HIV AND AIDS: FACTORS SUSTAINING RISKY SEXUAL BEHAVIOUR AMONG FEMALE FISH DEALERS IN FISH LANDING BEACHES IN KISUMU COUNTY, KENYA

BY

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HIV and AIDS: factors sustaining risky sexual
DECLARATION

This is my work and has not been presented to any other University for the award of any degree.

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DEDICATION

To my late mother, Peres Olola, my sister, Teresia Athieno Omolo, my husband, Joseph Wamalwa and my children, Odhiambo Maduong' Odhiambo Matin, Aurelia, Amelia, Apiyo, Adongo, Khisa and Albert for their love and unfailing support.
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I sincerely acknowledge my husband Joseph H. Wamalwa, my children Odhiambo Maduong’, Odhiambo Matin, Aurelia, Amelia, Apiyo, Adongo, Khisa and Albert, and my mother-in-law Aurelia Nafuna Wamalwa whose constant presence and reminder gave me the psyche to complete my thesis. I also wish to register my thanks to my late parents, Peres Olola and Albert Omolo without whom I would not have been here to even attempt the work.

Finally, I wish to acknowledge the Almighty God whose so many graces and mercies to have enabled me to accomplish this feat.
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DEFINITION OF KEY TERMS

Chira: A curse arising from failure to abide by certain Luo traditional practices.

Female fish dealers: Women who trade in fish.

Fish landing beaches: The shores of Lake Victoria where fish is off-loaded.

Joboya: Fishermen who give the female fish dealers fish in exchange for sexual favours.

Manyasi: A remedy which supposedly cures people who are affected by 'chira'

Poverty: 'sourced definition' living below a dollar a day – UNDP 2010.

Risky Sexual Behaviour: A sexually related act that predisposes one to HIV and AIDS.

Seropositive: HIV positive.

Sex for expediency: Indulging in sex due to one's urgent economic needs.

Ter: A Luo word for widow custody.

Widow Custody: A practice where a male member of the clan is given the responsibility of taking the place of the late husband.

Wuowo: A Luo practice where a woman of marriageable age was expected to visit a man and spend the night with him.
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune-Deficiency Syndrome</td>
</tr>
<tr>
<td>CDCP</td>
<td>Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td>HBM</td>
<td>Health Belief Model</td>
</tr>
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<td>HIV</td>
<td>Human Immunodeficiency Syndrome</td>
</tr>
<tr>
<td>IDUs</td>
<td>Injecting Drug Users</td>
</tr>
<tr>
<td>KANCO</td>
<td>Kenya Aids Non-Governmental Organization Consortium</td>
</tr>
<tr>
<td>KNASP</td>
<td>Kenya National HIV and AIDS Strategic Plans</td>
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<tr>
<td>MARPs</td>
<td>Most At Risk populations</td>
</tr>
<tr>
<td>MSM</td>
<td>Men who have Sex with Men</td>
</tr>
<tr>
<td>NASCOP</td>
<td>National Aids and Sexually Transmitted Infections Control Programme</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organisation</td>
</tr>
<tr>
<td>PCT</td>
<td>Provider Initiated Counselling and Testing</td>
</tr>
<tr>
<td>PLWHIV</td>
<td>People Living with HIV</td>
</tr>
<tr>
<td>STDs</td>
<td>Sexually Transmitted Diseases</td>
</tr>
<tr>
<td>TRA</td>
<td>Theory of Reasoned Action</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
</tr>
<tr>
<td>UNESCO</td>
<td>United Nations Educational Scientific and Cultural Organisation</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Education Fund</td>
</tr>
<tr>
<td>VCT</td>
<td>Voluntary Counselling and Testing</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
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ABSTRACT

HIV and AIDS remain a major global public health challenge and is prevalent mainly in sexually active people in the society. Approximately-33 million people were estimated to have been infected with HIV world wide by the end of the year 2011. An overwhelming majority of these cases (95%) are concentrated in the developing countries; with a substantial proportion of over 60% in Sub-Saharan Africa alone accounting for over 60% of all HIV cases. Around the world, a variety of cultural practices, social institutions, norms and values increase women’s risks to contracting HIV infection. In most societies, the status and interest of women are considered subordinate to that of their male counterparts. Thus, they are often powerless to protect themselves from unwanted sexual advances, hence endure sexual coercion and abuse. Today, HIV infection spread fastest in conditions of poverty, powerlessness and lack of information. Among the categories of women most vulnerable are fish vendors in the Lake Victoria beaches, who mainly have to depend on male boat owners for the supply of fish for their daily sale. It is this concern that prompted this study. The objective of the study was to identify factors that sustain risky sexual behaviour among female fish dealers in fish landing beaches in Kisumu District that could lead to HIV infection. The study was conducted in four fish landing beaches in Kisumu County. The research design was a survey. The target population was 601 female fish dealers and 152 fishermen in selected fish landing beaches. The study sample consisted of a third of the population which consisted of 200 female fish dealers and 52 fishermen. The instruments of data collection were structured interview for female fish dealers and fishermen/boat owner respectively and observation guide. Both qualitative and quantitative techniques of data analysis were use guided by research objectives. The study confirmed that the female fish dealers seek support and security from men by trading in sex. Female fish dealers who come from poor and unstable family environments are likely to be lured into unprotected sexual intercourse to sustain a regular supply of fish from the respective fishermen at the fish landing beaches. The study concluded that knowledge of HIV and AIDS did not result in behaviour change among the female fish dealers as a number of them still believed in having premarital sex, polygamous marriages and extramarital sex. The number of those who believe in having sex without condom was still high and that socio-cultural and economic factor remain a threat to increasing risky sexual behaviour that may predispose female fish dealers to HIV infection. Among the recommendations were; Campaigns on awareness of HIV and AIDS should be scaled up and there be provisions of female condoms which should be accompanied with education on the correct and consistent use, as well as civic education on life skills on how to avoid indulging in risky sexual behaviour. Further the Ministry of Culture and Social Services should design policies and modalities of advising the female fish dealers against believing in their culture even when they are repugnant and likely to fuel HIV infection. Female fish dealers should be encouraged to form cooperative societies and be empowered financially to put up refrigerating plants along the fish landing beaches to enable them to buy fish from a central place to reduce the likelihood of their being lured by the fishermen into risky sexual relationships.
CHAPTER ONE
INTRODUCTION

1.0 Background to the Study

The 2010 UNICEF report estimates indicate that around 12.7 million women in Sub-Saharan Africa were infected with HIV by 2009. This accounted for 84% of all the HIV positive women in the world, even though the region is home to only 9% of the world's women. This means that Sub-Saharan African women are 60 times more likely to be infected with HIV compared to the average woman in the rest of the world. The evidence is supported by UNAIDS (2010) reports which indicate that despite an awareness of 95%, 39.4 million people were infected up from 36 million in 2009. Sub-Saharan Africa still remains the worst hit.

Nowhere is the epidemic “feminization” more apparent than in Sub-Saharan Africa, where 57% of adults infected are women and, 75% of young people infected are women and girls. Several factors are driving this trend. Young women tend to have male partners much older than themselves and who are more likely than young men to be infected with HIV. Furthermore, sexual violence, which damages tissues and increases risk of HIV transmission, is widespread, particularly in the context of violent conflict (UNAIDS, 2010).

Lynellyn (2007) had it that before the advent of the AIDS pandemic, sexual activity could only have resulted in negative effects such as painful, emotional and physical repercussions in the form of sexually transmitted diseases (STDs), unplanned pregnancies and unsafe abortion. In contrast, HIV infection in women frequently results in severe social stigma and family dissolution, and inevitably leads to
prolonged periods of morbidity and early death (Lynellyn, 2007). Calldwell (1990) notes that the natural course of HIV and AIDS in women shows similar patterns throughout the world; nevertheless, women living in developing countries face the disease in considerably different contexts from their counterparts in the developed countries (Calldwell, 1990). Perhaps the most critical distinction between the epidemic in developing and developed countries is that women's HIV prevalence rates are dramatically higher in the poorest regions of the world, (UNESCO, 2009).

The second difference is one of resources. Despite the contributions of foreign donors and modest allocations of funds from developing countries' budgets, the financial and human resources available to address HIV and AIDS in the poorest countries represent a small percentage of that spent on HIV and AIDS prevention in developed countries (Lynellyn, 2007). In Kenya, illiteracy and lack of education, exclusion from formal workplace often isolate women from receiving HIV prevention messages. Even informed women may have difficulties in protecting themselves against infection since many are dependent on their male partners for financial or other support and may be forced to engage in unsafe sexual intercourse where the alternative is having financial and social support cut off (Lema, 2000).

Previous studies have shown that women are three times more likely to become infected with HIV and AIDS than men through sexual intercourse (Lynellyn, 2007). Studies by Life Shield Foundation and AIDS Prevention Charity, reported that daily intercourse with seropositive men will, on the average, make a woman become HIV-infected within a year, compared to a man having daily intercourse with an infected woman who would become infected after two years and nine months (CDC, 2000).
This could possibly explain why in recent years, the overall proportion of HIV positive women has steadily increased. In 2007, women were 41% of people living with HIV; by 2010, this figure rose to almost 50%. This trend is most marked in places where heterosexual relations are the dominant mode of transmission, particularly the Caribbean and Sub-Saharan Africa.

In the Sub-Saharan Africa, the situation is even worsened by the high levels of poverty as supported by UNICEF (2010). A case in point is Nyanza Province which has been cited as having the greatest number of poor people in Kenya (UNICEF, 2010). It goes further to explain that women in the province are particularly poorer than their male counterparts increasing their vulnerability to contracting HIV and AIDS. Due to poverty, the women seek to improve their livelihood through different means depending on the economic activity practised in their neighbourhood. In Kisumu around Lake Victoria, where HIV prevalence is as high as 16%, women take up fish dealing to make economic ends meet. This eventually leads to overdependence on fish trade among the women as it's the only source of income they have. Eventually, this leads to shortage of fish as not every woman fish dealer can find sufficient fish. Due to the scarcity of fish, some women fish dealers are forced to get into sexual relationships with the fishermen and boat owners “joboya” in order to get fish regularly. UNICEF (2010) notes that this behaviour has been in existence for many years and it has only become worse in the recent past due to increase in cases of HIV and AIDS as well as high cases of poverty around the lake.

The socio-behavioural determinants that influenced transmission of HIV in the fishing
Community according to (Kwera, Z et al) include the abundance of money in the fishing trade, rampant poverty among adolescents, young women and widows, the practice of exchange of fish trade for sexual favours commonly referred as ‘jaboya’ among the fishing folk i.e. ‘sex for fish’ and or ‘fish for sex’, alcohol abuse and use of drugs, the migratory pattern of the fishing crew and negative cultural practices. One negative cultural practice that was elicited from the qualitative analysis was widow inheritance ritual called “ter” which is often done without using condoms even if it is known publicly that the husband died of AIDS.

This has resulted to the emergence of professional migratory widow inheritors. These professional widow inheritors have emerged to cope with the community's demand for this sexual ritual /cleansing for material gain. These cultural practices have been worsened by the migration of HIV infected widows to new areas especially beaches in search of a means for economic survival and hence interact with the unsuspecting public and the emergence of celebrations during burials commonly referred as called “budho”. Detrimental belief systems such as “chira” (bad consequence resulting from breach of socio-cultural norms and taboos) and witchcraft were identified as a driver to HIV transmission. AIDS is still perceived and associated with witchcraft and other supernatural causes, and therefore infected widows are still perceived as not the possible risk for HIV infection. (Kwera Z, et al)

Other important catalytic drivers to HIV spread among the fishing folk are:

- Migratory pattern of the lifestyle of the fishing crew
- Perceived low risk of HIV compared to the risks of fishing in deep lake waters.
- Lack of adequate capacity to use condoms appropriately
• Ignorance, myths and false beliefs regarding use of condoms
• Predominant cross-generational sexual relationships where older women prefer young
• Young men prefer older women.
• Peer pressure

There is a general perception among the fishing-folk that money from sale of fish is jinxed and should be spent on luxuries like alcohol and women rather than investment. The fish for sex trade often involves a young fisherman and an older woman who is likely to be a widow that has moved to landing sites for economic gain. Fish for sex or sex for fish is worsened by the dwindling fish and the increasing number of fish mongers and the norm is that fishermen tend to sell the fish to the woman that they have a sexual relationship with and hence the fish mongers often engage in a system of multiple sexual relationships with the migrant fishermen.

