

**PEER EDUCATION IN HIV AND AIDS PREVENTION AMONG RELIGIOUS YOUTH
AT THE TECHNICAL UNIVERSITY OF KENYA**

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DECLARATION

This thesis is my original work and has not been presented for a degree in any other University.

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DEDICATION

I dedicate this project to my parents and family who have supported me all the way.

ACKNOWLEDGEMENT

Having been posted to the Inter Religious Council of Kenya was a very interesting experience for me. I am therefore very grateful to the staff at the Inter Religious Council of Kenya for giving me the chance to carry out my project and for making my time there joyful.

My deep sense of appreciation goes to the University of Nairobi and the Center for Disease Control for sponsoring this project. I also express my sincere thanks to my supervisor Dr. Naomi Gikonyo and to my PLP advisor Dr. Francis Kuria.

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DEFINITION OF TERMS

Standing commissioner – Technical persons who guide IRCK and commit their religious coordinating bodies as far as joint implementation of IRCK programs is concerned.

Theologian - a person who engages or is an expert in theology.

LIST OF ABBREVIATIONS AND ACRONYMS

IRCK – Inter-Religious council of Kenya

AIDS – Acquired Immune Deficiency Syndrome

HIV – Human Immunodeficiency Virus

SDG – Sustainable Development Goal

CDC – Center for Disease Control

PEPFAR – President’s Emergency Plan for AIDS Relief

IEC – Information Education Communication

KAPR – Kenya Aids Progress Report

KASF – Kenya Aids Strategic Framework

PLP – Participating Local Partner

IEC – Information, Education and Communication

SDA – Seventh Day Adventist

ABSTRACT

HIV/AIDS remains a major public health challenge in Kenya today. Nationally, AIDS remains the leading cause of death and morbidity among adolescents and young people in Kenya. Nairobi County has a population estimated at 3,517,325 people, the number of new infections in the city remains high at about 3,200 a year and nearly 4,000 AIDS-related deaths (Kenya HIV Estimates Report, 2014). The HIV prevalence for Nairobi County is comparable to the national average at 6%. Out of the 1.6 million people living with HIV in Kenya, Nairobi County has the highest number of people living with HIV at 177,552 people. According to the Kenya AIDS Progress Report 2016, there has been a 51% increase in new HIV infections among the youth. The national strategy for the HIV and AIDS epidemic for Kenya is documented in the Kenya AIDS Strategic Framework 2014/2015 – 2018/2019 which identifies the youth as a priority population due to the rise of new HIV infections among the youth. This project thus sought to contribute to a reduction in the high HIV prevalence among the youth by training religious youth as peer educators in HIV and AIDS prevention. The project Peer education in HIV and AIDS prevention among religious youth at the Technical University of Kenya was started in March 2018 as a partnership between Inter Religious Council of Kenya and the University of Nairobi. This was achieved by building the capacity of religious youth as peer educators in promoting HIV and AIDS prevention at the Technical University of Kenya. The Kenya AIDS Strategic Framework 2014/2015 – 2018/2019 outlines peer to peer outreach among one of the key intervention strategies for the adolescents and young people in the first strategic direction. The project activities included; conducting a KAP analysis, developing, reviewing and validating Faith Based Messages on HIV and AIDS prevention, publishing, printing and disseminating brochures of Faith Based Messages on HIV prevention information, sensitizing religious university students on HIV prevention information, training religious university students in peer education skills and supporting the students to disseminate Faith Based Messages on HIV prevention, evaluating the outcomes of the Faith Based Messages on HIV and AIDS prevention. Two IRCK secretariat staff were trained as medium term fellows within a three-month period and 4 others did the online courses offered by University of Nairobi.

HIV and AIDS peer education among religious youth will create a positive impact for behavior by increasing awareness of HIV and AIDS and increasing knowledge of AIDS and HIV transmission modes.

CHAPTER ONE: INTRODUCTION AND BACKGROUND

About 40 million people worldwide are living with Human Immunodeficiency Virus (HIV). In Kenya, about 1.6 million people are living with HIV. The HIV epidemic affects all sections of the population including children, young people, adults, women and men. Adolescents and youth aged 15 to 24 years account for a significant percentage of new HIV infections and people living with HIV. The national HIV prevalence in the country is currently at 6% and it ranges from 0.1% in Wajir to 25.4% in Homa Bay.

Literature review on various studies on peer education among the youth has been found to be very effective in reaching the youth in terms of behavior change indicators, including abstinence, adolescent pregnancy prevention, condom use and HIV testing (M.V. Tolli, 2012; Menna *et al*, 2015). Religion also has proven to be of importance for uptake of safe sexual behavior among university students (Serlo *et al*, 1999). Peer education interventions have also been proven very effective in behavioral outcomes in developing countries (Medley *et al*, 2014).

This project sought to address the high HIV incidence among the youth at the Technical University of Kenya. This was achieved through mobilizing religious youth and sensitizing them on HIV and AIDS prevention thereafter train them as peer educators. A brochure was designed, developed and validated by theologians and the health and well-being standing commissioners which was used as a reference point by the peer educators in reaching their fellow peers.

