

KIBERA DIVISION, NAIROBI

BY

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DECLARATION

This research project is my original work and has not been presented for a degree
any other university



NZOKA R. M.

This research project has been submitted for examination with my approval
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DEDICATION

I dedicate this work to my wife Luey and my sons Josiali, Alex and Mark who had to endure those agonising periods of my absence.

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I would like to acknowledge first and foremost my supervisor Mr. J). M. Mukathe without whom this study would not have been possible. It is through his guidance that I was able to complete this research in good time. Special thanks.

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LIST OF ABBREVIATIONS

ACUs	AIDS Control Units
AIC	African Inland Church
AIDS	Acquired Immunodeficiency Syndrome
DACC	District AIDS Control Committee
GDP	Gross Domestic Product
GPA	Global Programme on AIDS
HIV	Human Immunodeficiency Virus
KDHS	Kenya Demographic Health Survey
MOH	Ministry of Health
NACC	National AIDS Control Council
NASCOP	National AIDS/STD Surveillance Control Programme
NGOs	Non-Governmental Organisations
SDO	Social Divisional officer
STD	Sexually Transmitted Disease
TB	Tuberculosis
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNIADS	United National Programme on HIV/AIDS
UNICEF	United Nations Children's Education Fund
WHO	World Health Organisation

CHAPTER ONE

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INTRODUCTION

1.0 Background of LSie Problem

AIDS is a major public health problem, which has a negative impact on development. This pandemic has continued unabated and has claimed millions of lives all over the world. Predictions by the World Health Organization (WHO) indicate an upward trend in both the number of AIDS cases and healthy looking HIV carriers. This shows that the pandemic is here to stay and its effects will affect human activities both today and in time to come (World Bank, 1997).

In Africa, the fragile economies of the continent continue to be devastated by the scourge. This is further aggravated by the high rates of poverty among the communities. Coupled with this are the poor infrastructure, shortage of health resources and the instability in the countries' social political spheres. According to UNAIDS, 67% of the worlds total infections or over 20.8 million people living with the disease are in Africa. Aduwour (2002) contents that the magnitude of the problem could be exceeding the figures given by nation statistic bureau of the countries since most cases are never reported.

In Kenya, AIDS was diagnosed in the early 1980s. But the disease has spread at a very high rate assuming prominence in the country's development plans and continuing to threaten the gross domestic product (GDP) (Republic of Kenya, 1992, 1997a, 1997b, 2002a). This problem has therefore remained a huge challenge for the country's socio-economic development.

Kenya ranks among the most affected countries in Africa. **I his** has led to the scourge being declared a national disaster. Results from the 2003 Kenya Demographic Health Survey (KDIIS) indicate that 6.7% of Kenya adults are infected with HIV. **I he** results **also** show that HIV prevalence in women aged between 15 - 49 is 8.7% while for men within the same age is 4.6%.

According to the table on HIV prevalence among adults tested, age 15-49, by KDHA, 2003, young women are particularly vulnerable to HIV infections compared to young men.

Table 1: HIV Prevalence among Adults Aged 15 to 49

	Women	Men	Total
Total	8.7	4.6	6.7
Age			
15-49	3.0	0.4	1.6
20-24	9.0	2.4	6.0
25-29	12.9	7.3	10.4
30-34	11.7	6.6	9.4
35-39	11.8	8.4	10.1
40-44	9.5	8.8	9.1
45-49	3.9	5.2	4.4
50-54	N/A	5.7	N/A
Residence			
Urban	12.3	7.5	10.0
Rural	7.5	3.6	5.6

Source: Central Bureau of Statistic^ NASCOP 2003.

Few HIV infected children survive into their teenage years. Therefore, infected youth represent more recent cases of HIV infections and serve as an important indicator for detecting trends in both prevalence and incidence (NAS COP 2003).

Urban residents have a significantly higher risk of HIV infections (10%) than rural residents (6%). Prevalence in urban women is 12% compared with less than 8% of rural women. For men, the risk of urban residence is double (8% vs. 4%). In Kenya AIDS is still primarily spread through heterosexual contact (Johnston, 2000a). The sexually active group ranges between 15-49 years of age. It is within these years that the youth are found.

Just like in many other developing countries in Kenya, one cannot ignore the connection between poverty and HIV/AIDS. Poverty does not cause HIV/AIDS but as noted by Dialla, Pandey and Leumer (2004/, IZZ/DVV Vol. 63) there are four possible connections between HIV/AIDS and poverty:

- Unemployment and poverty often force women to take on jobs as sex workers.
- Migration of men to cities because of lack of jobs in rural areas often leads to multiple partners therefore increasing the risk of both HIV and other sexually transmitted diseases.
- A person who is HIV positive and poor often finds it difficult to access health care services and medication necessary to keep him/her healthier for longer periods of time.
- A HIV positive person who is poor may not be able to afford the necessary foods and vitamins to stay healthy. This may weaken the person and increase the person's chances of getting sick with AIDS.