Widow inheritance ritual is still a common practice among the fishing communities. This culture is observed so that the widows could set their children culturally free to marry and construct houses and also as a strategy to get a bread winner for the widow and her children. Furthermore, the widows known to be infected with HIV move to the beaches to seek for men to cleanse them sexually so as to psychologically free themselves from the assumed fear of supernatural punishment as a consequence of not observing widowhood rites. This culture has been internalized as a part of life and they do it because it is their culture and they are supposed to do it.
There is emergence of professional widow inheritors. Professional widow inheritors emerged in order to cope with the community's demand for this sexual ritual despite the fact that they make widows vulnerable to HIV and AIDS infections. They migrate from one beach to another providing service to widows in need of cleansing for material gain.

The prolonged funeral celebrations that last for weeks have been noted to favour illicit unprotected sex. These rites bring many different people together in a ceremonial atmosphere. Funeral rites occur at night and a lot of dancing and drinking of alcohol takes place and provides an opportunity especially for the youth to meet and sexually interact with new partners of different generations.

The fishing folk perceive the risks of dying from HIV as rather low compared to other risks like boats capsizing or hunger and therefore are indifferent and do not understand why HIV and AIDS is such a big deal. HIV and AIDS is considered as a disease just like any other disease that kills. There is the view that the risks and probabilities of death involved while fishing in the deep waters are much higher than those from HIV and AIDS, so HIV and AIDS and therefore HIV is the least of their worries.

The migratory nature of the fishers in search of fish predisposes them to increased HIV since they stay away from their spouses. Thus, the fishermen end up having multiple sexual partners in every beach they land to sell fish without taking any regard of their HIV status. This is also true for the bachelors who have multiple sexual partners. Since fishing and sex are often a nocturnal activities, when the fishing crew
are away fishing, their wives are left vulnerable to risky sexual behaviour by other men who prey on them taking advantage of the long working hours of their husbands.

Ignorance, myths, false beliefs and lack of knowledge are factors contributing to HIV transmission. HIV and AIDS have been interpreted to be a manifestation of "chira". This is because of the wasting associated with AIDS which is has been interpreted to be as "chira". According to (Kwera Z, et al) Proper use of condoms was not a universal practice along the lake region and this was worsened by the fears that condoms often break when they are used. Girls also believed that the lubricant on the condom will destroy their ova and thus interfere with future reproduction. Moreover, there was the belief that free condoms supplied by the government leak and are of poor quality. Other forms of misinformation included the belief that so long as an individual was on ART, that individual cannot infect another partner.

A unique feature among the fishing community is the predominant cross-generational sexual relationships where older women prefer young men and young men prefer older women. The preference for young men is because of they are more hard working and are able provide for unlike the older men who expect to be provided for. The young men also want the older women since they are more reliable unlike the younger females who would want to try out other relationships before settling for one. (Kwera Z, et al).

In spite of the considerable attention that has been drawn to the devastating effects of HIV and AIDS and the various factors that lead to its spread, there is still persistent HIV and AIDS prevalence that continues to militate against the health of women fish
mongers along fish landing beaches. Little attention has been given to determining
the factors that predispose women fish dealers to contracting HIV and AIDS. Studies
that have been carried out in respect to people in general and HIV and AIDS have
concentrated on the effects of HIV and AIDS to the economy (Schensul, 2003). Tsuos
(2005) for example, conducted a study on factors influencing the spread of HIV and
AIDS among women aged 15-49 years in Homabay District of Nyanza province.
However, the study did not specifically target women fish dealers and the factors that
predispose them to HIV and AIDS. This study investigated the factors that predispose
women fish dealers to HIV and AIDS along fish landing beaches in Kisumu County,
Kenya.

1.1 Statement of the Problem

The vulnerability of women to HIV and AIDS is increased by their different socio-
cultural and economic situations. Among some of the groups of women vulnerable
to HIV infection are the fish dealers who depend on fishermen to procure fish in
exchange for sex. Further, the disadvantaged position of women especially lack of
information and power to negotiate for safe sex complicate their risk to HIV
infection. The concern that governs the study is the fact that they are vulnerable
and it has counter effect not only on the family but on the entire society even more
serious because it is HIV infection that is being talked of. The fact that women are
primary caregivers, any problem that may affect their livelihood needs to be
investigated. This concern inspired this study which sought to investigate the
factors that sustain risky sexual behaviour among female fish dealers along fish
landing beaches in Kisumu County.
1.2 Objectives of the Study

The overall objective of the study was to investigate the factors sustaining risky sexual behaviour among female fish dealers along the fish landing beaches in Kisumu County.

The specific objectives of the study were as follows:

a) To determine the level of knowledge of women fish mongers on HIV and AIDS.

b) To establish the role of socio-cultural and economic factors influencing the risky sexual behaviour of women fish dealers.

c) To determine possible measures of curbing the risky sexual behaviour to control infection among female fish dealers.

1.3 Research Questions

a) What was the level of knowledge of women fish dealers on HIV and AIDS?

b) What socio-cultural and economic factors influenced the sexual behaviour of female fish dealers?

c) What measures were suggested to curb the occurrence and spread of HIV and AIDS amongst female fish dealers?

1.4 Justification and Significance of the Study

This study focused on issues of risky sexual behaviour that lead to increased HIV infection. Further, the study focused on female fish dealers a group that is vulnerable to HIV infection by virtue of their occupation. It is, therefore, hoped that the findings, conclusion and recommendations culminating from this study may give insight to the
stakeholders on why knowledge on HIV is not necessarily translating into action or change of behaviour. The findings of the study may also enable the government, through the Ministry of Health to understand factors sustaining risky sexual behaviour which could enable them to formulate policies that would seek to militate against the same. Finally, the study is an important addition to the existing body of knowledge in the area of focus.

1.5 Scope and Limitation

The study sample was obtained from four fish landing beaches in Kisumu County. As such, although the findings, conclusions and recommendations could be generalized to other beaches, this needs to be done with caution as there could be some differences in fish procuring practices in other beaches. Further, the research was primarily a sociological survey rather than a clinical study of HIV and AIDS. Thus, the HIV and AIDS status of the respondents was not explored.

1.6 Theoretical Framework

The study was guided by two theories, namely; health belief model (HBM) developed by Rosenstock in 1966 and modified by Becker and Maiman in 1975 and the theory of reasoned action (TRA) developed by Martin Fishbein and Icek Ajzen in 1980 to explain the suggested relationships between attitudes and human behaviour that is under voluntary control. HBM research has been used to explore a variety of health behaviour in diverse populations. With the advent of HIV and AIDS, the model has been used to gain a better understanding of sexual risky behaviour (UNICEF, 2010). HBM is based on the understanding that a person will take health-related action (i.e. use condoms) if that person:
i) feels that a negative health condition (i.e. HIV and AIDS) can be avoided;
ii) has a positive expectation that by taking a recommended action, he or she will
avoid a negative health condition. (i.e. using condoms were effective in
preventing HIV and AIDS; and

iii) believes that he/she can successfully take a recommended health action (i.e.
he/she can use condoms comfortably and with confidence).

The health belief model is a framework for motivating people to take positive health
actions that use the desire to avoid negative health consequences as the prime
motivation. For example, HIV is a negative health consequence, motivating active
people into practising safe sex. The utility of this theory was tested among women
fish dealers in Kisumu.

Research using the Theory of Reasoned Action (TRA) has explained and predicted a
variety of human behaviour since 1967 and is based on the premise that humans are
rational and that the behaviour being explored are under volitional control (UNICEF,
2010). The theory provides a construct that links individual beliefs, attitudes and
intentions to behaviour (UNICEF, 2010). Nyamongo (1996) observes that more than
90 per cent of people in the East African region were aware of causes and means of
transmission of HIV and AIDS and yet this had not resulted in any detectable
behaviour change.

According to TRA, the most important determinant of a person's behaviour is the
intention (UNICEF, 2010). The individual intention to perform behaviour is
combination of attitude to performing the behaviour and subjective norm. The
individual attitude towards the behaviour includes behavioural belief, evaluation of
behavioural outcome, subjective norm, normative beliefs, and the motivation to comply. If a person perceives that the outcome from performing behaviour is positive, he/she will have a positive attitude towards performing that behaviour. For example, a woman fishmonger may get involved in an extramarital affair, premarital affair, be inherited or any other arrangement that she may feel is likely to benefit her either materially or psychologically. Most probably, she may not think of the consequences of her involvement in such relationships.

The two theoretical approaches are utilized to provide insights into understanding human behaviour among female fish dealers along fish landing beaches in Kisumu County. In the context of this study, they are used to explain the risky sexual behaviour that can expose one to HIV infection from different contexts among women and specifically their risky sexual behaviour.

1.7 Conceptual Framework

There is an interaction between women fish dealers' knowledge of HIV and AIDS, socio-cultural and economic factors and their likelihood to being involved in behaviour that can determine their HIV sero status. Knowledge of HIV and AIDS, socio-cultural, economic and poverty and deprivation can make a woman fish dealer decide to indulge or not into sexual behaviour with or without use of a condom that will, in essence, determine her HIV status. The conceptual framework links the risk factors to behaviour tendencies such as widow custody that constitutes risky sexual behaviour. Due to a woman’s material deprivation and/or cultural obligation, she may choose to indulge in risky sexual behaviour without condom use, despite her knowledge that she may be exposing herself to HIV. The most important need here
would be the immediate need for food without considering HIV whose effects would emerge later.

Figure 1.1: Contributive factors and measures to prevent HIV and AIDS among female fish dealers
CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.0 Introduction

Review of related literature in this chapter is presented under the following subheadings:

- Global Epidemiological Status of HIV/AIDS 2010
- The history of HIV and AIDS in Kenya.
- Knowledge of HIV and AIDS amongst women in Africa.
- Socio-cultural and economic factors influencing HIV and AIDS in Africa.

2.1 Global Epidemiological Status of HIV/AIDS 2010

Africa continues to dwarf the rest of the world in HIV and AIDS. The continent is home to 70% of the adults and 80% of the children living with HIV in the world. In countries where the general population's prevalence is high and women's social status is low, the risk of HIV infection through sexual violence is high. A survey of 1366 women attending ante natal clinics in Soweto, South Africa, found significantly higher rates of HIV infection in women who were physically abused, sexually assaulted or dominated by their male partners. The study also produced evidence that abusive men are more likely than non-abusive ones, to be HIV-positive (Dunkle et al., 2004). Dunkle et al., (2004) however, fails to state the contribution of knowledge of the respondents on HIV and AIDS but focused on the contribution of violence on contracting of HIV and AIDS, he also fails to present the influence of risky sexual behaviour on the contraction of HIV and AIDS. African women are being infected at an earlier age than men, and the gap in HIV prevalence between them continues to
grow. At the beginning of the epidemic in Sub-Saharan Africa, women living with HIV were vastly outnumbered by men. But today, there is an average of 13 infected women for every 10 infected men—up from 12 infected women for 10 infected men in 2007.

The difference between infection levels is more pronounced in urban areas, with 14 women for every 10 men than in rural areas, where 12 women are infected for every 10 men. The estimated number of newly infected adults and children in Africa reached 3.5 million at the end of 2008 (UNAIDS 2010). The distribution of HIV and AIDS statistics is presented in Table 2.1 to illustrate the interregional variation of the phenomenon.
## Table 2.1: Regional Distribution of HIV and AIDS

<table>
<thead>
<tr>
<th>Region</th>
<th>PLWHA</th>
<th>New Infections</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-Saharan Africa</td>
<td>26600000</td>
<td>3200000</td>
<td>2300000</td>
</tr>
<tr>
<td></td>
<td>(67)\textsuperscript{a}</td>
<td>(67)</td>
<td>(77.4)</td>
</tr>
<tr>
<td>Asia Pacific</td>
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\textsuperscript{a} Figures in parentheses are percentages.

Although Sub-Saharan Africa has 67% of HIV infections and 77.4% 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 (WHO, 2010). The Kenyan AIDS epidemic is just 34 years old in 2012. 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 (Johnston, 2000). Kisumu is
within this region. Six years later in 1984 the first AIDS case was officially reported by the Kenyan Ministry of Health. KANCO (2005) projected that in the year 2010, 40% of all new male infections would occur to those under 20 years while that of female would be 60% showing that women are more susceptible and vulnerable to the epidemic. In Kenya, women’s infection rates are five times higher than for male (UNAIDS, 2010).