Despite numerous large-scale prevention programs conducted in an effort to contain the HIV epidemic there has been a significant increase in new HIV infections among the youth. The gap identified was through a focus group discussion with religious students from various universities and members of the executive of the Kenya Interfaith Youth Network. The students brought out

the fact that the problem with the ongoing HIV campaigns targeting the youth is that people are talking to the youth and not with the youth. According to majority of them, the best way to reach the youth with targeted key HIV messages is through peer to peer outreach. The information relayed from the stakeholders supported a peer to peer intervention strategy for a positive behavior change among the youth, therefore through this project, the project officer worked at increasing the knowledge of religious youth on HIV and AIDS prevention, trained them as peer educators and provided them with information, education and communication (IEC) materials to enable them to reach youths in their respective religious denominations.

The Inter- Religious Council of Kenya (IRCK) is a coalition of the main faith communities in Kenya and is aimed at carrying out socio economic development for communities. One key purpose of IRCK is to mobilize resources for capacitating faith communities to implement programs and activities geared toward improved health and well-being. Thus, this project sought to accomplish this purpose by improving health outcomes of the youth by capacity building religious university students' leaders as peer educators on HIV/AIDS prevention information. This was also be the first HIV youth program at the institution.

The impact of this proposed project was to contribute to the PEPFAR 3.0 strategy which states the 90/90/90 targets of having 90% of people living with HIV know their status, 90% of those tested are linked to care and 90% attain viral suppression. Scaling up HIV and AIDS prevention messaging to the youth increased uptake of key HIV services such as testing and adherence to medication. This project also contributed to achieving the third Sustainable Development Goal (SDG): Ensure healthy lives and promote well-being for all at all ages including people at risk of acquiring new HIV infections such as adolescents and young people is vital to sustainable development.

This situation presents the religious community with an opportunity to contribute to the fight against HIV transmission as the Kenya Demographic Health Survey 2014 reports that over 97% of the Kenyan population ascribe to a religious affiliation. By using their respected position in the community as credible sources of information and providers of moral guidance, the religious community under the auspices of Inter-religious Council of Kenya can have an impact.

1.1 Project Goal

To reduce new HIV infections among the youth through peer education.

1.2 Purpose

To build capacity of twenty religious youth as HIV and AIDS peer educators at Technical University of Kenya in Nairobi.

1.3 Objectives

1. To document knowledge, attitudes and practices of youth in regard HIV and AIDS prevention by 2019.
2. To develop and disseminate interventional Faith Based Messages on HIV/AIDS prevention by 2019.
3. To determine the outcomes of the faith Based Messages on HIV and AIDS prevention by 2019.

1.4 Activities

1. To conduct a KAP analysis.
2. To develop, review and validate Faith Based Messages on HIV and AIDS prevention.
3. To publish, print and disseminate brochures of Faith Based Messages on HIV prevention information.
4. To sensitize religious university students on HIV prevention information.
5. To train religious university students in peer education skills and support the students to disseminate Faith Based Messages on HIV prevention.
6. To evaluate the outcomes of the Faith Based Messages on HIV and AIDS prevention.

1.5 Deliverables/Outputs

1. To hold a one-day meeting for message development with Theologians, Standing Commissioners and IRCK secretariat.
2. To hold a one-day validation meeting with Standing Commissioners and IRCK secretariat.
3. 20 religious university students sensitized on HIV/AIDS prevention.
4. 20 religious university students trained as peer educators.

1.6 Project Outcome

Reduced new HIV/AIDS infections among university students which will contribute to the 95:95:95 UNAIDS targets.

1.7 Project Justification

The prevalence of HIV AIDS in Nairobi County is at 6.1% which is comparable with the national prevalence 6%. The Kenya Aids Response Progress report 2016 revealed that there is a high incidence rate of HIV infection among the youth ages 15-24 years - (51%) (KAPR 2016). The youth aged 15-24 years constitute 94% of people living with HIV in the country. The Kenya AIDS Strategic Framework (KASF), 2014/15 – 2018/19 have identified adolescents and young people as a priority population for the HIV response. One of the KASF objectives is to reduce new HIV infections by 75%.

Literature review on various studies on peer education among the youth has been found to be very effective in reaching the youth in terms of behavior change indicators, including abstinence, adolescent pregnancy prevention, condom use and HIV testing (M.V. Tolli, 2012; Menna *et al*, 2015). Religion also has proven to be of importance for uptake of safe sexual behavior among university students (Serlo et al, 1999). The rise in new infections among the adolescents and youth has been linked the youth not seeking key services such as treatment and preventive care. Studies have showed that university students are involved in sexual behaviors that may increase their risk of contracting HIV infection (Mudzusi et al, 2016).

This situation presents the religious community with an opportunity to contribute to the fight against HIV transmission as the Kenya Demographic Health Survey 2014 reports that over 97% of the Kenyan population ascribe to a religious affiliation. By using their respected position in the community as credible sources of information and providers of moral guidance, the religious community under the auspices of Inter-religious Council of Kenya can have an impact.

