# SEXUAL BEHAVIOUR IN RELATION TO AWARENESS OF HIV/ AIDS AMONG SECONDARY SCHOOL GIRLS IN NAIROBI

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#### Introduction

The Acquired Immune Deficiency Syndrome (AIDS) is one of the most frightening diseases known in the world today. Since the advent of the phenomenon in the late 1970s and early 1980s, no cure or vaccine has been found. Today, AIDS has turned into a major threat to health development and national stability since it is mainly found in the economically productive groups, beginning with adolescents.

The World Bank (1989) observes that among the African adults, the highest proportion of infected people are aged between 16-45 years, the majority of whom are still in school. In Kenya, the AIDS pandemic is spreading at an alarming rate and the prevalence is estimated to be twice higher in urban areas, about 11-12 percent, than in rural areas, around 4-5 percent (National AIDS Control Programme 1994).

Documented evidence indicates that sexual activity is considered to be the major mode of HIV/AIDS transmission (NACP 1994; Almond 1990; Nyamongo 1995; Dossier 1990). Yet secondary school girls in Nairobi are under great pressure to indulge in premarital sex at an early age since they are exposed to films, peer pressure, videos, and pornographic literature (Njau 1994). Some studies reveal that a majority of adolescents indulge in sex at 13 or 14 years, sometimes with several sexual partners, yet preventive measures against STDs/AIDS and pregnancy are rarely used (Government of Kenya 1992; Kiragu 1991; Lema 1990).

Despite the prevalence of pre-marital sex, many par-

ents find it difficult to discuss issues related to sex with their children. Although sex education is taught in school, it is limited to the biological aspects (Aggletton et al. 1989; Suda 1993; Youri 1994). Traditionally, it was the role of the grandparents to enlighten young people on matters related to sex (Kenyatta 1995). Moreover, AIDS is a subject that many parents are not conversant with (WHO 1991). As a result, adolescents are left on their own to seek for information pertaining to sex and AIDS from any source, thereby leading to confusion and frustrations among this population.

This paper is based on a study that was carried out amongst secondary school girls in Nairobi in 1995. One of the main objectives of the study was to investigate the relationship between awareness of HIV/AIDS and sexual behaviour among the subjects. Precisely the aim was to establish whether the girls were aware that sex was the major mode of HIV/AIDS transmission or not. The study also sought to find out whether these people protect themselves against infection through abstinence, maintaining one sexual partner or use of condoms. The hypothesis to be tested was that lack of adequate awareness on HIV/AIDS has led to irresponsible sex among secondary school girls in Nairobi.

### Methodology

The research site for the study was Nairobi Province. The Government of Kenya population census (1989) reveals that there are 51,582 students attending secondary schools in Nairobi. There are two national schools, five provincial boarding schools, and sixteen day schools for girls. There are also forty-two mixed schools. To obtain a representative sample, the schools were sampled through the simple random sampling

method. As a result, a mixed day school in the city centre and a girls day school on the outskirts as well as two girls boarding schools, one national and the other provincial, were obtained. Through the same method, the subjects of the study were obtained by using the class registers. In the sampled schools, one hundred and twenty girls were obtained. Because the study was carried out at the time when the Kenya Certificate of Secondary Education (KCSE) Examination was going on, the study was limited to girls in forms one to three.

The data were collected through library research, questionnaire and focus group discussions. The questionnaire consisted of both structured and unstructured questions. Due to some sensitive questions, especially on sexual behaviour, the questionnaire was self-administered. The focus group discussions consisted of 8-10 participants. The data were analyzed through qualitative and quantitative approaches.

# Study Findings

#### Level of awareness

The study revealed that a majority of secondary school girls in Nairobi have the basic understanding of the phenomenon. Over 60% of the respondents were conversant with the terms HIV, AIDS and AIDS carrier. Moreover, 60% of the subjects were able to make clear distinctions between HIV and AIDS. However, 10% of the respondents did not know what AIDS is while 23% could not differentiate between HIV and AIDS. Some (2.7%) explained that HIV is any virus in the body or germs, thus revealing the vagueness of their understanding.

A vast majority (81.4%) of the subjects also reported that AIDS is mainly transmitted through sexual contact. Some respondents explained that unprotected sex puts a person at the risk of infection since vaginal and seminal fluids have a higher concentration of the

virus. It is important to note that the highest number of the respondents who reported sexual intercourse as a mode of HIV transmission were from the national school while the least were from the mixed schools. There were equal responses from both the boarding provincial and the day schools. In total there were 18.6% of the respondents who did not know that one risks infection through unprotected sex. This suggests that some girls are not aware that there are risks of infection through sex.