NASCOP (2010) conducted a study where, 33.39% of girls aged between 15-19 years in Kisumu County were HIV positive. Women living in poverty may find it attractive to enter into sexual relationships with rich men due to their wealth, power and position, without thinking of the consequence (AIDS Analysis in Africa March-April, 2004). In Kenya, women involvement in sexual intercourse is frequently as a result of an obligation, a gift, a favour or monetary payment (Johnston, 2000). Payment for sexual favour is a particularly prevalent practice among the poor, unmarried, uneducated and unemployed urban women. This study just like Tsuos (2005) and Ogutu (2010) sought to establish that women fish dealers engage in sex with the boat owners and the fishermen in order to get favours through regular supply of fish. Young women, in particular, have constantly been found to have higher prevalence rates than men in the same age group. In Kisumu for example, in 2008, the prevalence of HIV infection among women aged 15-29 was 16% (WHO, 2010). This has given rise to the need for the present study.
2.2: The History of HIV and AIDS in Kenya

Between 1983 and 1985, 26 cases of AIDS were reported in Kenya. Sex workers were the first group affected – a study from 1985 reported an HIV prevalence of 59 per cent amongst a group of sex workers in Nairobi. Towards the end of 1986, there was an average of four new AIDS cases being reported to the World Health Organization each month. This totalled to 286 cases by the beginning of 1987, 38 of which had been fatal. One of the Kenyan government’s first responses was to publish informative articles in the press and to launch a poster campaign urging people to use condoms and avoid indiscriminate sex. A year later in 1987, the Minister for Health announced a year-long health and education programme, funded by a £2 million donation from Western countries.

By 1987, HIV appeared to be spreading rapidly among the population – an estimated 1-2 per cent of adults in Nairobi were infected with the virus, and HIV prevalence among pregnant women in the capital had increased from 6.5 per cent to 13 per cent between 1989 and 1991. The government was criticised for not responding aggressively to the emerging epidemic, unlike governments in its neighbouring countries, such as Uganda. The government was also accused of playing down the threat of AIDS because of the damage it could do to Kenya’s tourism industry. By 1994, an estimated 100,000 people had already died from AIDS and around 1 in 10 adults were infected with HIV. In a speech at an AIDS awareness symposium in 1999, Kenyan President Daniel Arap Moi declared the AIDS epidemic a national disaster and announced that a National AIDS Control Council would be established imminently. Critics argued that in the speech the President failed to promote the use of condoms as a preventative measure and a way forward for tackling the
epidemic. However, at the end of 1999, President Moi broke his silence surrounding condoms and declared in a speech, to students at the University of Nairobi: *The threat of AIDS has reached alarming proportions and must not be treated casually; in today's world, condoms are a must.*

In 2000, plans were drawn up to build a condom factory in Nairobi, with the aim of producing 100 million condoms a year. However, by 2001 the company planning the build moved its project to South Africa, apparently due to excessive government regulations and a lack of responsiveness. HIV prevalence began to decline from its peak of 13.4 per cent in 2000 and continued to decrease steadily to 6.9 percent in 2006.

The decrease in prevalence coincided with the rapid expansion of preventative interventions since 2000, which resulted in a change in sexual behaviour and the increased use of condoms. The decline has also been attributed to the large number of people dying from AIDS in Kenya, which totalled to 150,000 in 2003 alone.

**The Situation in Kenya**

Kenya’s HIV epidemic has been categorized as generalized – meaning that HIV affects all sectors of the population, although HIV prevalence tends to differ according to location, gender and age. Nearly half of all new infections in 2008 were transmitted during heterosexual sex whilst in a relationship and 20 per cent during casual heterosexual sex. Various studies have revealed a high HIV prevalence amongst a number of key affected groups, including sex workers, injecting drug users (IDUs), men who have sex with men (MSM), truck drivers and cross-border
mobile populations. Some of these groups are marginalized within society – for example, homosexuality is illegal in Kenya and punishable by up to 14 years in prison. Therefore, these groups are difficult to reach with HIV prevention, treatment and care, and the extent to which HIV is affecting these groups has not been fully explored.

In 2008, an estimated 3.8 per cent of new HIV infections were among IDUs and in the capital, Nairobi, 5.8 per cent of new infections were among IDUs. HIV infections are easily prevented in healthcare settings, nevertheless, 2.5 per cent of new HIV infections occurred in health facilities during 2008 in Kenya. Women are disproportionately affected by HIV. In 2008/09, HIV prevalence among women was twice as high as that for men at 8 per cent and 4.3 per cent respectively. This disparity is even greater in young women aged 15-24 who are four times more likely to become infected with HIV than men of the same age. Kenyan women experience high rates of violent sexual contact, which is thought to contribute to the higher prevalence of HIV. In a 2003 nationwide survey, almost half of women reported having experienced violence and a quarter of women aged between 12 and 24 had lost their virginity by force.

Adult HIV prevalence is greater in urban areas (8.4 per cent) than rural areas (6.7 per cent) of Kenya. However, as around 75 per cent of people in Kenya live in rural areas, the total number of people living with HIV is higher in rural settings (1 million adults) than urban settings (0.4 million adults).
HIV Prevention in Kenya

A principle aim of the 2009/10-2013/14 Kenyan National HIV and AIDS Strategic Plan (KNASP III) is to reduce the number of new HIV infections by using evidence-based approaches to HIV prevention. Six main outcomes are outlined to be achieved in the latest Strategic Plan:

- Reduced risky behaviour among the general, infected, most-at-risk and vulnerable populations.
- Proportion of eligible PLWHIV (people living with HIV) on care and treatment increased and sustained.
- Health systems deliver comprehensive HIV services.
- HIV mainstreamed in sector-specific policies and sector strategies.
- Communities and PLHIV networks respond to HIV within their local context.
- KNASP III stakeholders aligned and held accountable for results.

Following a study in 2009 it was identified that the epidemic was changing and that transmission between discordant couples, where one partner is positive and one partner is negative, accounted for the majority of new infections. As a result, prevention for positive people is to be a central element of Kenya's new approach to prevention which will, among other approaches, include couple-based testing and encourage partner disclosure and condom use. There is also a distinctly new focus on MARP (Most At Risk Populations) in the KNASP III, following a national study which highlighted that a third of all new infections are among this group.
HIV Testing

HIV testing has widely expanded across Kenya since the beginning of the millennium. In 2000, there were only three voluntary counselling and testing (VCT) sites nationwide; by 2007, there were almost 1000. HIV testing and counselling facilities increased to 4,438 in 2010. Alongside voluntary testing, provider initiated counselling and testing (PCT) has expanded and is now available in 73 per cent of health facilities. PCT is when individuals are offered a HIV test whenever they go to a health facility, rather than patients having to ask for a test.

One of the 2010 targets set in Kenya’s National HIV and AIDS Strategic Plan 2005/06 -2009/10 (KNASP II) was to test 2 million Kenyans for HIV annually. To reach the target, international development organisations and the Kenyan government introduced a number of new initiatives. One such programme, launched in late 2009, aimed to provide door-to-door HIV testing and counselling for those living in remote areas with little access to healthcare. This scheme raised concerns from Human Rights Watch, who urged the government to ensure principles of counselling, consent and confidentiality would be properly adhered to.

The governments enhanced focus on testing has been reflected by the percentage of adults aged 15-49 years who report ever being tested for HIV. In 2003, only 15 per cent had taken a test compared to 37 per cent in 2007. Action to improve access to testing facilities and a high-profile media campaign that ran between 2002 and 2005 is thought to have contributed to the increase in HIV testing uptake. Increased testing rates have meant that record numbers of Kenyans have been tested in recent years.
In the year 2010, it is estimated that more than 5.7 million Kenyans aged 15 years and over received HIV testing and counselling. According to the 2009 Demographic and Health Survey, 73.5 per cent of women and 58.6 per cent of men have been tested at least once. However, increased rates of testing do not always accurately reflect an increased number of people who know their status. This is because people might become infected after an earlier negative test, or may not have received the results. According to the 2007 Kenyan AIDS indicator survey for example, almost two thirds of HIV infected people surveyed and who thought they knew their status mistakenly thought they were HIV negative.

Often women will be afraid to disclose their status to their husbands because they are worried they may be stigmatised, assaulted or thrown out of the family home. It has even been reported that women fail to seek antenatal care from fear of their HIV status being disclosed during routine HIV testing. *Men still believe that it is only women who can be a source of HIV in the family, and most of them turn very violent on realizing their HIV status.* Dr Aggrey Ouko – Suba District medical officer.

**Condom Use**

The Kenyan government has only actively promoted condom use since 2001, when an estimated 12.8 per cent of its population were infected with HIV. That year, the government announced its intention to import 300 million condoms. Since then, condom distribution has been radically scaled up; 10 million were distributed in 2004 and 124.5 million in 2008.

There have been a number of obstacles either preventing people from accessing
condoms, or preventing people from wanting to use them. In particular, Kenyans have often received conflicting messages about condom use. Many religious leaders have expressed opposition to condom use, and in 2006 Kenya’s First Lady said during a visit to some Kenyan school said: *Girls, I am not telling you to use condoms. I am not in favour of condoms.* Preliminary results from the 2008/2009 Kenya Demographic and Health Survey revealed that of respondents who in the last 12 months had sex with two or more partners, only 32 per cent of women and 37 per cent of men reported using a condom. A 2011 study in Kilifi district, found that only 1 per cent of married couples regularly used condoms. Reports of people washing and re-using condoms, during condom shortages, indicates that more needs to be done to ensure people have consistent access to condoms. Female condom uptake has also been low, and in 2009, there was a reported shortage of female condoms in public hospitals in Kenya’s Coast Province. In the same year, Kenyan officials banned a brand of UK produced male condoms after tests revealed that some had leaked. It was hoped that the use of condoms would help reduce the likelihood of the female fish dealers’ indulgence in risky sexual behaviour.

**Education and Awareness**

HIV and AIDS education is an essential part of HIV prevention. In Kenya, AIDS education is part of the curriculum in both primary and secondary schools, and for a number of years, Kenya has delivered educational campaigns to raise nationwide awareness of the issue. As a result, awareness about HIV and AIDS in Kenya is high. In Kenya’s national, population-based survey, nearly all adults aged 15-64 had heard about AIDS, 90 per cent knew that a healthy-looking person could be infected with HIV, and most knew how to reduce their chances of becoming infected with the virus.
Awareness of the need to use condoms was high with 75 per cent of women and 81 per cent of men in this age group were aware that condoms reduce the risk of HIV infection. However, one study of 21 primary and 9 secondary schools highlighted the difficulties in implementing AIDS education in public schools. The reasons included; not enough time in the curriculum, a lack of teacher training and support, and reluctance by parents and the Ministry of Education to talk openly about sex and condoms. One recommendation drawn from the study was for the Ministry of Education to have a clearer policy on its stance on condoms Rhoune O. et al, (2011).

It was assumed that acquisition of Education would enable female fish dealers make informed decision and choices on when/how and with whom they would have sex.

**Preventing Mother-To-Child Transmission (PMTCT)**

Since 2000, PMTCT efforts in Kenya have rapidly expanded. There are now more than 3,397 health facilities offering PMTCT services. In 2010, an estimated 83 per cent of pregnant women were tested for HIV and 43 percent of pregnant women living with HIV received the most effective antiretroviral regimen for preventing the transmission of HIV to their babies. Whilst only half of HIV-exposed infants received ARVs for PMTCT in 2009, testing of HIV-exposed infants improved in 2010 with 64 per cent tested by 2 months of age.

Prevention services for pregnant women must continue to grow as HIV transmission from mother-to-child is still high. For example, an estimated 1 in 5 babies born to HIV-infected mothers are infected with HIV and PMTCT services are still only available in half of the country's health facilities. An estimated 180,000 children were living with HIV in 2009, with approximately 19,000 new child infections in 2010,
most of which were probably a result of mother-to-child transmission. It is believed these high rates account for the high infant mortality rate in Kenya. In August 2009, the Kenyan government introduced the more effective combination therapy to replace single-dose nevirapine to prevent mother-to-child transmission. The government also emphasised the importance of male involvement in PMTCT programmes and in 2010 introduced a Sh240 million campaign to encourage partner testing, exclusive breastfeeding and to deliver antiretroviral treatment to more children who need it. Prevention of mother to child transmission is important for it would ensure that children born of the fish dealers are free from contracting HIV infection hence stemming the spread of the same along fish landing beaches.

2.3: Knowledge of HIV and AIDS among Women in Africa.

Knowledge of AIDS in Kenya is almost universal as almost all women and men (99%) know of AIDS. General awareness of HIV and AIDS is high in Kenya, but awareness alone is not adequate for prevention. Rather, accurate and high levels of comprehensive knowledge on HIV and AIDS transmission are necessary. The increasing trend in HIV and AIDS comprehensive knowledge among urban young women could be attributed to the increase in interventions targeting young people, especially young women. Such efforts are spearheaded by the government, institutions of learning and civil society organizations. According to study findings Rhoune O. et al (2011), education plays a significant role in determining one's social status, and in many cases, it translates to better occupation, income and access to information. Education is a significant predictor of having comprehensive HIV and AIDS knowledge. In a study among Malawian women, O'Fallon et al. (2004) found women with no education slightly less knowledgeable about HIV and AIDS
compared to those with secondary or higher education. Formal education may influence HIV and AIDS knowledge by not only providing young people with the information needed to protect themselves from infection, but by also motivating young people to take better care of their health for successful and prosperous future.