CHAPTER 2: PROJECT IMPLEMENTATION METHODOLOGY AND MANAGEMENT PLAN

The University of Nairobi HIV Capacity Building Fellowship, is a five-year project supported by Center for Disease control (CDC) through President's Emergency Plan for AIDS Relief (PEPFAR), aims to strengthen the capacity of healthcare workers across the counties. An organizational capacity assessment report (OCA) was carried out for all the local participating partners who included IRCK. The University of Nairobi HIV Capacity Building Fellowship contributed to bridging IRCK's program management capacity gap in evidence-based project design through baseline information surveys as well as development of evaluation and sustainability plans.

To do this, the project carried out a baseline survey which informed the intervention to be used. It also developed an evaluation plan and a sustainability plan. It is hoped that IRCK will scale up this project into a nation-wide for HIV among students at institutions of higher learning. This will be done through the of 9 religious coordinating bodies of IRCK. Kenya Conference of Catholic Bishops, Seventh Day Adventist, SHIA - ITHNASHARIA, National Muslim Leaders Forum, Supreme Council of Kenyan Muslims, National Council of Churches of Kenya, Organization of African Instituted Churches, Hindu Council of Kenya and Evangelical Alliance of Kenya.

The project aimed to develop Information Education Communication (IEC) material such as brochures of Faith based messages on HIV prevention information which were used as reference resources by the peer educators and then progressed to capacity build religious youth as peer educators by carrying out sensitization workshops (see appendix 6).

2.1 Project Activities

1. A Focus Group Discussion (FGD) was done with religious youth.
2. Theologians contributed to message development of a brochure with HIV/AIDS prevention key messaging by imputing faith reference messaging.
3. Production and dissemination of copies of IEC brochures on HIV/AIDS prevention messaging. A designer was engaged after the theologians and IRCK standing commissioners validated the messaging content.
4. Sensitization and training of religious youth as HIV/AIDS peer educators. This was followed by cascading the messages to their fellow university students.

Two monitoring field visits were done to review the project. IRCK Monitoring and Evaluation Framework was used. The peer educators were evaluated individually through the IRCK framework guide.

2.2 Human Resource Plan (Implementers, Partners and Beneficiaries)

The stakeholders and main participating groups included UHIV fellow, IRCK secretariat, University of Nairobi and CDC through PEPFAR. Their roles and responsibilities are outlined in the human resource plan below.

Table 1: Roles and Responsibilities

Stakeholders	Roles and Responsibilities
IRCK	Mentored UHIV fellow, Provided medium term fellows, Office infrastructure, and project management.
University of Nairobi/PEPFAR	Provided financial and technical assistance, medium term trainings, supervisor/mentor and Fellow
Religious youth	Trained as peer educators
Religious Coordinating Bodies	IRCK implements major projects through the RCBs
UHIV fellow	Proposal development and Project Implementation

2.3 Communication Plan

The communication tool used by IRCK is outlined in its project management manual. The project officer developed a communication plan in order to address the communication needs of each stakeholder, partners and beneficiaries as the project begins.

Table 2: Communication plan

Communication Category	Role	Frequency	Plan
Project team meetings	Project Manager	Monthly	Discuss project progress
Project status report	Project officer	Monthly	Monthly report for the project sponsor

2.4 Documentation process

The activities and progress of the project were reported by monthly reports which were submitted to the implementing partners University of Nairobi and CDC/PEPFAR. The documents developed during the project cycle were filed by the project officer. A closeout report was done once the project is completed.

2.5 Risks and assumptions

The risk assessment matrix below helped in managing project risk that arose during project implementation.

Table 3: Risk Assessment Matrix

	Risk	Mitigation
Financial	Timely availability of funds	Funds were deposited to IRCK account
Programmatic	Medium term fellows availability	Task shifting during project implementation

2.6 Sustainability plan

Trained Peer educators of the various Religious Coordinating Bodies received requisite knowledge and skills to give HIV and AIDS information and will always be available as resource persons for their religious groups.

Relevant and appropriate Information, education and communication materials of faith-based messages on HIV prevention information for students at institutions of higher learning will always be available at the various Religious Coordinating Bodies and at IRCK Resource Centre.

The trained peer educators will also train younger religious student leaders as peer educators to take over once they graduate.

CHAPTER 3: PROJECT IMPLEMENTATION

The project goal was to contribute to a reduction in new HIV infections among TUK university students in Nairobi County. This was accomplished by mobilizing religious university students from the nine religious coordinating bodies of IRCK. The students were then sensitized and trained as peer educators on HIV/AIDS prevention and in turn the HIV/AIDS prevention messages were cascaded to fellow religious students within Technical University of Kenya.

A brochure on HIV and AIDS prevention was developed together with certified theologians and nine IRCK Health and Well-Being standing commissioners. The brochure was used by the peer educators as a reference material. Furthermore, a message development workshop was held at Anglican Church of Kenya (ACK) guest house on 20th August 2018. The draft brochure developed by the UON fellow was reviewed by the eight standing commissioners and two theologians. A validation meeting was held on 03rd September 2018 at the IRCK board room. Those in attendance were one theologian and eight Health and Well-being Standing Commissioners. The final draft of the brochure was agreed upon by those present and the final document was passed and signed.

