td>
<td>24</td>
</tr>
</tbody>
</table>

### BE FAITHFUL

<table>
<thead>
<tr>
<th>Principle Region</th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>1. Faithfulness is for those engaged for marriage</td>
<td>19</td>
<td>23</td>
</tr>
<tr>
<td>2. Only married couples are supposed to be faithful</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>3. Only those who are always together can be faithful</td>
<td>13</td>
<td>15</td>
</tr>
<tr>
<td>4. Being faithful in Kenyatta University environment is impossible</td>
<td>15</td>
<td>18</td>
</tr>
</tbody>
</table>

### USE OF CONDOMS

<table>
<thead>
<tr>
<th>Principle Region</th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>1. Use of condoms is a waste of time and money</td>
<td>12</td>
<td>14</td>
</tr>
<tr>
<td>2. Only commercial sex workers use condoms</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>3. Condoms are used by those with many partners</td>
<td>11</td>
<td>13</td>
</tr>
<tr>
<td>4. Using condoms in Kenyatta University is not only costly, but also impossible because after all who cares?</td>
<td>15</td>
<td>18</td>
</tr>
</tbody>
</table>
Merits and demerits of ABC in HIV/AIDS prevention

When asked whether ABC as a method of prevention of HIV/AIDS has some merits or demerits, the following responses were elicited. With regard to abstinence, the main merits sound to be the sure way (36%) and that it doesn’t involve any cost (20%). The demerits associated with this strategy included making life boring (33%) and probability to engage in anti-social behavior (18%).

With regard to Being faithful as a strategy, the main reasons revolved around issues of morality (20%) and good relations (19%). The key demerits were associated with problems of dealing with lust (38%) and hinder adventure (33%). The details on these three aspects are as presented in table 11.

Table 11: Merits and Demerits of ABC

<table>
<thead>
<tr>
<th>Merits</th>
<th>N</th>
<th>%</th>
<th>Demerits</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>✜ Save and sure</td>
<td>30</td>
<td>36</td>
<td>✜ Boring and demanding</td>
<td>28</td>
<td>33</td>
</tr>
<tr>
<td>✜ Self respect and confidence</td>
<td>13</td>
<td>16</td>
<td>✜ Becomes fat and ladies are denied the protein contained in sperms.</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>✜ Honors God</td>
<td>10</td>
<td>12</td>
<td>✜ One becomes antisocial</td>
<td>15</td>
<td>18</td>
</tr>
<tr>
<td>✜ No cost</td>
<td>17</td>
<td>20</td>
<td>✜ No disadvantages</td>
<td>37</td>
<td>44</td>
</tr>
<tr>
<td>✜ Good health</td>
<td>15</td>
<td>18</td>
<td>✜ Shows self control</td>
<td>18</td>
<td>21</td>
</tr>
</tbody>
</table>

BE FAITHFUL

<table>
<thead>
<tr>
<th>Merits</th>
<th>N</th>
<th>%</th>
<th>Demerits</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>✜ Save and sure</td>
<td>10</td>
<td>12</td>
<td>✜ Boring due to lack of adventure</td>
<td>28</td>
<td>33</td>
</tr>
<tr>
<td>✜ Mutual relationship</td>
<td>16</td>
<td>19</td>
<td>✜ Leads to early marriages</td>
<td>11</td>
<td>13</td>
</tr>
<tr>
<td>✜ Honors God</td>
<td>17</td>
<td>20</td>
<td>✜ Poor bedroom manners</td>
<td>17</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>✜ Other partner may be unfaithful</td>
<td>28</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>✜ One always burns with lustful desire for others</td>
<td>32</td>
<td>38</td>
</tr>
</tbody>
</table>
Condoms were considered to prevent exposure to STDs and unwanted pregnancies (63%) and being cheap (33%). Some of the shortcomings associated with condoms included not being 100% safe by (70%), implies unfaithfulness (39%), reduces sexual pleasure (39%) and that it may burst during sexual contact (33%).

The best strategy for HIV/Aids prevention among University students

With regard to prevention strategy, most respondents mentioned ABC (55%). About 36% mentioned free provision of condoms, whereas another 33% emphasized the role of the church.