A sub-set of ever married women had less comprehensive HIV and AIDS knowledge compared to their never married counterparts. Even though other studies have suggested that married women were unlikely to negotiate for safer sex and may have been unaware of extra-marital affairs of their husbands, ever married women are likely to assume that marriage is protective of risk of infection and will benefit from their husbands knowledge of HIV and AIDS. Notably, wealth, a proxy for social status, did not influence comprehensive HIV and AIDS knowledge; this may be due in part to the association of wealth with education given the dilution effect of wealth in the multivariate model. Young women who personally knew someone with or who had died of AIDS had more comprehensive knowledge than those not acquainted with affected individuals. Studies conducted in Malawi, Uganda, and Rwanda confirmed similar results revealing men and women acquainted with individuals with AIDS tended to have greater knowledge of HIV and AIDS and changed behaviour due to their greater risk perception. Young women with small or moderate/great risk perception were more likely to have comprehensive knowledge of HIV and AIDS than those who believed they were not at risk of contracting HIV. Although the number of people who know that HIV and AIDS exist is widespread, individual risk perception varies, and whether or not an individuals' risk perception is accurate, it may influence the adoption of risk reduction strategies. Comprehensive HIV and AIDS knowledge was lower among those who had never tested for HIV.

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Majority of the people know that AIDS can be avoided through abstinence, use of condoms and avoidance of multiple sexual partners. The proportion of Kenyans who know of somebody with AIDS or who has died of AIDS increased from 42% women and 40% men in 2003 to 72% and 70% respectively in 2008 reflecting the spread of AIDS tragedy in Kenya (Thumbi, 2009).

Nyamongo, (1996) observes that more than 90% of the people in the East African region were aware of the causes and means of transmission of HIV and AIDS. A high percentage of people know the preventive measures and many people have seen the destructive consequences of HIV and AIDS in the households and communities yet this has not resulted in behaviour change. Many people have low perception of risk to HIV infection. For example, students interviewed in Malawi, South Africa, Tanzania and Kenya showed that they did not consider themselves at risk while others said that if they become infected, other people would be responsible not themselves (Helitzer, 1994; Macphaid & Campbell, 2001). Such findings reflect that people and especially women have negative perception to HIV and AIDS infection and the belief that HIV and AIDS is not a threat to them. This researcher, just like Thumbi (2009), also sought to show that the fish dealers are aware of HIV and AIDS, its spread and prevention and further establish if this really translates to behaviour change.

2.4 Socio-Cultural and Economic Factors Influencing the Spread of HIV and AIDS in Africa

This section presents the socio-cultural and economic factors that fuel the spread of HIV infection.
Socio-cultural Factors

The fishing activities along the beaches of Lake Victoria have been noted for their contribution to high incidences of HIV and AIDS (Tsuos, 2005). Most women involved in the industry are married and stay away from their families or are single while others are widowed, having lost their spouses (some through HIV and AIDS related diseases) and gone to seek a source of livelihood at the beaches. Illicit sexual relations are believed to be widely rampant in the beaches (Ogutu, 2010). He goes further to report that because women trade in processed fish, they have to move out of their homes into the beaches; some as far away as 120 kms, and stay there for a number of days processing and assembling the fish. Evidently, this split of families generates its own problems such as pairing up of members of the opposite sex, which may lead them to contracting HIV and AIDS.

There are claims, which are probably genuine, that this kind of lifestyle degenerates into low moral standards leading, as it does, to broken marriages. For instance, Ogutu (2010) adds that during his study on 'Artisanal Fisheries of Lake Victoria, Kenya', they met at least 43 cases of women who had been reduced to being single parents. Tsuos, (2005) found that marriage of under-aged girls 15-17 years to older men and isn't uncommon Wife custody was one of the practices that was found to be prominent among communities along Lake Victoria. Also, young married girls seek sexual satisfaction outside marriage since their husbands are not at the beaches with them and that sex among youths before marriage is also common (Tsuos; 2005, Nyamongo, 1996).

This scenario is aggravated by the fact that women are not expected to discuss or
make decisions about their sexuality. KANCO (2010) reports that in most African and other third world societies, some women cannot request, leave alone insist on using condom or any form of protection. If they refuse sex or request condom use, they often risk abuse, as there is a suspicion of infidelity (KANCO, 2010). The many forms of violence against women mean that sex is often coerced, that is, in itself, a risk factor for HIV infection (KANCO, 2010).

Indeed, women are vulnerable to coerced sex including rape and other sexual abuse, which increase the risk of HIV and AIDS. In southern Africa, the incidence of rape is one of the highest in the world with a rate of 3-4 per 1000 women. A study from Kenya reveals that 63.3% of sexually active female students between the ages of 12-19 had not intended to have sexual intercourse and 51% of these were forced to do so (Lema, 1990). For married and unmarried men, multiple partners (including sex workers) are culturally accepted (KANCO 2010). Some women are forced to have sexual intercourse with men in order to remain in marriage to assure them of a place to live. This is because traditionally, among the Luo community, women owned neither land nor the houses in which they lived. (Tsuos, 2005).

Women in the communities around the lake are expected culturally to have relations with or marry older men, who are experienced and more likely to be infected. Men are seeking younger and younger partners in order to avoid infections in the belief that sex with a virgin cures AIDS and other diseases. Women's lack of economic empowerment leaves them to be victims of cultural obligations (Mutua, 2007).

Furthermore, there is widow inheritance, a practice where a close relative takes over a
widow, their cause of death not withstanding thus making either party vulnerable to HIV infection. Such practices as post - burial ceremonies where ‘budho’ dances are organized largely as a form of entertainment encourage intimacy and sexual relations among the participants are thought to be fertile grounds for HIV transmission especially among the youth and single women. There is also ‘wouwo’, a concept where girls of marriageable age are expected to visit men and spend the night there. Belief in the concept of "chira" that is, a curse arising from failure to abide by certain traditions make some communities around the lake take HIV and AIDS as those of "chira". Tsuos, (2005) and Nyamongo (1996) found that 40% of his study respondents believed that AIDS was contracted as a result of “chira”.

Zachary Ochieng’ in News from Africa 2012, the HIV/AIDS pandemic has wiped out huge populations of the districts situated along lake Victoria region leaving behind a number of orphans and widows. Many households are now headed either by children or grandparents – a scenario reminiscent of Uganda’s Rakai District which was ravaged by Aids in the early nineties.

News from Africa 2012 goes on to note that the districts affected are the Western Kenyan ones of Kisumu, Nyando, Homa-Bay, Busia, Migori, Suba, Rachuonyo and Kuria. So severe has been the pandemic in these districts that death has become such a common occurrence. In deed, the sombre mood that characterises funerals is now a thing of the past.

Data collected from sentinel surveillance and voluntary counseling and Testing Centers (VCTS) indicate that prevalence rates in these districts are as high as 35 per cent. The national prevalence rate now stands at 13 per cent - having dropped by one
percentage point from 14 per cent last year. Homa-Bay, one of the worst affected districts, has a prevalence rate of 34 per cent. But it is the women who have borne the heaviest brunt of the scourge. The outdated practice of wife inheritance has been responsible for this. The once revered custom is now being abused with impunity. According to Mr. Damian Ongewe, 75, the purpose of inheriting a woman was to keep her warm so that she could not have an affair outside her marital home and to take care of the children and property left behind by the deceased. These days, however, the in-laws insist on sleeping with the widow even when it is apparent that the husband has died of Aids. Worse still, they shun any parental responsibility and grab any property left behind by the deceased.

The soaring cases of HIV/AIDS have been exacerbated by professional inheritors. Due to the high level of awareness already attained, some men refuse to inherit their sisters-in-law. But the adamant ones go out of their way to fetch professional inheritors who are paid a fee for services rendered. This is done in order to cleanse the woman. Sadly though, it is these “professionals” who contribute to the high spread of the virus as they move from homestead to homestead, inheriting women, some of whose husbands have died of Aids. Unfortunately, this outdated practice of wife inheritance continues to draw support even from among the Luo elite. When the former Nyanza Provincial Commissioner Mr. Joseph Kaguthi advised the community to discard the practice, he found himself stepping on sore toes and had to be hounded out of Nyanza.

High levels of poverty in the riparian districts have also contributed a great deal to the spread of HIV. After losing their husbands – not necessarily to Aids, most women turn to commercial sex as a means of livelihood and eventually end up being infected.
Then, on the shores of Lake Victoria, fishing is the main occupation. One is either fishing or selling fish. But custom bars women from venturing into the lake to fish. It is widely believed the spirits of the sea—male spirits which arise at dawn—could be easily provoked by the presence of a woman in their territory. This can result into tragedies at sea. Taking advantage of this, the fishermen have imposed an unwritten rule on the female fishmongers—"No sex, no fish". That means the randy fishermen force the women to sleep with them in return for a supply of fish even after paying the standard price. Since the fishermen have multiple sexual partners, they have infected the women fishmongers who are now dying at an alarming rate.

According to Zachery Ochieng'a woman fishmonger who requested anonymity said in desperation: "I would rather sleep with them and get my supply of fish to sell. If I fail to do that, my children will go hungry." And Mr John Owango, a Homa Bay fisherman does not mince his words: "Nothing goes for nothing. Sex first, then money". This is a practice that has been going on for years along the fish landing beaches. Outrageous as it may sound, women who refuse to succumb to the fishermen's advances soon find themselves out of business. It is a practice that has left many dumbfounded. "The level of awareness is more than 90 per cent in this area. But culture being dynamic, it is difficult to understand why people can't change their behaviour", observes Mrs Mary Mboya, a public health nurse with the African Medical and Research Foundation (AMREF). Mboya—who works with widows and orphans within Homa Bay district—says behaviour change is a process that takes a long time.

However, some light seems to be at the end of the tunnel as local Non Governmental organisations—Training and Advocacy for Community Initiative (TACI) and Uhai
Lake Forum in collaboration with the United Nations Children’s Fund (UNICEF) are determined to rescue young girls from the fish landing beaches. Uhai, Kiswahili for life, is a forum that brings together fishing communities in the lake region. During celebrations to mark Lake Victoria Day on April 12, Uhai secretary in Nyando district MS. Caren Owiti said: “Women need economic empowerment to end this exploitation being fuelled by poverty”. Already, TACI has started a training programme to rescue young women from the beaches. The training focuses mainly on dress making. So far, 21 women have graduated with certificates. “My life is completely changed. I will no longer suffer at the hands of fishermen. I will use my tailoring knowledge to feed my children, sisters and brothers”, said MS Roselyn Oneko, one of the graduands.

Economic Factors

In resource poor countries like Kenya, knowledge of HIV and AIDS is very low in urban slums as noted by Thumbi (2009). Urban women of low economic status are particularly vulnerable to HIV infection (KANCO, 2010). Economic domain is a crucial domain in the fight against HIV and AIDS. In Kenya where 70 per cent of the population are living below the poverty line, the issue of affordability of combination of drug therapies and technological interventions such as supply of condoms is a main focus in intervention programmes. The impact of poverty on individuals and communities is vocal in the spread of HIV. Due to economic hardships in the country, sex workers who once refused higher pay for not using condoms are now accepting such payments (KANCO 2010).

In resources, HIV and AIDS is devastating food production and consumption in Africa and undermining incomes. Kenya may have declared AIDS a national disaster, but there are still indications that Kenya as a country is not moving fast enough to mobilize support for those living with HIV and AIDS particularly in the fish industry.
The burden to the health delivery system, education and the entire economy has been enormous, so has the emotional cost of the disease (KANCO, 2010).

The AIDS epidemic is not just a health crisis; it is also a major threat to development and to human society as executive Director Peter Diop of Joint United Nations Programs on AIDS (UNAIDS, 2010) put it at a conference in Nairobi in April 2008. While wreaking havoc on the present generation, the disease jeopardizes the future as well, undermining African economies and societies in ways that often are not immediately apparent (UNAIDS 2010).

Harvard University economist Jeffrey Sachs pointed out at an international AIDS conference in South Africa in 2000 that HIV and AIDS damages society just as it does the human body. It begins by killing those parts responsible for building society; the women and bread winners who sustain and safeguard the community as a whole. Ultimately, AIDS undercuts economic growth and harms development, but its impact is felt first at the cellular level, among African households.