A Focus Group Discussion (FGD) was held on May 9th 2018 with religious students from various universities in Nairobi County. The students selected were members of the religious coordinating bodies of IRCK. This meeting was to seek an understanding on how the student faith sector handles HIV/AIDS prevention outreach among universities in Nairobi. The feedback and action points received from this meeting as listed below.

3.1 Focus Group Discussion comments from the religious university students

3.1.1 What HIV/AIDS prevention approaches have failed and why

1. **“Nimechill” campaign** – It was effective as long as the campaign ran. The campaign stopped and so did the awareness on HIV/AIDS transmission and prevention. The adverts need to have a way of sustainability and should be mainstreamed consistently.
2. Peer pressure discourages abstinence. The students expressed concern that there is an unwritten rule among the youth not to abstain when in a relationship.
3. There is no uptake on HIV prevention measures by the youth due to individual and rebellious choice.
4. Poor communication between parents and children. Most parents are unwilling to bring up the topic of sex with their children which has led to these children seeking the information from other sources which may not necessarily be accurate.
5. Lack of role models and mentors in society. The students mentioned that the society generally has lost positive values.
6. Information technology. The HIV/AIDS programs must keep up with the use of various apps in the internet.

The Key issues driving the spread of HIV in institutions of higher learning were listed as:

- Behavioural choices guided by values. The students mentioned that the problem is the youth are choosing wrong values. The youth who are active in religion are minimally engaging in risky behaviour. There is thus a need of reinforcing values to have key impact on values as behaviour is guided by the values chosen

- Sponsor phenomenon. College female students are engaging in sex with older men which leads to high HIV transmission due to multiple partners.

3.1.2 Ideas on how to carry out a peer to peer approach targeting the youth

1. Be a mirror/model to others. If a peer is engaging in risky behaviour, how would you advice as a peer
2. Establish a relationship first and foremost. This helps to break barriers of interaction
3. Use positive peer influence. This includes role models and mentors who have positive values.
4. Use social media positively and creatively. Streaming creative and educative videos and posters online is a sure way of reaching very many youths.
5. Religious leaders should promote a life of hard work among the youth. Engage the youth in simple income generating activities through forming social groups will reduce vulnerability of the youth.

The feedback from the focus group discussion was used to design the peer outreach strategy for the training.

Sample Size Characteristics

Half of the 18 trained peer educators were women and half were men. Purposive sampling was carried out because religious student leaders who had influence over many students were selected. The students selected were from the religious denominations at the Technical University of Kenya. This comprised of 9 religious coordinating bodies: Kenya Conference of Catholic Bishops, Seventh Day Adventists, National Muslim Leaders Forum, National Council of Churches Kenya and Evangelical Alliance of Kenya.

CHAPTER FOUR: SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

4.1 Results

1. One day meeting for message development with Theologians, Standing Commissioners and IRCK secretariat held.
2. One day validation meeting with Standing Commissioners and IRCK secretariat held.
3. Brochure with messages on HIV/AIDS prevention developed. The brochure was designed from the HIV prevention booklet attached. See appendix 6. The booklet was used by the peer educators as a reference point.
4. 18 religious university students sensitized on HIV/AIDS prevention.
5. 18 trained religious university students trained as peer educators. This was 90% of the targeted 20 peer educators.

4.2 Projected Impact

This project sought to contribute to a reduction in the high HIV incidence rate among the youth in Kenya which is currently at 51%. This was achieved by building the capacity of religious youth as peer educators in promoting HIV and AIDS prevention at the Technical University of Kenya.

The impact of this project contributed to the PEPFAR 3.0 strategy which states the 90/90/90 targets of having 90% of people living with HIV know their status, 90% of those tested are linked to care and 90% attain viral suppression. This project had 85% of the students reached by the peer counsellors tested for HIV (See Table 4). Studies have proven that peer education programs had a significant effect associated with increased HIV knowledge and better student reproductive health status. Having scaled up HIV and AIDS prevention messaging to the religious youth at the Technical University of Kenya, uptake of key HIV services such as testing and adherence to medication was increased by promoting responsible health seeking behavior. These results can be used to inform policy with regard to controlling the spread of HIV/AIDS among the youth in higher institutions of learning such as colleges and universities. This project also contributed to achieving the third Sustainable Development Goal (SDG): Ensure healthy lives and promote well-being for all at all ages including people at risk of acquiring new HIV infections such as adolescents and young people is vital to sustainable development.

4.3 Project Achievements

The peer educators disseminated both pre and post training questionnaires at every peer outreach session.

Table 4: Pre and Post- test knowledge

	Pre-training percentage	Post-training percentage
1. Acquired satisfactory knowledge about HIV/AIDS	30%	92%
2. Able to precisely state ways of HIV transmission	35%	96%
3. Able to state ways of HIV prevention	28%	97%
4. How many were tested for HIV and linkage to care after peer counselling and outreach sessions	2%	85%

After the peer education outreach sessions, out of the students counselled, more than 90% of the participants demonstrated accurate knowledge on HIV/AIDS transmission, prevention and seeking key HIV services such as testing and treatment.