Homosexuality is another mode of transmission, especially in the western countries (Nzioka 1994). In the study, this method was reported by a mere 4.4% of the respondents. This may be due to the fact that homosexuality is usually perceived as being alien to the African culture. On the other hand, 15.9% of the subjects reported that deep kissing enhances the transmission of the virus. The explanation was, if a person has wounds in the mouth, there are high chances of transmitting the virus through blood. A nicre 2.7% of the respondents reported casual contact as a means of HIV transmission. This tallied with the NACP (1994) findings that some people believe that the virus is transmitted through casual contact. Among the respondents, none reported that the virus can be transmitted through mosquito bites.

On the other hand, 16% of the respondents reported that contaminated instruments such as razors, needles and syringes, also enhance the transmission of the HIV virus. In fact, out of the 44% of the respondents who had pierced their ears, only 6.8% shared the piercing needles. This confirms that, generally, most girls are aware that there are high risks of infection through sharing needles. There were also 56% of the respondents who listed unscreened blood as another mode of transmission.

The emerging trend is that a majority of the girls are aware of the documented methods of HIV transmission in Kenya. However, there is need for more awareness since 34%, 44% and 45.7%, respectively, did not know that the virus can be transmitted through contaminated instruments, prenatal or blood.

In order to get a deeper insight into the girls, level of awareness on HIV/AIDS, the respondents were asked to name ways in which young people can protect themselves from infection. Although a majority (81.45%) of the respondents had indicated that HIV/ AIDS is predominantly transmitted through sexual intercourse, there were only forty-eight (42.4%) who felt that young people should abstain from sex so as to reduce the risks of HIV/AIDS infection. In all the discussions, it was revealed that although abstaining minimizes the risks of HIV infection, it is a virtue that is difficult to maintain since adolescents are under great pressure to indulge in pre-marital sex from books, movies, magazines and peers. It was further disclosed that in the modern world, a girl who is a virgin after sixteen years is perceived as being primitive or outdated. In the mixed school, participants argued that virginity was essential in the 1960s, when girls could be married at an early age since their education was undervalued while in today's world a girl might stay in school until she is over 25 years. Moreover, virginity is not a pre-requisite for marriage. Others (33.6%) stated that young people should have protected sex while almost a half (48.7%) felt that adolescents should maintain one sexual partner. Although the protective measurers listed here can actually inhibit the spread of the virus, it is evident that pre-marital sex is no longer considered a taboo by young people.

As indicated earlier, the AIDS scourge is mostly afflicting the economically productive population between ages 16-45 years. Bahatt (1988) states that the peak ages of infection are 16-29 years for females. However, a majority of adolescents do not consider themselves at risk (Lema and Mulandi 1992). In this study, there was a comparatively small percentage (8.8%) who stated that adolescents are prone to HIV

infection. Some (30.1%) pointed out that the people likely to be infected are prostitutes due to the nature of their occupation. Nzioka (1994) has also documented that some people perceive AIDS as a disease restricted to sex workers. The study also revealed that some girls are not aware that healthy looking people could be infected since they noted that infected people can only be distinguished through signs such as excessive loss of weight, diarrhoea, coughing, vomiting, un-healing wounds, bleeding gums and skin rashes. Although some of the signs noted here result from the infection, they are not an absolute indication of infection since they could be the outcome of other diseases. Furthermore, they are the maladies that only develop when AIDS is full blown.

Therefore, despite the fact that NACP (1994) has so far documented about 6,600 AIDS cases of people aged between 16 and 24 years, a majority of the girls in the study do not think they risk any infection. As disclosed in the discussions, the idea of young people contracting the virus is actually perceived as being far-fetched. The bone of contention is "we are too young". Others argued that they do not associate themselves with the people who are likely to be infected. Thus, it is imperative to awaken the adolescents from their illusions before the monster claims many of them.

There are lay beliefs surrounding the HIV/AIDS phenomenon which enhance the misunderstanding of the dangers posed by the menace. For example, in Britain, some people believe that one can prevent HIV infection by keeping fit, being aggressively heterosexual or leading a good Christian life (Aggleton et al. 1988). In this study, some 3.5% of the respondents stated that they did not fear contracting the virus since God could cure them through spiritual powers.

Others (20.4%) reasoned that if the fate befell them, they could ask for forgiveness from God with the hope that the fate would go away. According to

61.1% of the respondents, there is a religious explanation for the existence of AIDS. They reasoned that this could be a punishment from God due to the escalating incidences of immorality in the society. Probably, the association of AIDS with the Almighty is due to the fact that in the society, anything that defies logical explanation(s) of man is always attributed to God. The attitudes revealed here might enhance the transmission of the virus in the society. This is because, persons harbouring such attitudes are unlikely to change their sexual behaviours. In conclusion, a majority of the girls have adequate awareness of HIV/AIDS. The study revealed that over 60% are conversant with pertinent issues such as what is HIV/ AIDS, and AIDS carrier. Also, a vast majority are aware that HIV/AIDS is predominantly transmitted through sexual contact. From the study, it became evident that the girls are aware that one cannot contract the virus through casual contact.