Adolescent HIV/AIDS status has been the subject of relatively little attention since the AIDS pandemic began. Tonks (1995) says that majority of concern has been given to the more obvious presence of adult cases of AIDS and their implications. Of concern also has been the babies born by HIV/AIDS mothers. Caught between the overwhelming manifestation of AIDS in adults and the compassionate portrayal of infants with AIDS are vast numbers of adolescents who are at a great risk of HIV/AIDS infections.

HIV/AIDS has a very long latency period, which obscures the fact that many people who are becoming sick today were infected during their teens Henry, (1993). This therefore calls for methods of addressing prevalence of HIV/AIDS among the youth. The government of Kenya through the Sessional Paper No. 4 of 1997 (Republic of Kenya, 1997c) commits itself to protecting the youth from this epidemic by equipping them with knowledge and skills.

1.1. Statement of the Problem

AIDS kills young, economically productive people, brings hardship to families, increases expenditure on health care and adversely affects the country's development (Republic of Kenya, 1997a). The problem of HIV/AIDS is aggravated by the ~~by the~~ levels of poverty among many Kenyans with more than 56% of Kenyans living below the poverty line with less than a dollar per day to spend on everything needed to live (NAS COP 2005).

Poverty levels among Kenyan have continued to rise resulting in negative economic growth over the last two decades. Poverty in Kenya is a result of a number of related factors: untapped or poorly used human resources, low levels of industrialisation,

inadequately maintained infrastructure, issues of governance and economic policy and **socio**—demographic factors (NAS COP 2003).

The above factors have led to alarming levels of unemployment in Kenya. Particularly affected by unemployment are the young, out of school youths who have no specific professional skills. According to the National Development Plan 2002 - 2008, the challenges facing the youth include, school and college dropouts due to increased cost of education, poverty and teenage pregnancy and deviant behaviour (Republic of Kenya, 2002).

The National Development Plan underpins the need to assist the youth to participate fully in the country's development process. In particular, the national youth policy should be operationalised and institutional mechanisms put in place to make sure that youth issues are mainstreamed in development process. This would be achieved through the strengthening of youth groups to enable them to operate efficiently.

Sessional Paper No. 2 of 1997 provides a framework within which AIDS prevention and control efforts will be undertaken in the next 15 years. The key aspect of the framework is a multi-sectoral approach to fighting HIV/AIDS and adopting an approach promoting socio-cultural norms, values and beliefs that will help reduce HIV/AIDS in Kenya (Republic of Kenya, 1997).

In answer to the government policy to strengthen youth programmes in the country, many both local and international organisations such as churches, NGOs and individuals have come up with such youth programmes. These programmes address various issues concerning the youth in the community as pertains to employment, health, environment and other community development related issues.

One particular area where many such community organizations have been set up is Kibera Division of Nairobi. Kibera is a maze of poorly constructed housing divided by narrow lanes and alleys. There is limited electricity provision and supply and diseases spread very easily. HIV infections officially are said to stand at 20% but unofficial reports puts it at a higher percentage. Most of those infected are young people. Kibera area houses the largest slum in Sub-Saharan Africa with a population of one million people. This study sought to find out the integration of HIV/AIDS issues in youth programmes in Kibera Division of Nairobi Province.

1.2. Purpose of the Study

Based on the problem stated, the purpose of this study was to find out needs of the youth with regard to HIV/AIDS education, facilities of facilitators, provision of resources on HIV/AIDS and other STDs, the needs of the youth on the subject of HIV/AIDS and other STDs, their level of awareness and their access to health care. The study also strove to establish the problems facing the youth in regard to information on HIV/AIDS and attempt to obtain suggestions to solving them.

1.3. Objectives of the Study

The study was guided by the following objectives:

1. To determine the content of youth programmes with respect to HIV/AIDS education.
2. To identify the efforts being made to incorporate HIV/AIDS issues in youth programmes.
3. To establish out the extent to which the training of facilitators reflects knowledge of HIV/AIDS issues.

4. To find out the availability of learning resources on HIV/AIDS for youth programmes.
5. To determine the needs of the youth participating in these programmes, in relation to HIV/AIDS.
6. To investigate the levels of awareness of out of school youth participating in these programmes in relation to HIV/AIDS.