Table 12: Strategies for Prevention of HIV/aids among university students (N=84)

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Responses</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emphasize more on ABC</td>
<td>46</td>
<td>55</td>
</tr>
<tr>
<td>Provision of free condoms within university</td>
<td>30</td>
<td>36</td>
</tr>
<tr>
<td>Campaigns, workshops, print media for educating the students of HIV/aids</td>
<td>28</td>
<td>33</td>
</tr>
<tr>
<td>Allow female and male students to stay in same rooms of their choice</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>Students to be engaged latest by second year to avoid going kuhanyahanya.</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Introduction of family life education as a common unit.</td>
<td>16</td>
<td>19</td>
</tr>
<tr>
<td>The church has the major part to play</td>
<td>28</td>
<td>33</td>
</tr>
<tr>
<td>Ladies should be advised on their dressing code</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>Ban male students from visiting ladies hostels and vice versa</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Reintroduce free catering in the university kitchens</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>
CHAPTER FIVE
DISCUSSION OF RESULTS, CONCLUSIONS, AND RECOMMENDATIONS

5.0 Introduction
This study investigated the perception of risk and attitudes to approaches of HIV/Aids prevention among students of Kenyatta University. The study revolved much on the ABC framework and its practicability within the Kenyatta University social environment.

5.1 Discussion of Results and Conclusion

5.1.1 Perception of risks
The results from this study show that the respondents were aware of the main modes of HIV/AIDS transmission. This level of awareness may be credited to the university programmes which are in place for creating awareness on matters concerning HIV/AIDS, for instance, the University Common Unit (UCU 105, HIV/AIDS and drug abuse), Campus Life, AIDS Control Unit, and many others.

However, there still are some issues of concern. For instance, 40% of the respondents indicated that they perceived themselves not to be at risk. Females comprised the majority (18) and males (16) of those who perceived not to be at risk. This can be explained by the theory of Optimistic bias, Weinstein, N.D. (1984). It argues that individuals perceive themselves to be less likely than the average person to experience health complications. Their perception don’t account for the role played by behavioral risk factors. Optimistic bias assessment could thus function to dissuade the students from undertaking preventive or protective actions against HIV/AIDS.

5.1.2 Application of ABC among the participants
From the results of this study, various views can be drawn against each method within ABC framework.

ABSTINENCE
According to the responses, this was ranked number 3 as a method being applied by the students. Out of 84 respondents, 19% (16) choose abstinence. Of these, 12 (24%) were males while 4 (12%) were females. However, when ranked according to the responses on the individuals’ preferred method, it was rated position one with the highest percentage
(51%). According to responses, this method was the safest of the methods of ABC, (61%) while 40% of respondents said abstinence amplified Christian’s values.

However, it also emerged that those who reported abstaining were not doing it out of their own will. For instance, 7 males and 3 females said that they were abstaining because they had no sexual partners. If, then, an opportunity emerged, they would not abstain. They argued that HIV/AIDS was not the reason for their abstinence, as they will one time in their lifetime have sex anyway. A male respondent remarked:

_I don’t abstain its only that girls let me down and can’t get sex, but I would prefer condoms._

_My penis is too small for sex and I am shy of ladies._

It also emerged that parental restrictions made some to abstain. A third year respondent remarked;

_My dad would kill me if he knew I have sexual relationship._

There were, however, critics of this method. A fourth year remarked;

_Abstinence is not real in the world of human beings. It is somewhere in another world of the spirits._

**BEING FAITHFUL**

This method appeared to be least favored by the respondents. Only 5% reported this method as being applied by university students. This can be attributed to the fact that many students felt that their partners were not being faithful. There was that need for variety as 17% argued that your sex partner may not be experienced or both of you thus there might occur some lack of ‘bedroom manners’. Of those who supported this method, however, 38% admitted that one always burns with lustful passions for others.

..... _but one always burns with lust silently because you are restricted by the other. They come they get hooked up. You look at them as their sweet fruit wanders without anyone. They are willing sellers but there are no willing buyers. Finally, like the hure of the old tale you remarks: ah, they (bananas=ladies) are not even ripe (beautiful)_

**USE OF CONDOMS**

This was the most preferred and reportedly used method among the students (35%). However, individuals never seemed to like it due to perceived limitations it has. For instance, 39% of the respondents said condoms reduce sexual pleasure, another 39% said
it showed lack of trust between partners and there was stigma when buying because it was associated with immorality. Most of respondents said they do not use condoms during sexual encounters. About 47% of those who don’t use condoms said they had no reasons. This shows a sense of ignorance. It shows that most of them were it not for other reasons like preventing pregnancies and STDs; HIV/AIDS was not their priority.

A third year remarked;

I sometimes use condoms during sexual encounters with my partner not for HIV/AIDS prevention but for pregnancy prevention because we are faithful to each other.

Another remarked;

I have one partner whom am faithful to and believe is also faithful.

Despite the misplaced notion by 27% of the respondents that use of condoms encouraged promiscuity, one female (second year) remarked that she preferred the use of condoms because:

... allows me to have sex with many partners without risking.