## Sexual Behaviour

According to Lema (1990), Lema and Mulandi (1992) and Suda (1993), a majority of adolescents engage in sex before 15 years of age. A study by GOK (1992) suggests that some adolescents indulge in sex at thirteen or fourteen years of age. In this study, some (41.6%) respondents had indulged in sex while others (5%) revealed that they intended to indulge in sex before they turned twenty-one or after completing KSCE. In order to determine the average age at first intercourse, a summary of the frequency distribution

of the respondents is illustrated in Table 1.

Table 1: Age distribution at first intercourse

Age	Frequency	Percentage
N/A	60	53.1
No response	6	5.3
9	3	2.7
10	4	3.5
13	5	4.4
14	9	8
15	17	15
16	4	3.5
17	4	3.5
18	1	0.0
Total	113	100

From Table 1, it can be discerned that the youngest girls indulged in sex at nine years while the oldest was 18 years. The average age at first intercourse was 14 years. The study revealed that there are certain factors that influence adolescents to engage in premarital sex. These include boyfriends, movies, television programmes such as Neighbours, music and monetary gain. In the discussions, it was argued that novels, romantic music and movies convey the message that sex outside marriage is acceptable in the modern world.

Among the respondents with coital experience, 16% had multiple partners for sexual satisfaction, security, and assessment or material gains, while 31% also stated that their friends have more partners for the same reasons. Moreover, 18% of the respondents had sugar-daddies while 22% of the respondents also stated that their friends are involved with married men. In the discussions, it was disclosed that girls prefer older men who are experienced and are economically stable. The danger here is that, if such persons are infected, they might become very generous in providing materials in exchange for sex, thereby transmitting the virus to the girls. However, some girls think that married men are unlikely to be infected

since they are in stable relationships. In fact, there was only a small number (15.9%) of the respondents who were of the opinion that sugar-daddies are likely to be infected. All in all, the study revealed that these girls are involved with sugar-daddies, single working men, school boys, touts as well as college and University students. Sex amongst the subjects takes place in private cars, men's cubes, matatus, lodgings and bushes like the Nairobi Arboretum. It was also disclosed that disco halls, the girl's place and cinema halls are ideal places for sex.

The respondents were asked questions related to condom use in order to determine whether they risk HIV infection. A majority (89.4%) of the respondents had seen condoms. Some (35.4%) explained that persistent use of the condom reduces the risks of HIV/AIDS infection. However, amongst the girls with sexual experience, there were only 8% who had used condoms at one time or another. It was argued that the main reason for using condoms is to prevent pregnancy during the unsafe days. There was a minute number (4.5%) of the respondents who explained that, sometimes, they use condoms to prevent HIV/AIDS infection. Some participants also disclosed that some parents give their daughters condoms in order to avert consequences such as early pregnancy or infection with STDs/AIDS.

On the other hand, some girls (22.1%) reported that they do not use condoms in order to maximize sexual pleasure. One respondent wrote this in the questionnaire. "For me to enjoy sex, it has to be nyama kwa nyama" (literally flesh to flesh). When the issue of non-use of condoms was probed further in the discussions, participants disclosed that condoms are not very popular amongst adolescents since they inhibit sexual pleasure. Some participants went on to explain that boys feel that wearing condoms is an insult to their manhood. Moreover, it was argued that using condoms is like sucking a sweet with its wrapper on. Others acknowledged that although condoms reduce

the risks of getting pregnant and infection with STDs/AIDS, they are not always safe to use since they do not provide a 100% guarantee. Kaplan (1987) also asserts that no one is certain about the extent to which condoms can prevent the transmission of the virus. In this study, the argument was, when condoms are stored in poor conditions or expire, they are likely to rupture while in us.<sup>2</sup>. In the day school, it was stated that out of malice, sometimes boys pierce condoms before use and this leads to rupture.

Participants in the discussion group from the mixed school asserted that condoms are disliked by the young people since they lead to wastage of time and also produce an awful smell after use. Fifteen (12%) of the respondents felt that if a girl requests a boy to wear a condom, the implication is that she does not trust him or she is not faithful. It is also interesting to note that a few girls (1.8%) do not use condoms for fear that they (condoms) might be left lodged in their vagina.

Generally, the use of condoms among adolescents has been impeded by religious leaders, political leaders as well as some parents who fear that their accessibility could sensitize the girls to their sexuality (Sudan 1993). Aggleton *et al.* (1989) also state that condoms are not very popular since they are usually associated with prostitution.