Among households, the direct cost of HIV and AIDS can be measured in the lost income of those who die or who lose their jobs because of their illness. Households' savings fall, consumption on items other than health and funeral declines, and expenditure patterns are distorted as families struggle to cope with the demands of the sick and the dying (UNAIDS 2010). This is particularly devastating to women who are primary caretakers.

HIV and AIDS affected households have reduced coping capacity. For instance,
AIDS tends to cluster in households, generally strong individuals in their working and nurturing prime. Then, partners and children become infected, and are unable to compensate for the illness of the prime breadwinner or caregivers (Bayliers, 2002). Due to family’s illness, less labour-intensive, non-cash crop may be planted and, therefore, cash may be less available than normally to purchase food. Stored food may be less nutritious. Caring for sick household members may further reduce the capacity to seek other food sources.

AIDS undercuts the resilience from which households and communities draw upon to cope during periods of difficulty. In the face of external shock, poor households respond with a variety of strategies, including altering income-generating activities and consumption patterns as well as calling upon family and community support. AIDS strikes at productive adults, the asset most likely to help during crisis (UNAIDS, 2010). In very poor societies, taking care to avoid HIV and AIDS may seem a less immediate concern for many people than simple survival. (Nyamongo, 1996; Mutua, 2001; Tsuos, 2005 and KANCO, 2010) found that economic reasons are the most overriding factors that drive women into indulging in illicit sexual relationships. Combating poverty can help make people less vulnerable to AIDS. Nyamongo (1996) suggests that the women along fish landing beaches be empowered economically by the government by putting policies that could enable cooperative societies to thrive along the beaches. A study in Bushbuck ridge, South Africa found that providing micro-loans to groups of women gave women some financial autonomy, enabling them to better negotiate safer sex (KANCO, 2010). Fact Sheet (2000) has it that financial or material dependence on the men means that women cannot control when, with whom and in what circumstances they have sex. Many
women have to exchange sex for material favours, so as to survive. Such cases are mostly common in many poor settings. It is many women's only way of providing for themselves and their children.

2.5: Conclusion

In conclusion, the studies and reports discussed demonstrate the unquestionable vulnerability of women in general to risky sexual behaviour that predisposes them to HIV infection. However, diverse situations that make women more vulnerable have not been brought to focus. These include those that are engaged in activities that make them give in to risky sexual behaviour for gainful end. Among these are women fish dealers in fish landing beaches in Kisumu. It is, therefore, this gap that the study intended to fill by focusing on factors that sustain risky sexual behaviour among female fish dealers in fish landing beaches in Kisumu County, Kenya.
3.0 Introduction

This chapter presents the methodology used in the study under the following subheadings: research design, research site, study population, inclusion and exclusion criteria, sample size and sampling procedure, instruments for data collection, piloting instruments, data collection, data management and ethical consideration.

3.1 Research Design

The study adapted a cross-sectional social survey design. The design involves collecting information from individuals, which include their opinions, beliefs, feelings, attitudes, and perceptions in a short time. Its objective is to get a snapshot view of the situation as it is on the ground. The design was ideal for the study since it facilitated the collection of in-depth data from respondents within a short period. The design not only provided room for the generalization of findings to the population, but was also reasonably reliable in the presentation and analysis of the obtained data.

3.2 The Study Site

The study was undertaken in Kisumu County specifically the Lake Victoria fish landing beaches (map in appendix iv). Kisumu has eight beaches, namely; Dunga, Kichinjio, Usoma, Rare, Paga, Maembe, Ogal and Kaloka. The beaches lie within longitudes 33° 20'E and 35° 20' E and latitude 0° South and 0° 50' South (see appendix iv). Kisumu County where the beaches are located, is bordered by Rachuonyo District to the South West, Nyando District to the South, Nandi District to
the North East, Bomet District to the East, Vihiga County to the North West, and Siaya County to the West. The County is divided into eight administrative divisions, fifty-one locations and one hundred and fifty eight sub-locations. The divisions are Winam, Maseno, Nyando, Muhoroni, Lower Nyakach, Upper Nyakach, Kadibo and Miwani. The divisional headquarters are fairly accessible in terms of telecommunications road network.

The County covers a total area of 2,660 Square kilometres of which 567 square kilometres is under water RoK (2001-2005). Kisumu County lies in a down warped part of large lowland surrounding the Nyanza Gulf at the tip of which is Kisumu city. East of Kisumu city are the Kano plains occasionally broken by low ridges and rivers. There are some notable physical features such as the scarps in the north, east and south. Others include hill, slopes, and piedmont plains spreading across the vast Kano plains. All these are associated with the formation of the Great Rift Valley. According to the National population and housing census, Kisumu had a population of 968,909 in 2009. The prevalence of HIV in Kisumu among girls aged 15-19 is estimated at 33.39% (NASCOP, 2010). Fishing is also the main economic activity in the area as sited in the RoK development plan. Ogutu, (2010) argues that 75% of artisan fish dealers in Kisumu County are women and that their ages range from 15-50 years.

3.3 The Study Population

The study was carried out in 8 beaches, namely; Dunga Kichinjio, Usoma, Rare, Ogal, Paga, Maembe and Kaloka. Four beaches were randomly selected. According to the Kisumu Municipal Council data of the year 2010, the beaches of Dunga, Kichinjio, Usoma, Rare, Paga, Maembe, Ogal and Kaloka had a total of 601 women fish dealers and 152 fishdealers/boat owners. A third of the total population size of 601 was
sampled, which leads to a sample size of 200. The women were of between 15-50 years dealing in fish. The age bracket was chosen as it is described as sexually active (NASCOP, 2010).

3.4 Inclusion and Exclusion Criteria

All females; single, married, separated or divorced between ages 15-50 who consented to participate in the study were included. The consent of potential respondents was sought by asking them whether they were willing to participate in the study. However, females above 50 and those below 15 years were excluded from the study. Those within ages 15-50 years and did not consent were not included either. All the fishermen that owned boats were legible to be included in the study.

3.5 Sample Size and Sampling Procedure

Four beaches out of the eight were selected for the study. Two in Kisumu rural and two in Kisumu urban. The beaches were thus clustered in two categories and simple random sampling technique utilised to ensure an objective selection. The beaches included in the study were Dunga and Kichinjio (urban); Ogal and Kaloka (rural). Since the Kisumu Municipal council data (2010) gave the total number of women fish dealers at 601, a 30% sample was selected which were 200 women. It was anticipated that 30% was a representative sample since the women fish dealers had a common socio-economic background. For the fishermen, these were represented by boat operators whose total number was 152. As such, a representative sample of 34.21% was taken that is 52 using random sampling technique.
3.6 Instruments for Data Collection

The study utilised three instruments for data collection namely; two separate interview schedules for female fish dealers and one for the fishermen (see appendices i & ii respectively) and observational check list mainly to confirm some of the information given by both the female fish dealers and the fishermen (see appendix iii). The interview schedules were appropriate because they helped to probe on information on sexuality.

3.7 Pretesting Instruments

Before the actual fieldwork, a pretesting study was conducted to test the validity and reliability of the interview schedules and observation checklist. This involved three (3) female fish dealers and three (3) fishermen in the beaches, Usoma and Maembe (urban), Paga & Rare (rural) which were not selected for the study. The pretesting exercise enabled the revision of the instruments for their validity and reliability.

3.8 Data Collection

Reconnaissance visits for introduction and familiarisation session with the respective respondents and booking for setting a date to administer and collect the interview schedules was done before the interviews. To ensure that all respondents had equal opportunity to be interviewed, an average of 17 female fish dealers and 5 fishermen were interviewed per day by four research assistants. The research assistants took three days on each beach culminating into twelve days on the four beaches. The afternoons of each day were used to interview the fishermen. Fifty two fishermen were interviewed, which is a proportion of 34.21% of the entire population.
3.9 Data Management

After data was collected, it was sorted into themes, based on research objectives. This was followed by thorough editing and coding of responses. SPSS programme was used for data analysis. The data was presented using descriptions and tabulations. Both qualitative and quantitative techniques of data presentation and analysis were used.

3.10 Ethical considerations

The purpose of the study was explained clearly to each respondent. Privacy and confidentiality of the information obtained were assured. Further, they were given the option not to give their names if they wished not to. Permission to carry out the study was sought from the relevant authorities. Research permit was sought from the National Council Science and Technology. Permission was sought from the District Officer, Kisumu County that houses the landing beaches to collect data. The clearance for the study was obtained from Kenyatta University through the Graduate School. As the respondents were assured, the information obtained during the study would not be used for any other purpose other than the study.
CHAPTER FOUR
RESULTS AND DISCUSSION

4.0 Introduction

This chapter presents study results, findings and related discussions. The presentation
is on the basis of the research questions that guided the study as follows:

- Knowledge of female fish dealers on HIV & AIDS.
- Socio-cultural factors influencing the female fish dealers’ sexual behaviour.
- The economic factors influencing the sexual behaviour of female fish dealers.
- Suggested measures for curbing the occurrence and spread of HIV and AIDS among female fish dealers. Additionally, the findings on some demographic characteristics of the female fish dealers is also presented and discussed as they may contribute to factors sustaining risky sexual behaviour among female fish dealers.

4.1 Demographic Characteristics of the Female Fish Dealers

The demographic characteristics of the female fish dealers that were found significant in contributing to factors sustaining risky sexual behaviour among female fish dealers were age, marital status and level of education as discussed below:

Age of the female fish dealers

As shown in table 4.1, most of the fish mongers were between ages 31 – 35 years (26%), followed by ages 26-30 years (20%), the least being between 15-19 years (3.5%).
Table 4.1  Age of female fish dealers

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency of respondents n=200</th>
<th>Proportions of all respondents %</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>7</td>
<td>3.5</td>
</tr>
<tr>
<td>20-25</td>
<td>38</td>
<td>19.0</td>
</tr>
<tr>
<td>26-30</td>
<td>40</td>
<td>20.0</td>
</tr>
<tr>
<td>31-35</td>
<td>52</td>
<td>26.0</td>
</tr>
<tr>
<td>36-40</td>
<td>32</td>
<td>16.0</td>
</tr>
<tr>
<td>41-45</td>
<td>20</td>
<td>10.0</td>
</tr>
<tr>
<td>46-50</td>
<td>11</td>
<td>5.5</td>
</tr>
<tr>
<td>Total</td>
<td>200</td>
<td>100</td>
</tr>
</tbody>
</table>

The fact that most of the fish dealers are found within ages 20 and 50 could be explained by the fact that this is marriageable age and they therefore, needed to financially take care of their families. It can be assumed that this is the age at risk of indulging in risky sexual behaviour to enable them to procure fish for their livelihood. The small number of respondents who are between the ages 15 -19 was only due to the fact that this is school-going age. The few in this category, confirmed that they had dropped out of school.

On the other hand, the study established that all the boat owners were sexually active as the youngest of those included in the study were in the age bracket of 23-25 years, while the oldest were between ages 45-50 years. The fact that all the female fish
dealers were in the age bracket of 15-50 years meant that they were sexually active. This was also confirmed by 100 (50%) female fish dealers who affirmed that they would exchange sex for fish, should there be such a demand from the boat owners. On the part of the boat owners, 39 (75%) confirmed that they were demanding sex from the female fish dealers in exchange for fish, particularly during the low seasons. This finding is in agreement with Tsuos (2005) who observed that exchange of sex for fish sales was real, along fish landing beaches in Kisumu County.

Marital Status
The study established that while all the male boat owners/fishermen were married, only 3 of the female fish dealers in the ages of 15-19 were not married. This finding is in agreement with (Ogutu, 2010) who found that most women in his research were married but had left their spouses to go and trade in fish along the Lake Victoria beaches to enable them to take care of their families. It was, therefore, understood that the female fish dealers indulged in risky sexual behaviour to enable them, meet their economic obligations. Given that some of the women were widows and had been inherited but admitted to exchanging sex for fish, the danger of HIV infection among female fish dealers was real.

Education Level of Female Fish Dealers
Table 4.2 shows that 15 fish mongers representing 7.5% of the total sample size did not have any form of formal education. On the other hand, 152 (76%) of the female fish dealers had attained primary education, while only 33 (16.5%) of the entire sample population had attained secondary education.
Table 4.2 Education Level of Female Fish Dealers

<table>
<thead>
<tr>
<th>Level of education</th>
<th>Frequency of respondents n=200</th>
<th>Proportions of all respondents %</th>
</tr>
</thead>
<tbody>
<tr>
<td>No formal education</td>
<td>15</td>
<td>7.5</td>
</tr>
<tr>
<td>Primary and Below</td>
<td>152</td>
<td>76</td>
</tr>
<tr>
<td>Secondary and Above</td>
<td>33</td>
<td>16.5</td>
</tr>
<tr>
<td>Total</td>
<td>200</td>
<td>100</td>
</tr>
</tbody>
</table>

The study assumed that the acquisition of formal education meant ability to read and write which increased economic empowerment and self-esteem, and which in turn would reduce risky sexual behaviour among female fish dealers. The findings indicated that 167 (83.5%) female fish dealers had either no formal education or only primary level of education. In deed, 100 (60%) of these category of female fish dealers confirmed that they were unable to negotiate for safe sex with boat dealers. They further confirmed that the low level of education disempowered them from other forms of gainful livelihood, besides the sale of fish.