These changes in knowledge and attitudes will eventually lead to more religious college students developing responsible sexual behavior.

4.4 Voices of the trained Peer educators from The Technical University of Kenya

Third year student at the Technical University of Kenya

“My name is Opiyo Boswel, student from the technical University of Kenya. I attended Training on HIV/AIDS, which was facilitated by Gloria Jumba.

The training opened my eyes to the bigger picture of how the disease has spread all over the world and the efforts being put in place to curb its further spread. It was then that I realized that each one of us contributes, in one way or the other, in hindering the efforts to curb the spread of the disease by not taking part in the process or by holding onto myths and misconceptions.

Above all through stigmatizing the infected people

I realized that once we have kept ourselves safe by abstaining and proper behavior, there is need for me to continue encouraging those who do not know their status to go for checkup and for those who are positive, we should make them feel part of the society by avoiding stigmatization”

Third year student at the Technical University of Kenya

“The training greatly helped in caring for those infected and affected by HIV /AIDS by giving them physical and emotional support. Learnt that the best prevention method is abstinence and where not possible use of protection. I also went for a HIV test for the first time after the training. The training changed my views about people living with HIV. I also learnt about prevention of mother to child transmission”

Fourth year student at the Technical University of Kenya

“After undergoing the seminar on HIV/AIDS I learned on ways to prevent myself from contracting the virus through for the example the ABC model has given me the opportunity to know what to choose in situations where you have to make decisions in terms of sexual relationships and the HIV virus. With the statistics on the HIV virus I have been able to share with my peers on the known statistics and how we can prevent HIV virus and how to deal with the virus in terms where a person gains the knowledge that they have the virus”

4.5 Project Successes

1. The peer educators were able to achieve a level of openness and comfort when reaching the university students that is difficult for adults not in their age group to match.
2. Health promotion in HIV/AIDS prevention among peers lead to uptake of services such as HIV testing, uptake of the use of Anti-retro virals for those infected and formation of support groups among the students.
3. The religious youth were able to be sensitized on myths and misconceptions regarding HIV & AIDS transmission and prevention. This played a huge role in HIV prevention and in reducing stigma and discrimination among the youth living with HIV & AIDS. The peer educators each had a copy of the HIV prevention booklet. See appendix 6. The messages developed appropriate for religious youth are conveyed in the booklet. This led to conveyance of accurate and precise information to the religious youth.

4.6 Project Challenges

1. The peer educators selected were working around their school work reading for continuous assessment tests and exams which limited them in terms of scheduling time for peer outreach.
2. Transportation issues did arise when the peer educators needed to travel for peer outreach and were limited financially being university students relying on pocket money from parents.
3. Confidentiality issues. The role of a peer educator such as an advisor and counsellor may require higher maturity levels which may be difficult for young adults to maintain.

4.7 Lessons Learned

Working with third and fourth year students proved to be a challenge due to the peer educators working on their school projects. Inclusion of religious students of all years would have been more ideal as the younger students would have supported the older students in seasons of busyness.

4.8 Conclusion

The success and achievements of this project guarantees that it should be carried out in most if not all Institutions of higher learning in Kenya.

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APPENDICES

Appendix 1: Log Frame

Intervention	Objectively verifiable Indicators	Means of verification	Assumptions
Goal: To contribute to a reduction in new HIV and AIDS new infections among the religious youth in Nairobi county			
Purpose: To sensitize religious youth as HIV and AIDS peer educators			
<u>Outputs</u> 1. No. of HIV prevention information ebrochures developed and disseminated 2. No. of religious youth peer educators	1. Brochure developed 2. 20 religious youth trained as TOTs	1. No. of brochures developed and disseminated 2. No. of religious youth trained as TOTs	Field resources will be available
<u>Activities</u> 1. Develop HIV prevention information brochures 2. Production and dissemination of 2000 brochures 3. Training of religious youth as peer educators	<u>Inputs</u> 1. Human resources (Theologians, Standing commissioners, IRCK secretariat and IFN youth leaders and caregivers) 2. Office supplies (Laptop, camera, marker pens, flip charts, notebooks) 3. Field resources (Transport reimbursement, conference packages)		UHIV fellowship program will provide the required project finances

Appendix 2: Monitoring and Evaluation Framework

	Specific Activities	Output	Responsibility	Timeframe	Cost
Develop HIV and AIDS prevention information Brochure	Message development, review meetings and validation meeting with Theologians, SCs and IRCK secretariat	HIV and AIDS prevention messages finalized	UHIV fellow Theologians SCs	3 rd Week of June	121,310/=
	Review and development of HIV prevention information brochure		UHIV fellow	4 th week August 2018	
	Edit and design of brochures	Brochures disseminated online	UHIV fellow	4 th week October 2018	
Capacity build religious youth as peer educators on HIV prevention for the youth	Sensitize 20 religious university students as peer educators on HIV prevention information	20 students sensitized		2 nd week September 2018	126,350/=
	TOTs carry out peer to peer outreach		Trained peer educators	3 rd week September 2018	102,000/=
Monitoring and Evaluation		Field visit	UHIV fellow	3 rd week July	
Project reporting		Project report	UHIV fellow	2 nd Week August 2018	
TOTAL					349,660/=

Appendix 3: Questionnaire

Pre and Posttest tool

What is HIV?