In general, the study found that indulgence in sex is considered to be a vital achievement among adolescents since it gives them a sense of adulthood. Probably, this is due to the fact that adolescence is the transitional period between childhood and adulthood. Moreover, in the society, sex is restricted to adults who are ready to take the responsibilities of marriage.

# Conclusion

This study came to the following conclusions: 1.To a certain extent, the level of awareness on sex as the major mode of transmission does not conform with the girls' sexual behaviour. This is because, 41.6% of the respondents had indulged in sex, thereby revealing that abstinence is not practised by many of them. Moreover, 16% of the respondents had multiple sexual partners for sexual satisfaction or assessment as to the suitability of the partner. Others (8%) stated that their friends are involved with married men.

- 2.A majority of the girls with coital experience do not have protected sex. In order to avert pregnancy, most of the girls use artificial methods (except condoms) as well as withdrawal and safe day methods. However, this means that the girls risk HIV infection since there is exchange of body fluids.
- 3. Generally, girls perceive the idea of contracting the virus as far-fetched.
- 4. The study set out to determine whether lack of adequate awareness on the HIV/AIDS phenomenon has contributed to their irresponsible sexual behaviour. The study found that irresponsible sex cannot be attributed to lack of adequate awareness on modes of HIV transmission which is contrary to our hypothesis.

## Recommendation

The study found that the girls do not think that they are at risk of HIV infection. Thus, they engage in unprotected sex, sometimes with multiple partners, sugardaddies or touts, thereby making them vulnerable. In addition, the girls do not seem to be aware that consistent use of condoms is very likely to prevent HIV/AIDS infection. Therefore, there is need to increase awareness on the use of condoms as a means of preventing STDs and AIDS amongst these population

#### **Cited References**

Aggleton, P., Hilary Homans, Jan Majsa, Strat Watson and Simon Watney 1939 AIDS: Scientific and social issues: A resource for health education. New York: Churchill Livingstone.

Almond, B. 1990 AIDS: A moral issue. London: Macmilian.

Bhatt, K.M. 1988 HIV infection at the Kenyatta National Hospital. *Medicus*, 7:17.

Dossir, P. 1990 *Triple jeopardy: Women and AIDS*. London: The Panos Institute.

Government of Kenya 1989 *Population Census*. Nairobi: Government Printer.

Government of Kenya 1997 Children and women in Kenya: A situational analysis. A Joint Publication of the Government of Kenya and the United Nations Children's Fund (UNICEF). Nairobi: UNICEF.

Kaplan, H.S. 1987 The real truth about women and AIDS: How to eliminate the risks without giving up love and sex. New York: Simon and Schuster.

Kenyatta, J. 1965 Facing Mt. Kenya. New York: Vintage Books.

Kiragu, K. 1991 The correlations of sexual and contraceptive behaviour among in-school adolescents in Kenya. Unpl Ph.D. Dissertation, John Hopkins University.

Lema, V.M. 1990 Sexual behaviour, contraceptive practice and knowledge of reproductive biology among adolescent secondary school girls in Nairobi, Kenya. *East Africa. Med. J.*,67:89.

Lema V.M. and T.N. Mulandi 1992 Knowledge, attitude and practices related to AIDS and HIV infection among adolescents in Kenya. Report submitted to the Centre for the Study of Adolescents, Nairobi.

National Aids Control Programme 1994. \_AIDS in Kenya. A joint Publication of the Ministry of Health and the National Council for Population Development. Nairobi: AIDS Control Programme.

Njau, P.W. 1993 Factors associated with pre-marital teenage pregnancy and childbearing in Kiambu and Narok districts. Unpl. Ph.D. Thesis, University of Nairobi.

Nyamongo, I. K. 1995 Sexual behaviour and attitudes about HIV infection and AIDS among adolescent students in Kenya. Report submitted to the World Health Organisation (WHO).

Nzioka, C.B.K. 1994 The social construction and management of HIV and AIDS among low-income patients in Nairobi. Unpublished Ph.D. Thesis, University of London.

Suda, C.A. 1993 Sex behaviour, cultural practices and the risks of HIV/AIDS in South Nyanza District, Kenya. *Journal of Social Sciences*, 3:9-5.

Thomas, W.F. and F. Snanieck 1979. The Polish peasants in Europe and America, 2 Volumes. New York: Octagon Books

World Bank 1989. Sub-Saharan Africa: From crisis to sustainable growth. A long-term perspective study. Washington, D.C: World Bank.

World Health Organization 1991 Report of the workshop on adolescent health. In collaboration with Federal Ministry of Health, Lagos, Nigeria.

Youri, P. 1994 Female adolescent health and sexuality in Kenyan secondary schools: A survey report, Nairobi: The African Medical and Research Foundation (AMREF).