4.2 Factors that Influenced Risky Sexual Behaviour among Female Fish Dealers

Factors that were found to influence risky sexual behaviour among female fish dealers were found in three categories, namely:

a) Knowledge of female fish dealers on HIV & AIDS.

b) Socio-culture factors influencing sexual behaviour of female fish dealers.

c) Economic factors influencing sexual behaviour of female fish dealers.
4.2.1 Knowledge of Female Fish Dealers on HIV and AIDS

The study analysed the knowledge of female fish dealers on HIV and AIDS, under the following sub-headings: general knowledge on HIV and AIDS, knowledge on the mode of transmission of HIV and AIDS and knowledge on the methods of prevention. It was assumed that knowledge on HIV and AIDS would lead to responsible sexual behaviour. However, that was not the case as the results in the subsequent tables show that despite a universal knowledge of 96%, the sexual behaviour of female fish dealers was risky.

a) General knowledge on HIV and AIDS

It is believed that knowledge of HIV and AIDS leads to responsible sexual behaviour but going by the study findings, this was not the case. The study findings rate the female fish dealers’ level of awareness on HIV and AIDS as high as shown on table 4.3.
Table 4.3: General Knowledge on HIV and AIDS among Female Fish Dealers

<table>
<thead>
<tr>
<th>Attributes</th>
<th>Frequency of responses</th>
<th>Proportion of all respondents %</th>
<th>Proportion of all responses n = 588 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness of HIV and AIDS</td>
<td>195</td>
<td>97.5</td>
<td>33.2</td>
</tr>
<tr>
<td>HIV and AIDS is preventable</td>
<td>178</td>
<td>89.0</td>
<td>30.3</td>
</tr>
<tr>
<td>Knowledge of prevention method.</td>
<td>190</td>
<td>95</td>
<td>32.3</td>
</tr>
<tr>
<td>Aids is Curable</td>
<td>25</td>
<td>12.5</td>
<td>4.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>588</strong></td>
<td><strong>100.0</strong></td>
<td></td>
</tr>
</tbody>
</table>

The female fish dealers who were aware of the existence of HIV and AIDS were 97.5%, those who knew the methods of prevention were 95%, with a further 89.0% believing that the disease is preventable. The findings seem to be consistent with Nyamongo (1996), Tsuos (2005) and Mutua (2001) whose studies revealed that 99%, 97% and 99%, respectively of their study population were knowledgeable of the existence of HIV and AIDS.

The male boat owners also demonstrated an acquisition of the general knowledge of HIV and AIDS. Both the male and female study respondents agreed that this knowledge should encourage them not to engage in risky sexual behaviour, though many of them accepted taking risks and hence engaging in risky sexual behaviour. Both male and female respondents attributed the universal knowledge of HIV and AIDS to the concerted effort by the Government through agencies like National AIDS Control Council, school curriculum and public health education campaigns. Twelve
and a half per cent female fish dealers believed that the disease is curable, which is in reality not true. The fact that some respondents stated incorrectly that AIDS is curable, indicated that they were not as knowledgeable of HIV and AIDS as they claimed. They indicated having have heard of the terms HIV and AIDS, having had family members infected having seen people dying of AIDS related diseases but they really did not have an in-depth knowledge of HIV and AIDS. The need to give the right information on the incurability of HIV was considered critical because misunderstanding about HIV and AIDS can lead to wrong attitudes and hamper efforts aimed at preventing risky sexual behaviour among female fish dealers. Further, the risk of believing that AIDS is curable is an issue of concern because the female fish dealers may get a false sense of protection and recklessly indulge in risky sexual behaviour.

The study aimed at establishing what the female fish dealers knew about the so called “cure” for AIDS and all the 25 respondents mentioned ‘manyasi’ a remedy which supposedly cures people who are affected by a curse arising from failure to abide by certain Luo traditional practices. This assertion “chira”, augmented the argument of some of the female fish dealers that AIDS is a curse. This sent a signal to the need for civic education to the female fish dealers to help to assuage their belief in their tradition to enable them to see the seriousness of HIV and AIDS, that is, incurable. It is hoped that their knowledge would make them desist from indulging in risky sexual behaviour that can lead them to contract HIV infection.
b) Knowledge on Method of Transmission of HIV by Female Dish Dealers.

Awareness of the method of transmission was cited by the fish dealers as an important component in the prevention and management of HIV and AIDS. Table 4.4 shows the number of female fish dealers with the knowledge on methods of transmission of HIV.

Table 4.4: Knowledge on Method of HIV Transmission

<table>
<thead>
<tr>
<th>Method</th>
<th>Frequency</th>
<th>Proportion responses to this question (%)</th>
<th>Proportion of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>n = 575</td>
<td>n=200</td>
</tr>
<tr>
<td>Sexual Intercourse</td>
<td>191</td>
<td>33.2</td>
<td>95.5</td>
</tr>
<tr>
<td>Mother-to-Child</td>
<td>146</td>
<td>25.4</td>
<td>73.0</td>
</tr>
<tr>
<td>Contaminated needle or sharp material</td>
<td>173</td>
<td>30.1</td>
<td>86.5</td>
</tr>
<tr>
<td>Curse of violation of a taboo</td>
<td>65</td>
<td>11.3</td>
<td>32.5</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>575</strong></td>
<td><strong>100</strong></td>
<td></td>
</tr>
</tbody>
</table>

From Table 4.4, an overwhelming majority of female fish dealers (95.5 %) correctly stated that sexual intercourse is the main method of transmission of HIV. This high proportion of female fish dealers who know that HIV infection is transmitted through sexual intercourse could be attributed to the fact that most of them are married (197) and know for sure that it is through sexual intercourse that they are likely to contact HIV infection. Mother-to-child transmission and use of contaminated needles were identified by 73 % and 86.5 % respectively as being methods of HIV transmission.
However, 32.5% of the female fish dealers indicated that HIV and AIDS could also be caused by a curse or a violation of traditional taboos. This indicated that the knowledge of transmission was limited. The findings of this study are in tandem with the research findings of Nyamongo (1991) who found that 40% of the research population believed that AIDS was caused by "chira".

As has been indicated, the female fish dealers’ knowledge of method of transmission notwithstanding, there is no behaviour change, as many of them conceded to giving sexual favours in exchange for fish. Asked what could be done to discourage risky sexual behaviour, both the female fish dealers and the fishermen suggested that the female fish dealers needed to be economically empowered to own boats and also to negotiate for safe sex with boat owners/fishermen. It was deduced that because economic hardship is the major reason for female fish dealers indulgence in risky sexual behaviour, all they needed, therefore, was economic empowerment to enable them to take control of the trade but also to make decisions on how and when to have sex, and negotiate for safer sex.

c) Knowledge on Method of Prevention of HIV Infection by Female Fish Dealers

Both the female fish dealers and the fishermen who owned boats referred to HIV and AIDS as a behavioural disease and agreed that it can be easily prevented. They were of the feeling that awareness of the prevention methods of HIV infection would reduce the risks of acquiring HIV and AIDS.
### Table 4.5: Knowledge of Prevention Methods of HIV and AIDS among Female Fish Dealers

<table>
<thead>
<tr>
<th>Method</th>
<th>Frequency</th>
<th>Proportion of responses (%)</th>
<th>Proportion of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of condoms</td>
<td>192</td>
<td>35.8</td>
<td>96.0</td>
</tr>
<tr>
<td>Being faithful to one uninfected sexual partner</td>
<td>160</td>
<td>29.8</td>
<td>80.0</td>
</tr>
<tr>
<td>Abstinence</td>
<td>121</td>
<td>22.5</td>
<td>60.5</td>
</tr>
<tr>
<td>Not sharing sharp objects</td>
<td>28</td>
<td>5.2</td>
<td>14.0</td>
</tr>
<tr>
<td>Screening of blood</td>
<td>18</td>
<td>3.4</td>
<td>9.0</td>
</tr>
<tr>
<td>Devotion to God</td>
<td>18</td>
<td>3.4</td>
<td>9.0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>537</strong></td>
<td><strong>100.0</strong></td>
<td></td>
</tr>
</tbody>
</table>

The results presented in Table 4.5 show that the most common known method of prevention of the HIV infection is the use of condoms (96 %), followed by faithfulness to only one uninfected sexual partner (80%), abstinence (60%), avoiding sharing sharp equipment(14%), screening blood for transfusion(9%) and devotion to God (9%) respectively. The findings of Nyamongo (1996) correspond with the results on the use of condoms as a method of prevention. According to some of the fishermen, the women need economic empowerment to augment their knowledge on HIV and AIDS and hence enable them to be decisive in determining whether or not to indulge in risky sexual activities. On affirming the challenges on the use of condoms, one of the female fish dealers said, *It is difficult for us to use condoms for it is mostly men who have access to condom and we female fish dealers risk suspicion of*
infidelity whenever we suggest the use of condoms. Other female fish dealers suggested that they should be supplied with free female condoms to enable them to use the same at will whenever the occasion called for it. This was echoed by 16 (30%) of the boat owners/fishermen. The findings of both Tsuos (2005) and Nyamongo (1996) agree that condom use ensures safer sex though they do not suggest the use of female condoms.

4.2.2 Socio-cultural Factors Influencing Female Fish Dealers’ Risky Sexual Behaviour

Socio-cultural ideologies often stand in the way of behaviour change in many societies. In this study, an assessment was carried out on cultural attributes that affected social practices and some salient gender and power relations indicators. The social-cultural factors found to influence female fish dealers’ risky sexual behaviour were:

a) Cultural beliefs and practices on sexuality
b) Religion
c) Gender and power relations

a) Cultural Beliefs and Practices on Sexuality

Culturally, according to the female fish dealers and boat owners/fishermen, in their traditional society, sex was highly sanctioned and guarded by norms and regulations. This study assessed the occurrence and perception on some selected elements of sexual practice selected attributes of beliefs and practices on sexuality and the responses of female fish dealers that could influence risky sexual behaviour.
Table 4.6: Attributes of Selected beliefs and practices in sexuality among female fish dealers

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Frequency of responses</th>
<th>Proportion of individuals n = 200 (%)</th>
<th>Proportion of responses (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occurrence of premarital and extramarital sex in community</td>
<td>172</td>
<td>86.0</td>
<td>28.6</td>
</tr>
<tr>
<td>Prevalence of forced sex in community</td>
<td>21</td>
<td>10.5</td>
<td>3.5</td>
</tr>
<tr>
<td>Presence of wife inheritance</td>
<td>190</td>
<td>95.0</td>
<td>31.6</td>
</tr>
<tr>
<td>Retention of wife inheritance</td>
<td>51</td>
<td>25.5</td>
<td>8.5</td>
</tr>
<tr>
<td>Use of condoms</td>
<td>30</td>
<td>15.0</td>
<td>5</td>
</tr>
<tr>
<td>Engagement in extramarital sex</td>
<td>125</td>
<td>62.5</td>
<td>20.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>600</strong></td>
<td><strong>100.0</strong></td>
<td></td>
</tr>
</tbody>
</table>

Table 4.6 shows that premarital sex, extramarital sex and wife inheritance were common occurrences in the female fish dealers. The number of respondents who confirmed that there was presence of premarital and extramarital sex in the community was 86% and a whopping 95% of them confirmed the presence of wife inheritance. The findings on the presence of the wife custody was in tune with those of Tsuos (2005) whose findings on related studies confirm the presence of wife custody among communities along Lake Victoria.

As asked whether they had ever engaged in extramarital sex, 62.5% of the female fish dealers conceded to the fact that they had actually engaged in extramarital sex. Some
of the female fish dealers did not want to respond to the question, which shows that they too, may have been involved in the same. There was also evidence of forced sex, as 10% of the female fish dealers confirmed this. This may pose a great risk in the light of HIV and AIDS. This is actually one of the riskiest forms of sexual behaviour that the female fish dealers indulge in against their better judgement. The behaviour is particularly risky in the face of HIV and AIDS pandemic. The argument here, according to both the female fish dealers and the boat owner/fishermen is that traditionally, a wife was not supposed to deny her husband his sexual rights as this would be construed to mean that she was involved in extramarital affairs. This finding is corroborated by the finding of KANCO (2010) that reported that in most African and other third world societies, women cannot refuse sex because if they do, they risk abuse as there is a suspicion of infidelity.