Does HIV always lead to AIDS?

What are the ways HIV is spread from person to person?

How can HIV/AIDS can be prevented?

Misconceptions associated with HIV

Statement	True	False	I'm not sure
HIV/AIDS is curable?			
A person can get HIV by sharing towels with someone who has HIV			
Religious people do not get infected with HIV/AIDS			
A person cannot spread the virus if on Antiretroviral drugs			
Do all pregnant women infected with HIV/AIDS have babies born with HIV?			
Taking a test one week after unprotected sex will confirm to a person if he or she has HIV			
Can I get HIV from donating blood?			
People infected with HIV may have no symptoms for 10 or more years?			
What are early the symptoms of HIV?			
Herbal medicine cures HIV			
Can HIV be diagnosed from symptoms alone?			

What do you think is preventing the youth from abstaining from sex?

What are some of the reasons the youth are not seeking key services?

Appendix 4: HIV Prevention Booklet (IEC Material for the Peer Educators)



University of Nairobi

Faith Based Messages on HIV & AIDS Prevention for the Youth

Foreword

Established in 1983, The Inter Religious Council of Kenya (IRCK) is a coalition of major faith communities in Kenya purposed on harnessing the spiritual, moral and social resources of religious leaders and their communities for peaceful coexistence inter religious harmony in the country and to address social-economic justice issues affecting Kenyans.

The purpose of IRCK among others is to mobilize resources for empowering faith communities to implement programs and activities geared towards improved health and livelihood, governance, economic justice, environmental management, peaceful co-existence and institutional strengthening for a better society.

Inter-Religious Council of Kenya, in partnership with the University of Nairobi (UoN) aims to build the capacity of university students as peer educators who will advocate for HIV prevention and management among fellow students. This is in line with the Faith Sector Response to HIV and AIDS in Kenya Action Plan 2015/2016-2019/2020 coordinated by the National AIDS Control Council (NACC). This action plan envisages leveraging activities and resources of the Faith sector since over 97% of the population ascribe to a religious affiliation.

HIV and AIDS affects all population groups regardless of demographics and social standing. As trusted and respected members of society, religious leaders are listened to as the voice of reason and conscience. Their influence can be used to advocate for HIV and AIDS prevention in the general population, and particularly among the youth.

Inter-Religious Council of Kenya takes pleasure in sharing this booklet to build the capacity of faith communities in Kenya.

Executive Director

CHAPTER 1:

Myths and misconceptions on HIV and AIDS

Since the advent of AIDS, there have been conflicting messages that have been circulated about the origins of the AIDS virus, the ways of protection against infection, and the life of living with one's HIV and AIDS status. On the one hand information that is factual, accurate and scientifically proven and tested has been relayed. On the other hand, false and inaccurate information as well as unproven and untested assumptions have been passed off as truth. These false and incorrect messages, referred to here as myths and misconceptions have caused harm to many people. Below are some of the myths and misconceptions and the correct counter messages.

Some Myths and Misconceptions

- ✗ Having a cold shower after unprotected sex prevents HIV infection.
 - ✓ HIV infection occurs when the sexual fluids that carry the virus pass through cuts or bruises on the genitals, anal cavity or oral cavity and into the blood stream. Therefore, no amount of washing can wash away the virus that has found its way into the blood stream.
- ✗ HIV cannot be contracted through oral sex.
 - ✓ Sexual fluids that contain the virus may penetrate through bruises, sores or cuts and openings (weak gums) in the oral cavity thus causing infection.
- ✗ Religious and devout people do not get infected with HIV.
- ✗ HIV infects promiscuous people only.
 - ✓ Everyone, irrespective of creed, race, ethnicity, gender or nationality or marital status is at risk of being infected with HIV
- ✗ Once negative always negative.
 - ✓ If one leads a lifestyle that exposes one to the risk of HIV infection e.g. having multiple sexual partners without using protection, interacting with body fluids without using protection – gloves and body covering, or receiving regular blood transfusions, then there is risk of getting infected with HIV among other sexually and/or blood transmitted infections.
- ✗ My spouse's HIV status is my status.
 - ✓ It is possible and there have been known and scientifically proven cases where one spouse may be HIV positive and the other is HIV negative. This situation is known as 'discordant couple'. It is not known conclusively why and how some partners exposed to HIV do not get infected.
- ✗ You cannot get HIV by caring for PLHIV.
 - ✓ A caregiver who comes into contact with body fluids of a person with HIV and AIDS is at risk of being infected with the virus if he or she fails to use protective tools such as latex gloves or accidentally pierces himself or herself with a syringe needle.
- ✗ HIV (AIDS) is curable. Herbal medicines cure HIV.
 - ✓ There is no known cure for viral infection. Most viral infections are prevented or controlled through the use of vaccines. Therefore, AIDS, being a viral infection, has no cure. There are on-going scientific researches to develop a HIV vaccine.
- ✗ Having sex with a virgin or a child can cure one of HIV.