1.4. Research Questions

This research sought to answer the following questions:

1. What is the content of youth programmes in relation to HIV/AIDS issues in Kibera Division Nairobi?
2. What are the efforts being made to incorporate HIV/AIDS education into youth programmes in Kibera Division, Nairobi?
3. What are the training needs of the facilitators in these youth programmes with regard to HIV/AIDS in Kibera Division. Nairobi?
4. What learning resources concerning HIV/AIDS issues are available for youth in these programmes?
5. What is the level of awareness of the out of schools youths on issues concerning HIV/AIDS/SI Ds in Kibera Division, Nairobi?
6. What are the needs of the youth participating in these programmes in relation to HIV/AIDS?

1.5. Significance of the Study

The study will help to contribute to the theoretical and practical knowledge towards **solving** the problems of the day in the integration of HIV/AIDS issues in youth development programmes. The study will try to fill the information gap perceived to exist between youth development programmes and HIV/AIDS issues. In particular, the availability of resources concerning HIV/AIDS to the youth will be gauged.

1.6. Limitations of the Study

The use of diverse data collection techniques is very important in providing a clear understanding of any research issue under investigation. This study however used only questionnaires to obtain data on the integration of HIV/AIDS issues into youth development programmes. Another limitation to the study was time for in-depth study to determine what actually happens in these youth development programmes. The study required a lot of funds if the researcher was to dig into the finer details of these youth programmes.

It was difficult for respondents to understand fully HIV/AIDS issues and their integration into youth programmes. This led to unsatisfactory and incorrect information from the respondents. Respondents were reluctant to respond to the questionnaire and demanded inducement in order to comply. This was because most of them did not see the need for the research or while others feared that the results of the research may interfere with their programmes. Finally, collection of data in an unfamiliar and sometimes unsafe location where the researcher was viewed with suspicion led to mugging and loss of personal items.

1.7. Delimitations of the Study

This study was only confined to Kibera Division of Nairobi Province. The findings therefore, may not be appropriately applied for generalization in the far-flung rural settings of Kenya.

1.8. Basic Assumptions

The study assumed that the respondents would give honest, truthful and accurate response to the items in the questionnaires.

1.9. Operational Definitions of Significant Term?

In the study the following terms are defined as:

Development: Refers to creation of conditions for realization of human personality.

Facilitator: Refers to a person who makes learning easier through the removal of all impediments.

HIV/AIDS Issues: These are the matters related to the activities that increase the level of awareness, understanding and application of prevention of HIV/AIDS in totality.

Integration: Refers to the interrelation of studying so that the materials of each lesson are made interesting and intelligible through the connection with the points involved in others.

Needs: Refers to requirements in relation to information.

Resources: Refers to the human, material, situation a facilitator selects in order to promote understanding of concepts related to the subject.

Youth programmes: Refers to programmes designed specifically for training the youth in skills for development.

Youth: Refers to young persons aged between 18 and 35 years.

1.10. Organisation of the Study

Chapter two reviewed literature related to the study while chapter three gives the research method used. After data was collected the results were presented in chapter four. Chapter five gives the conclusions and recommendations.

CHAPTER TWO

LITERATURE REVIEW

2.0. Introduction

This chapter reviews literature relevant to this study under the following headings: HIV/AIDS Concept, impact of HIV/AIDS on development, HIV/AIDS and the youth, intervention methods on HIV/AIDS, HIV/AIDS and youth programmes; integration, facilitation techniques, the facilitator as a resource and reading materials on HIV/AIDS.

2.1.1 The Concept of HIV/AIDS

There is a popular concept that HIV means AIDS and automatically means death. But there is need to correct this misconception. The abbreviation HIV stands for Human Immunodeficiency Virus, while AIDS on the other hand stands for Acquired Immune Deficiency Syndrome. According to Johnston (2000), when a person has HIV, the person is not suffering from AIDS. HIV is a condition but it becomes fatal when it develops into AIDS. AIDS is a fatal clinical condition that results from the long-term infection with HIV (Muthini, 2003). The progression of HIV condition in the human body destroys the body's defense system thus preventing it from protecting itself from opportunistic infections. The HIV condition can take a long time before it develops into AIDS (Caldwell J and Caldwell P, 1993) quoted in Muthini (2003).

According to Binti (1999a), HIV is mainly contracted through sexual contact with the infected person. This sexual contact could be through vaginal intercourse, anal intercourse or oral sex (Tonks, 1995). Professional care guides (1995) of immunologic disorders says that other methods of transmission of the virus include:

transfusion of contaminated blood or blood products, sharing of contaminated needles, **transplant** or postpartum from infected mother to the fetus.

HIV infections in Africa first appeared in large numbers in the heterosexual communities with prostitution playing a major role in its spread. Aduwuor (2002) notes that HIV/AIDS pandemic has alarmingly spread through society and it is noted by researcher that many sex workers and their clients are heavy users of alcohol and other drugs, (Plant, 1993). This is because drinking and drug use in most cases leads to contact between sex workers and their clients.