The study findings indicated that slightly more than a quarter (51) of the respondents believed that wife inheritance should be retained. The fishermen were also supportive of the retention of this practice. This might be particularly risky especially if necessary precautions to prevent transmission of HIV infection are not adhered to. In an interview with some of the female fish dealers, it emerged that HIV test of would be inheritors was yet to be infused into the cultural provisions for wife inheritance. They went further to suggest that socio-cultural practices such as beliefs in “chira”, widow custody and polygamy be advised against by government agencies and other stake-holders to help reduce the likelihood of female fish dealers indulging in risky sexual behaviour. Other female fish dealers felt that it could be addressed through educating and encouraging the public on good cultural practices and discouraging the public on negative cultural practices such as “chira”, widow custody and polygamy.
b) Religion

According to 80% of the female fish dealers and 50% of male boat owners/fishermen, religion usually gives foundation to moral values of any society. Where religion exists, the society is expected to have guiding principles and morality but despite the fact that the female fish dealers seemed to be very religious, they still indulged in risky sexual behaviour as confirmed by 125 (62.5%) female fish dealers, who affirmed involvement in extramarital sex. The boat owners/fishermen asserted that they at times gave female fish dealers fish in exchange for sex. All of them are in one denomination or the other. The mere fact that one is religious does not necessarily mean that one will avoid indulging in risky sexual behaviour. This is supported by table 4.7 that demonstrates that the female fish dealers belonged to specific religious groups.

Table 4.7 Religious Groups of the Female Fish Dealers

<table>
<thead>
<tr>
<th>Denomination</th>
<th>Frequency of respondents n=200</th>
<th>Proportions of all respondents %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anglican</td>
<td>35</td>
<td>17.5</td>
</tr>
<tr>
<td>Catholic</td>
<td>72</td>
<td>36.0</td>
</tr>
<tr>
<td>Legio Maria</td>
<td>30</td>
<td>15.0</td>
</tr>
<tr>
<td>Others</td>
<td>63</td>
<td>31.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>200</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Most of the sampled female fish dealers were religious with 36% of them being Catholic followed by other denominations with 31.5% and the least is Legio Maria. The bigger number of female fish dealers who are Catholics 72(36.0%) is in
conformity with RoK(2001-2005) which says that nationally, Catholic adherents are more than those of other denominations. It was initially assumed that morality based on religion would discourage risky sexual behaviour by female fish dealers. This however was found not to be the case. Despite the fact that the study findings on religion of female fish dealers showed that the sample population was overwhelmingly religious, only 9 (3.4%) of the sample population as shown in table 4.5, cited religion as being a method of preventing the spread of HIV infection. This shows that religion has very little effect on risky sexual behaviour. The misconception that devotion to God can be a method of prevention of HIV infection is thus proved. This as was confirmed by both male and female respondents calls for the concerted effort by the Ministry of Health in liaison with the Ministry of Public Health and Sanitation to conduct awareness campaigns and civic education among female fish dealers, to convince them from their blind belief and devotion to God, to sway them from believing that someone who has exposed herself/himself to risky sexual behaviour can be spared from contracting HIV merely by prayers.

c) Gender and Power Relations

Some boat owners/fishermen felt that ownership of property means economic empowerment which would enable female fish dealers not only to negotiate for safe sex but also to engage in livelihood that would not expose them to risky sexual relationships. Because the female fish dealers lacked the resources, they were generally forced into relationships that would otherwise be inadvisable. In this community, as some of the fishermen confirmed, women have traditionally taken secondary position in key issues and in property ownership. This has, therefore, made the female fish dealers less empowered culturally, socially and economically. The
reality of the less power for women on the basis of land ownership is demonstrated in Table 4.8. The situation had implications on lack of participation in decision-making on issues of sexuality.

Table 4.8: Position of Women on Land Ownership and Decision-Making

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Frequency</th>
<th>Proportion %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women own land</td>
<td>00</td>
<td>00%</td>
</tr>
<tr>
<td>Do not own land</td>
<td>200</td>
<td>100%</td>
</tr>
<tr>
<td>Participate in decision-making on issues of sexuality</td>
<td>20</td>
<td>10%</td>
</tr>
</tbody>
</table>

The results confirmed that women generally do not have access to land. This is in conformity with (Tsuos, 2005) who found that traditionally, among the Luo community, women owned neither land nor the houses in which they lived. Both the female fish dealers and the boat owners expressed concern that land, which is largely the main means of production and a symbol of wealth and property ownership was not owned traditionally by women yet in most cases they were given the responsibility of taking care of it. They also affirmed that it is also the basis for according status in most African communities.

This shows that female fish dealers lack access to the main means of livelihood as they have limited access to land. The findings conform to Luo culture where, the ownership of land was predominantly male. This has made female fish dealers less empowered socially, culturally and economically. Thus socio-cultural and economic issues can be seen to contribute to risky sexual behaviour among female fish dealers.
Participation in decision-making is still far from being embraced by the communities of the female fish dealers as only 10% of the female fish dealers attested to participating in decision-making relating to sexuality. If they refused sex or request for condom use, they risked abuse as there was suspicion of infidelity. KANCO (2005) concurs with the findings. When asked who between the fishermen and the female fish dealers were poorer, the fishermen said that women form the bulk of the poor in the local community and that the number of female fish dealers being lured into risky sexual behaviour was rising despite the existence of HIV and AIDS. The feeling of powerlessness and an acculturated dependence on men by women was risky in the face of HIV and AIDS.

4.2.3 Economic Factors that Influenced Risky Sexual Behaviour among Female Fish Dealers.

Economic factors were also established as leading to risky sexual behaviour among female fish dealers. As observed by both male and female respondents, economic empowerment is an important component of self-control and behaviour control. In the words of a female fish dealer: *An economically empowered female fish dealer is capable of exercising a high level of independence.* Results on indicators of economic empowerment revealed specific economic factors as levels of income, meal patterns, and ownership of houses as discussed.

a) Income Levels

Study findings as illustrated in Table 4.8 showed that majority of the female fish dealers earned less than 2,000/ per month, from the fish trade.
Table 4.9: Income Levels of Respondents

<table>
<thead>
<tr>
<th>Income (Ksh)</th>
<th>Frequency</th>
<th>Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 2000</td>
<td>90</td>
<td>47.4</td>
</tr>
<tr>
<td>2001 – 4000</td>
<td>36</td>
<td>18.9</td>
</tr>
<tr>
<td>4001 – 8000</td>
<td>20</td>
<td>10.5</td>
</tr>
<tr>
<td>Above 8000</td>
<td>44</td>
<td>23.2</td>
</tr>
<tr>
<td>Total</td>
<td>190</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 4.9 indicates that 47.4% of the women in the sample were living on less than 2,000/= translating to less than a dollar a day. Those with monthly income of above 8,000/= were only 23.2%. Given that, most of women in the sample were having families, a much higher proportion must have been living on less than a dollar a day. This was corroborated by the fact that the level of asset ownership was actually very low in their respective houses. This could explain their involvement in risky sexual behaviour because when one is embroiled in poverty, morality becomes secondary to their basic and immediate needs, especially food, how they get it notwithstanding. With nearly more than half of the women living below a dollar a day, their life could be described as mere survival. Nyamongo (1996), Mutua (2007), Tsuos (2005) and KANCO (2010) all concur that economic reasons are the most overriding factors that drive females into risky sexual relationships. When asked what could be done to alleviate this problem, the idea of economic empowerment of the female fish dealers...
by the Government was unanimous among both the female fish dealers and the fishermen.

c) Meal Patterns

According to boat owners/ fishermen and the female fish dealers, the basic need that drove female fish dealers to engage in risky sexual behaviour was poverty, as one female fish dealer stated, *inability to access food can make one indulge in behaviour that one may consider abhorrent.* The findings on the meal patterns among female fish dealers as shown on table 4.10 demonstrate that food was scarce.

**Table 4.10: Meal Patterns among female fish dealers**

<table>
<thead>
<tr>
<th>Number of Meals</th>
<th>Frequency</th>
<th>Proportion %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once</td>
<td>130</td>
<td>66.0</td>
</tr>
<tr>
<td>Two</td>
<td>55</td>
<td>27.9</td>
</tr>
<tr>
<td>Three</td>
<td>12</td>
<td>6.1</td>
</tr>
<tr>
<td>Total</td>
<td>197</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 4.10 indicates that 185(93.9%) women were unable to have three square meals a day. An assessment of the types of foods eaten during meals times showed that most families fed on routine foodstuffs (ugali and sukumawiki/fish) on a daily or weekly basis. Only 12 (6.1%) of the female fish dealers claimed to have been having three square meals a day, one could clearly see that this was not the case. This was corroborated by one of the fishermen who said that most of female fish dealers sometimes go without food. In fact, most of the foods were the locally available ones with fish being the main relish. Foods requiring extra costs like meat and rice were seldom eaten. On being asked to suggest remedies for this, some of the fishermen
suggested the need for social welfare policies. The female fish dealers on the other hand, simply settled for economic empowerment by Government through the Ministry of Cooperatives, other stakeholders and like-minded people.

d) House Ownership

As female fish dealers were living in the urban areas, their ability to pay rent on time was cited as a factor that fuelled engagement in risky sexual behaviour with boat owners/fishermen. This was done in desperation to raise money for rent. This concern was confirmed through an analysis of the ownership of houses as shown in Table 4.11.

Table 4.11: Ownership of House by Female Fish Dealers

<table>
<thead>
<tr>
<th>Status</th>
<th>Frequency</th>
<th>Proportion %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Own residential house</td>
<td>68</td>
<td>35.1</td>
</tr>
<tr>
<td>Do not own residential house</td>
<td>126</td>
<td>64.9</td>
</tr>
<tr>
<td>Total</td>
<td>194</td>
<td>100</td>
</tr>
</tbody>
</table>

According to Table 4.11, most women fish dealers (64.9%) did not own houses they lived in. This meant that the female fish dealers had to pay rent. Given the peak and trough patterns of their business, payment of rent was often a problem during the low periods especially when fishing of some types of fish is banned by government policy. This made the female fish dealers easy prey for the “joboya” fishermen and boat owners, who gave them fish in exchange for sex to enable them to pay their house rent. Since their earnings were low, their levels of investment and savings were also equally low. A fact that made them yield easily to exchange sex for fish from the boat owners/fishermen.
d) Perceptions on Reasons for Risky Sexual Activities

Information contained in Table 4.12 indicates that the main reason for involvement in risky sexual intercourse was for monetary gain, followed by sexual satisfaction, exchange of fish, for fun and cultural requirements respectively.

Table 4.12: Reasons for Risky Sexual Activities by Female Fish Dealers.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Frequency</th>
<th>Proportion of Responses (%)</th>
<th>Proportion of cases (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>To get money</td>
<td>172</td>
<td>27.4</td>
<td>86.0</td>
</tr>
<tr>
<td>To provide for family</td>
<td>150</td>
<td>23.9</td>
<td>75.0</td>
</tr>
<tr>
<td>In exchange for fish</td>
<td>125</td>
<td>19.9</td>
<td>62.5</td>
</tr>
<tr>
<td>To pay house rent</td>
<td>98</td>
<td>15.6</td>
<td>49.0</td>
</tr>
<tr>
<td>Cultural requirement</td>
<td>82</td>
<td>13.1</td>
<td>41</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>627</strong></td>
<td><strong>100.0</strong></td>
<td></td>
</tr>
</tbody>
</table>

The responses in table 4.12 indicate that economic considerations were the predominant pushes into risky sexual engagements by the female fish dealers. This is in conformity with (Mutua, 2007) who found that women's lack of economic empowerment leaves them to be victims of cultural obligations. The study results confirmed that 172 of the female fish dealers gave the reason for their involvement in risky sexual behaviour as being economic. Asked to give reasons for indulging in risky sexual relationships, the respondents gave the following reasons; to get money 172(86.0%), to provide for family 150 (75.0%), in exchange for fish 125(62.5%), to
pay house rent 98(49.0%). Of the 627 responses, only 82 touched on cultural
requirements as being a reason for indulging in risky sexual relationships against 545
responses citing economic reasons. As confirmed earlier, the reasons range from
economic to socio-cultural. However, the economic needs had a higher frequency
than the socio-cultural requirements. As previously discussed, Mutua (2007) is in
tandem with these findings that economic needs are the greatest push for women’s
involvement in risky sexual behaviour. Poverty seems to play a bigger role as many
engage in risky sexual activities in exchange for money and fish. Asked whether they
feared contracting HIV infection, both the female fish dealers and the boat
owners/fishermen said they feared HIV and would not want to be infected. Asked
how the female fish dealers could be helped to avoid risky sexual behaviour, they
expressed that in addition to economic empowerment, there was need for policy
framework by the government, which should aim at improving the conditions and
work environment within the fish landing beaches.
CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 This chapter presents summary of the findings, conclusion and related recommendations, based on the finding and discussions in the previous chapter. Related areas for further research are also recommended.