- ✓ Virgins and children, being humans, have no capability of providing a cure for HIV. Having sex with a minor or willfully and knowingly having sex with a HIV negative person when one knows his or her status is a criminal act punishable by law.
- ✗ PLHIV cannot have children who are HIV negative.
 - ✓ Using therapies that prevent mother-to-child HIV transmission ensures that the baby is protected from HIV infection. Therefore, PLHIV can deliver healthy babies.
- ✗ HIV always leads to AIDS.
 - ✓ Through adaption and adherence to Anti-retroviral Therapies, one can suppress HIV and strengthen the immune system. Good nutrition and healthy diet and physical exercises also help in keeping the body strong.
- ✗ When one believes in faith healing there is no need to continue taking ARVs.
 - ✓ There is no scientific evidence that faith healing has converted one from being HIV positive to HIV negative or restored one's immunity and cured opportunistic diseases. As stated above, there is no known cure for AIDS. Therefore, diligently adhering to one's ART while praying and seeking God's help is wise discipline.
- ✗ It is okay to share ARVs with my spouse.
 - ✓ It is wrong practice to share prescriptions since they are administered through specific measurements and dosages for each individual.

Correct Practices to be promoted

- i. Everybody should seek to know their HIV status.
- ii. Initiate early treatment if tested positive.
- iii. If tested HIV negative endeavor to stay negative by refraining from pre-marital sex if single and practicing faithfulness and being vigilant in marriage.
- iv. If pregnant test for HIV.
- v. Test the child born to HIV positive mother for HIV at six weeks.
- vi. The HIV positive mother must exclusively breastfeed for six months then change to replacement feeds or if unable to breastfeed seek the advice of a medical practitioner.
- vii. Parents and guardians are encouraged to dialogue with their daughters and sons about relationships, sex, their (children) vulnerability to HIV infection, sexual harassment, violence and how to handle peer pressure and exposure to sexual content in the various media.)
- viii. Parents, religious leaders, teachers, peer leaders and other role models should provide adolescents and young adults with a safe learning and growing environment and a range of life skills that can help them make healthy choices and practice healthy behavior.
- ix. Children, adolescents and young adults should actively participate in making and implementing HIV prevention, care and support decisions that affect them, their families and their communities.
- x. People living with HIV should know and be able to exercise their rights such as: right to privacy; right to education and employment; right to property ownership and inheritance.

- xi. People Living with HIV have a right to the highest standard of care and healthy living including prevention and protection from further infection or transmission of HIV and seeking ARV treatment.

Religious Text References:

Religious text references on the importance of being knowledgeable and informed on HIV and AIDS

Message: Strive to know as much as you can about HIV/AIDS	
BIBLICAL TEXTS:	
Hosea 4:6	My people are destroyed for lack of knowledge.
Proverbs 4:7	Wisdom is supreme; therefore, get wisdom. Though it cost all you have, get understanding.
Proverbs 22: 3	A prudent man sees danger and takes refuge, but the simple keep going and suffer for it.
ISLAMIC TEXTS	
Qur'an	"Are those who have knowledge and those who have no knowledge alike? Only the men of understanding are mindful." (Quran, 39:9).
Hadith	It was narrated that Anas bin Mâlik said: The Messenger of Allah said "Seeking knowledge is a duty upon every Muslim". " (Sunan Ibn e Majah, Book of Sunnah, Hadith no 224, Classified as Sahih By Allama Albani)

Message: The best cure for HIV is prevention	
BIBLICAL TEXTS:	
Proverbs 3: 21- 24	My son, preserve sound judgment and discernment, do not let them out of your sight; they will be life for you, an ornament to grace your neck. Then you will go on your way in safety, and your foot will not stumble; when you lie down, you will not be afraid; when you lie down, your sleep will be sweet.
1 Cor 6:18-20	Flee from sexual immorality. All other sins a man commits are outside his body, but he who sins sexually, sins against his own body.