5.1.3 Best Strategy to deal with HIV/AIDS in the University

Most respondents (55%) mentioned the need to emphasize more on ABC. This support the theory of protection motivation credited to Rogers (1983). It argues that the motivation to protect oneself emanates from persuasive messages on the intention to engage in health relevant behavior. It is hypothesized to be a function of individual’s appraisal of the severity of the threat if they do not change their behavior, their perceived susceptibility or vulnerability to the threat, and their belief that the recommended action will reduce the threat. Another, 36%, mentioned the provision of free condoms within university.
5.2 CONCLUSIONS

From the findings and discussion of this study, it is concluded that more than 60% of Kenyatta University students perceive themselves to be at risk of contracting HIV/AIDS. The strategies and measures to sensitize and create awareness through the university programmes need to be encouraged. Despite this, there are still some issues that need to be addressed. Ignorance and myths about use of condoms raises some concerns. Provision of free condoms within the university premises can be a better solution to this ignorance. Finally, it is concluded that ABC Aids prevention approach is an effective tool among university students if well cultivated.

Thus, investing more on HIV/AIDS prevention within the university will not only be an investment with economic returns, but also a humanitarian return. In other words, it will cost the university more not to prevent HIV/AIDS.

5.3 RECOMMENDATIONS OF THE STUDY

Based on the conclusion of this study, it is recommended that:

1. Any future policy or programmes within the university being aimed at creating awareness on HIV/AIDS should emphasize the benefits of the ABC prevention framework.

2. The university should provide free condoms/femidoms within the reach/vicinity of the students.
List of References:

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Varga and Makubalo, 1996: "Sexual decision making and negotiation in the midst of HIV/AIDS in Kwazulu Natal South Africa" 

APPENDIX 1
QUESTIONNAIRE
INSTRUCTIONS
1. Please read the questions provided below and answer them honestly.
2. The information provided here is to be used strictly for academic purposes and will be treated with strict confidence.
3. The questionnaire consists of four (4) parts. Kindly, answer all the questions provided in the 4 parts.

Section A
Kindly fill in the blank spaces provided as it applies to you.
 a) Sex:
 b) Year of study:
 c) Faculty:
 d) Religion affiliation:
 e) Home background:

Section B
Please tick where applicable to you.
 a) Do you consider yourself to be at risk of getting HIV/Aids?
   YES... NO...
 b) If you perceive yourself to be at risk of getting HIV/Aids which of the following reasons make you believe so. (Tick all that is applicable to you)
   i) I do not trust my sexual partner
   ii) I have several partners
   iii) I rarely use condoms during sex
   iv) I am unlikely to completely abstain from sexual contacts
   v) My religion don’t accepts use of contraceptives
   vi) Others (specify)
 c) If your answer was NO, in A, give 5 reasons.
   i. .......................................................................................................................
   ii. .......................................................................................................................
   iii. .......................................................................................................................
   iv. .......................................................................................................................
   v. .......................................................................................................................

d) Which of the following methods of the methods applied to prevention of HIV/Aids applies to university students?
 i. Abstinence
 ii. Faithfulness
 iii. Use of condoms
 iv. All of the above
 v. None of the above

e) Of the above HIV/Aids prevention methods, which one applies to you? (I, ii, iii, iv, v)
f) Reasons for your preference of the above method
   ➤.................................................................................................
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g) How many sexual partners do you have?
   1. ...
   2. ...
   3. ...
   Others...

h) Do you use condoms during sexual encounters with your sexual partner(s)?
   If YES (reasons)
   .................................................................................................
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   If NO (reasons)
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Section C
Which of the following is TRUE/FALSE according to you?
   ✷ Abstinence is just a theory and not practical.
     True .... False...
   ✷ Abstinence is for religious fanatics.
     True .... False
   ✷ Abstinence is meant for those who are infected.
     True .... False....
   ✷ Abstinence is impossible in the environment of KU.
     True. .... False...
   ✷ Faithfulness is practiced by those engaged for marriage only.
     True .... False...
   ✷ Only married couples are supposed to be faithful
     True .... False...
   ✷ Only those who are always together can be faithful.
     True .... False...
   ✷ Being faithful is impossible in the environment of KU.
     True .... False...
   ✷ Use of condoms is a waste of time and money.
     True .... False...
   ✷ Only commercial sex workers use condoms.
     True .... False...
   ✷ Condoms are used by those with many partners only
     True .... False...
   ✷ Using condoms in KU is not only costly, but also impossible because, after all, who cares?
     True .... False...
Section D

1. In your opinion, is it possible to prevent HIV/AIDS through ABC?
   Yes... No...
   If your answer in (1) above was NO, give reasons:
   .........................................................................................................................
   .........................................................................................................................
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2. In your own opinion, give at least three (3) merits and (3) demerits of the following methods:

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<th>Method</th>
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3. What would be the best strategy for prevention of HIV/AIDS amongst university students?
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END
THANK YOU FOR YOUR CO-OPERATION
MAY THE PEACE OF CHRIST THAT SURPASSES ALL THINGS BE UPON YOU