5.1 Summary of Study Findings

This section summarises study of findings on the basis of:

- Demographic information on age, marital status, and education level of female fish dealers.
- Knowledge
- Social cultural factor.
- Economic factors

Demographic information on: Age, Marital Status, and Education Level of Female Fish Dealers

Age

Most of the female fish dealers were found to be between ages 20 and 50 which can be explained by the fact that this is of marriageable age and therefore, they needed to economically provide for their families. Because subsequent data shows that the female fish dealers admitted that they indulged in extramarital sex, this was very serious in face of HIV infection.
Education

The education level of the female fish dealers was found to be low as only 33 of them had attained secondary level of education and above. The study assumed that the acquisition of formal education meant the ability to read and write which increased economic empowerment and self-esteem, and which in turn would reduce instances of risky sexual behaviour among female fish dealers. The findings indicated that 167 female fish dealers had either no formal education or had attained only primary level of education. Indeed, 100 (60%) of this category of fish dealers, confirmed that they were unable to negotiate for safe sex with boat owners/ fishermen.

Marital Status

The study established that while all the male boat owners/ fishermen were married, only 3 of the 7 female fish dealers found in the ages of 15-19 were not married. Given that some of the women were widows and had been inherited but admitted to exchanging sex for fish, the danger of HIV infection among female fish dealers was real.

Knowledge

The study revealed that the knowledge of the HIV and AIDS does not influence the sexual behaviour of the female fish dealers. It was assumed that knowledge of HIV and AIDS among female fish dealers would lead to responsible sexual behaviour. However, that was not the case as the results showed that 125 of the female fish dealers still engaged in extramarital sex despite a universal knowledge of HIV and AIDS of 96%. This is really risky taking into consideration the presence and danger of HIV infection, and shows that knowledge of HIV and AIDS on its own has not led
to behaviour change among female fish dealers.

**Social-Cultural Factors**

Research findings determined that socio-cultural factors influenced female fish dealers' risky sexual behaviour. Such attributes on beliefs and practices on sexuality as occurrence of premarital sex, extramarital sex, prevalence of forced sex in the community, presence of wife inheritance and shunning the use of condoms are real hindrances to responsible sexual behaviour among female fish dealers. The study findings show that 172 female fish dealers attested to the fact that extramarital and premarital sex were practised in the community and 125 of them confirmed involvement which is risky sexual behaviour given the presence of HIV and AIDS.

**Economic Factors**

Economic factors were also established as leading to risky sexual behaviour among female fish dealers. As observed by both male and female respondents, economic empowerment is an important component of self-control and behaviour control. The results of economic empowerment revealed specific economic factors as levels of income, meal pattern and ownership of houses. The findings on the level of income of female fish dealers illustrated that most of them, (126) were living on less than a dollar a day. Considering the fact that even the female fish dealers who attested to earning 8000 shillings a month, had families, a much higher proportion must have been living on less than a dollar a day. This could explain the involvement in risky sexual behaviour because when one is embroiled in poverty, morality becomes secondary to their basic and immediate needs.
The study findings determined that 185 of the female fish dealers were unable to eat 3 square meals a day. This is basic need that drove the female fish dealers to engage in risky sexual behaviour for as one of them stated that inability to access food could make one indulge in abhorrent behaviour. Results also show the reality of less power for women on the basis of land ownership of residential houses with resultant consequences of lack of participation in decision-making on issues of sexuality. The female fish dealers said that they were afraid of making decisions on their sexuality lest they be chased from their marital homes. Given the fact that the community does not allow women to own land, it was prerogative for them to remain within their marriage since they did not have property like land or rental house on which to fall back.

As confirmed earlier, the reasons for the female fish dealers indulgence into risky sexual behaviour range from economic to socio-cultural. However, the economic needs had a higher frequency than the socio-cultural requirements. Poverty seems to play a bigger role as many engage in risky sexual activities in exchange for money and fish, their knowledge of the existence of HIV and AIDS not withstanding.

5.2: Conclusions

The study concludes that knowledge of HIV and AIDS has not significantly resulted in behaviour change among the women fish dealers as the number of the women who still believe in having premarital sex, polygamous marriages and extra-marital sex and those who still have sex without condom is still high. At the same time, in their recommendations neither the female fish dealers nor the fishermen mentioned knowledge/awareness as being one of the mitigating factors that could affect
behaviour change.

Socio-cultural and economic factors are still a threat to curbing risky sexual behaviour that may predispose female fish dealers to HIV and AIDS as a number of them still believe in the “Chira” and even extramarital sex. Socio-cultural and economic factors, impact greatly on the female fish dealers’ sexual behaviour. Should their recommendations on how they could be helped be effected, their indulgence in risky sexual behaviour would be curbed.

If the female fish dealers are not economically empowered, the fear of their indulging in risky sexual behaviour remains. This is because a significant number of them own neither land nor the house in which they live and their income levels are low thus forcing them into risky sexual behaviour that they believe could enable them to secure their economic needs.

5.3: Study Recommendations

In respect to the findings and conclusions of this study, the following are the recommended strategies to curb the risky sexual behaviour among female fish dealers:

- Campaigns on awareness of HIV and AIDS be stepped up and there be provisions of female condoms which should be accompanied with education on the correct and consistent use as well as civic education on life skills on how to avoid indulging in risky sexual behaviour. The above can be done by the Ministry of Health in conjunction with the Ministry of Public Health and Sanitation and other like-minded organisations such as NGOs.
- The Ministry of Culture and Social Services should design policies and modalities
of advising the female fish dealers against believing in their culture even when they are repugnant and likely to endanger their lives.

- The Ministry of Cooperative Development should encourage the female fish dealers to form cooperative societies and empower them financially to put up refrigerating plants along the fish landing beaches to enable the female fish dealers to buy fish from a central place to reduce the likelihood of their being lured by the fishermen into risky relationships.

5.4: Recommendations for Further Research

The following are the recommended areas for future research:

a) Future studies could establish the effect of family values on risky sexual behaviour among the fish dealers.

b) A study to investigate the factors influencing risky sexual behaviour among the men fish dealers should also be undertaken.
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APPENDICES

APPENDIX I:

FISH DEALERS' STRUCTURED INTERVIEW

FEMALE FISH DEALERS' STRUCTURED INTERVIEW

How do you do? My Name is E. Auma Omolo. I am a student of Sociology in Kenyatta University, Nairobi. My Mission is to carry out a study on factors sustaining risky sexual behaviour.

I would be grateful if you could be kind to respond to the questions herein on HIV/AIDS in relation to your socio-cultural and economic environment. We realize that you may not want to disclose your identity hence you do not have to give your name.

Your response will go a long way into helping us make recommendations for safe sex practices.

SECTION A

PERSONAL DETAILS OF RESPONDENT.

1. Education Background?
   a) Primary [ ]
   b) Secondary [ ]
   c) College [ ]
   d) University [ ]
e) Other (Specify)

2. Age:
   (a) 15-19 [ ]
   (b) 20-25 [ ]
   (c) 26-30 [ ]
   (d) 31-35 [ ]
   (e) 36-40 [ ]
   (f) 41-45 [ ]
   (g) 46-50 [ ]

3. Religion:
   a) Anglican [ ]
   b) Catholic [ ]
   c) Legio Maria [ ]
   d) Muslims [ ]
   e) Others [ ] (specify)
SECTION B

FEMALE AWARENESS ABOUT HIV/AIDS

4. Are you aware of HIV/AIDS?
   a) Yes [ ]
   b) No. [ ]

5. Are HIV and AIDS preventable?
   a) Yes [ ]
   b) No. [ ]

6. Do you know of any methods that can prevent one from getting infected during sexual intercourse?
   a) Yes [ ]
   b) No. [ ]

7. If yes name the method(s)
   a) ________________________________
   b) ________________________________
   c) ________________________________
   d) ________________________________
   e) ________________________________
   f) ________________________________
   g) ________________________________
8. Which of the above-mentioned methods have you used?


9. If you have not used any of the methods mentioned above, why did you not use any? (Probe)
   i. Not available
   ii. It is against my religion
   iii. It does not make sex enjoyable
   iv. It is against my culture
   v. I am ashamed to ask for it
   vi. Others (Specify)


10. How is AIDS transmitted? (Probe)
   i. Sexual Intercourse
   ii. Mother to child
   iii. Contaminated needles/ syringes
   iv. Curse/ going against taboo
   v. Others (specify)


11. Is AIDS curable?
   i. Yes
   ii. No.
   iii. Don’t Know
12. Are other STIs Curable?

i. Yes

ii. No.

iii. Don’t know
SECTION C

SOCIAL FACTORS INFLUENCING HIV/AIDS INFECTION AMONG WOMEN

13. In your culture, are there premarital and extramarital sexual practices?
   i. Yes
   ii. No

14. Do you have traditional norms and values that regulate premarital and extramarital sexual practices?

15. Do women participate in decision making in your culture?
   a) Yes
   b) No

16. Is the practice of wife inheritance present in your culture?
   a) Yes
   b) No

17. In your opinion do you think that this practice of wife inheritance should continue? Give reason.

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

79
Section D


18. Are women in your community allowed to own land?
   a) Yes [ ]
   b) No. [ ]

19. What is the approximate level of your monthly income in Kshs?
   (a) Less than 2000
   (b) 2001-4000
   (c) 4001-6000
   (d) 6001-8000
   (e) 8001-10000
   (f) Above 10000

20. If you are married, have you ever had extra-marital sex?
   a. Yes [ ]
   b. No [ ]

21. If yes, did you use a condom?
   (a) Yes [ ]
   (b) No [ ]

22. If single, have you had premarital sex?
   a) Yes [ ]
   b) No [ ]
   c) If no why________________________

23. If yes to question the above question, did you use a condom?
   a. Yes [ ]
b. No [ ]

24. Do members of this community go for HIV test before indulging in sexual activities? (Probe)

24. Suggest three ways that can help curb risky sexual behaviour among female fish dealers:
   i. __________________________________________
   ii. __________________________________________
   iii. __________________________________________

25. Suggest ways which you think sustain risky sexual behaviour among members of your community.

26. How many meals do you have in a day?
   One meal [ ]
   Two meals [ ]
   Three meals [ ]

Do you own the house you stay in?
   Yes [ ]
   No [ ]

27. What do you think make women have sex with men?
   i. Money
   ii. Provide for family
   iii. Exchange for fish
   iv. Pay house rent
   v. Socio-cultural demands
   vi. Any other (Specify)
APPENDIX II:

BOAT OWNERS / FISHERMEN’S STRUCTURED INTERVIEW

i. How old are you?

ii. What is your marital status?

iii. From where do the fish dealers get their fish?

iv. Do you at times give female fish dealers fish in exchange for sex?

v. What are their eating habits?

vi. How do they spend their leisure time?

vii. Are there any cultural practices that might affect their sexual lives?

viii. Do you support the practice of wife custody?

ix. Do you know the possible consequences of widow custody?

x. What do you think are the consequences of wife custody in the face of

   HIV and AIDS?

xi. Are there any ways you could think of that could help them avoid contracting

   HIV and AIDS?
APPENDIX III

OBSERVATION CHECKLIST

i. Their manner of dressing.

ii. General grooming.

iii. Eating habits.

iv. Manner of interacting with the male boat owners

v. General social demeanour
Plate 1: Fish landing beaches in Kismu district
## APPENDIX V

### RESEARCH BUDGET

<table>
<thead>
<tr>
<th>Item description</th>
<th>Quality</th>
<th>Rate</th>
<th>Cost</th>
</tr>
</thead>
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<tr>
<td>Stationary</td>
<td>-</td>
<td>-</td>
<td>35,000.00</td>
</tr>
<tr>
<td>Software usage</td>
<td>-</td>
<td>-</td>
<td>50,000.00</td>
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<tr>
<td>Research assistants</td>
<td>4</td>
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<td>Contingencies</td>
<td>10% of total cost</td>
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<td><strong>GRAND TOTAL</strong></td>
<td>-</td>
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## APPENDIX VI

### TIME SCHEDULE

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