	Do you not know that your body is a temple of the Holy Spirit, who is in you, whom you have received from God? You are not your own; you were bought at a price. Therefore, honor God with your body.
1 Cor 7:8-9	Now to the unmarried and the widows I say: It is good for them to stay unmarried as I am. But if they cannot control themselves, they should marry, for it is better to marry than to burn with passion.
1 Cor 15:33	“Do not be misled: Bad Company corrupts good character.”
I Thessalonians 4: 3-6	It is God’s will that you should be sanctified: that you should avoid sexual immorality; that each of you should learn to control his own body in a way that is holy and honorable, not in passionate lust like the heathen who do not know God; and that in this matter no one should wrong his brother or take advantage of him. The Lord will punish men for all such sins, as we have already told you and warned you. For God did not call us to be impure, but to live a holy life.
Titus 2: 6, 11-12	Similarly, encourage the young men to be self-controlled... For the grace of God that brings salvation has appeared to all men. It teaches us to say “No” to ungodliness and worldly passions, and to live self-controlled, upright and godly lives in this present age...
Acts 10: 34-35	“Then Peter began to speak: “I now realize how true it is that God does not show favoritism 35 but accepts from every nation the one who fears him and does what is right.”
Proverbs 12:25	“Anxiety weighs down the heart, but a kind word cheers it up.”
ISLAMIC TEXTS	
<u>Tirmidhi</u>	
Bukhari as-Sawm 55, an-Nikah 89, Muslim as-siyyam 183, 193, Nisai	Taking proper care of one’s health is considered by the Prophet Muhammad (PBUH) to be the right of the body.

D.o.H.p.50, As-Suyuti's Medicine of the Prophet p.125	The Prophet not only instructed sick people to take medicine, but he himself invited expert physicians for this purpose.
Ephesians 4:32 (Stigma reduction)	“Be kind and compassionate to one another, forgiving each other, just as in Christ God forgave you.”
ISLAMIC TEXTS	
(Qur'an 65:6)	“None of you has faith until he loves for his brother what he loves for himself.” (Holy Prophet in Bukhari). Lodge them [in a section] of where you dwell out of your means and do not harm them in order to oppress them. And if they should be pregnant, then spend on them until they give birth. And if they breastfeed for you, then give them their payment and confer among yourselves in the acceptable way; but if you are in discord, then there may breastfeed for the father another woman.
(Qur'an 49:12)	“O you who believe! Avoid most of suspicion (against others), for surely suspicion in some cases is sin; and do not spy (into other people's affairs), nor let some of you backbite others.”

Message: HIV and AIDS is not a death sentence and is a manageable as any other illness	
ISLAMIC TEXTS	
a) On Treatment and Adherence	
Qur'an 2.286	“Allah burdens not an individual more than his capability”
Qur'an 10:57	O Mankind: There has come to you a direction from your Lord and a healing for the (disease) in your hearts—and for those who believe a guidance and mercy!
b) On Medication	

	Abu Hurayrah narrates that The Prophet pbuh said: “There is no disease that Allah has created, except that He also has created its remedy.”
BIBLICAL TEXTS:	
Christian Scripture: On Treatment and Adherence	
Jeremiah 30:17	“But I will restore you to health and heal your wounds,’ declares the LORD, ‘because you are called an outcast, Zion for whom no one cares.’” Stigma
Jeremiah 17:14	“Heal me, LORD, and I will be healed; save me and I will be saved, for you are the one I praise.”
Isaiah 38: 20-21	“The LORD will save me, and we will sing with stringed instruments all the days of our lives in the temple of the LORD.” ²¹ Isaiah had said, “Prepare a poultice of figs and apply it to the boil, and he will recover.”

Appendix 5: Brochure





“Ann here
I’m a
SAVE-R”

**JOIN
NOW**

SAVE-R
RESPONSE TO
HIV/AIDS



**“Tom here
I’m a
SAVE-R”**

SAVE-R
RESPONSE TO
HIV/AIDS

**JOIN
NOW**



IT IS NOW! US YOUTHS AGAINST HIV/AIDS

Safe practice

Abstaining from pre-marital sex, faithfulness to one's spouse, using sterilized needles, screening blood for HIV before transfusions, preventing mother-to child transmission, hygienic circumcision practices, Post-Exposure Prophylaxis (PEP), adhering to anti-retroviral treatment.

Access to treatment

HIV management includes taking anti-retroviral (ARV) drugs and other medicines for treating opportunistic infections. Combined with good nutrition and a healthy lifestyle, ART leads to slower disease progression. Consistent adherence to medication and proper diet improves immunity and one lives a healthy life. HIV management approaches should emphasize on the 4Cs: Compliance with treatment, Counseling and education, Condom promotion and Contacting partners for treatment.

Voluntary Counseling and Testing

Seek to know your HIV status by taking a HIV test. Most health facilities offer free HIV Testing services. Counseling helps us to live positively after the diagnosis. Most people living with HIV should be encouraged to join a psychosocial support group.

Empowerment

Educating communities on HIV and AIDS thus enabling them to make informed decisions about managing HIV and taking control of their lives. Empowered communities are able to tackle the social issues that contribute to the spread of HIV and formulate strategies to stay safe from harm and violence.

Reduction of stigma

HIV stigma and discrimination is a significant barrier to access to medical services in the HIV and AIDS management. Stigma involves segregating or discriminating PLHIV, denying them social interaction, separating domestic resources and tools to avoid using them. Reducing the negative impact of stigma and discrimination against people living with HIV facilitates in effectively responding to and managing the impact of HIV and AIDS on individuals and the society at large.

**Prevention is the best cure
for HIV/AIDS**



SAVE-R

**RESPONSE
TO**

HIV/AIDS



**IT IS NOW! US YOUTHS
AGAINST HIV/AIDS**

**JOIN
NOW**