Even in places where the danger of HIV/AIDS has been highly publicized, Plant (1993) notes that there is persistent and strong demand for sex that in some localities the levels of sexual activity among the young appear to have been increasing. Coutinho, et al (1988) say that heterosexual transmission from drug using prostitutes to their clients is an alarming possible means of spreading HIV to the general population.

Th* Pandemic

The HIV/AIDS pandemic is not limited within a geographical region or social groups. According to Mann (1992), for example, the disease continues to expand and intensity in areas of already infected communities. He also notes that when the disease infects a new community, it tends to become more complicated.

One of the major problems of HIV is the long latency period between infection and onset of symptoms. This means that the burden of the disease accumulates in the body slowly and steadily. Due to this long latency period, Caldwell (1993) says that new

infections keep on springing every day because people do not take the initiative to be tested, hence they do not change their sexual behaviour.

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Although a lot of efforts have been put on the fight against the HIV/AIDS pandemic, the global trend of the disease shows no sign of ease. The antiretroviral drugs available in the market are too expensive for most people Republic of Kenya (2000a). Muthini (2003) says that the only method, which is viable, is prevention.

The situation in Africa is particularly grave. Plant (1993) asserts that between 1/10 and ^xA of all sexually active adults in some areas of Sub-Saharan Africa is infected with the HIV virus. Reports recently published by UNAIDS and the British Medical Journal suggests that in 200, quoted by Iliairu (2003), the estimated number of deaths from HIV/AIDS in North America, Western Europe, Australia and N; Zealand was 75,500 (out of a population of 731 million). This compares with 2.3 million deaths in Sub-Saharan Africa (out of a total population of about 590 million). This means that considering the total population sizes of the two races, for every person from Western European origin who died of AIDS in the year 2001, forty African died.

This is a surf and devastating epidemic, which has surpassed devastation by colonisation, slave trade, malaria, drought, war and famine combined. The situation is, according to Muthini (2003), worsened by the fact that data collection in the actual situation is not possible. This calls for concerted efforts from the community to fight this disease.

According to UNAIDS (2005), the number of people living with HIV/AIDS in the world are estimated to be 40.3 million, with 2.6 million deaths already. Out of these, 28.8 million are in Sub Saharan Africa with adult prevalence of **between** 6.6 to 8.0%.

In Kenya, it is estimated that there are about 1.2 million living with HIV/AIDS with **about** one hundred and fifty thousand deaths per year. (NASCOP, 2005).

2. Impact of HIV/AIDS on Development

All aspects of development have experienced the severe impact of HIV/AIDS at household, community and national level. According to the National Development Plan 2002 - 2008, this has created a shortage of manpower and also over-stretched social services especially the health services and the social security system (Republic of Kenya, 2002). These effects have been felt in a number of sectors of the economy. The development plan points out that the health sector where the pandemic has affected drug supply; patients care services, blood screening equipment maintenance, over crowding in health facilities and high turnover of health personnel. The document continues to say that the pandemic has also caused a major resurgence of I B, which is resistant to drugs. Management of the HIV/AIDS pandemic is very expensive with drugs for one person per year costing about Kshs 700,000. Drugs for management of opportunistic infections are also very expensive.

By the year 1994, the cumulative economic impact by HIV/AI! >3 was 2 percent (Muthini,2003). By the year 2000, the cumulative economic impact had risen to 15 percent of GDP Daily Nation (Jan 21st 1999). HIV/AIDS has affected development of many countries in the third world. According to the AIC Newsletter (Why wait Programme) cited by Muthini, (2003), the pandemic has taken toll on pre-teens, teens and young adults, the middle aged and the aged. The Newsletter notes that the infected youth constitute 35% of the total infected people.

Exposure of the disease to the youth is due to several biological, socio-cultural and economic factors. The high rate of teenage pregnancies is an indicator that the youth are engaging in early sexual relationships without using protective measures. A study by Johnston (2000) shows that girls are more prone to HIV/AIDS than boys who are more promiscuous. The pandemic has frustrated national plans towards the eradication of poverty. Resources, which could be otherwise channeled towards development issues, are being used up in the fight against this disease.

2.3. HIV/AIDS and the Youth

The youth also referred to as adolescents constitute 31.8 percent of the Kenyan Population. According to the Kenya Law adolescents below the age of 16 years are regarded as minors (Republic of Kenya, 1997a).

The stage drives many adolescents to experiment with drugs, alcohol and sex (Kaguthi,2002). Available literature shows that the use of alcohol and other psychoactive drugs is associated with many socio-cultural and physiological reasons with the sex industry. Heavy use of drugs and alcohol is often associated with unprotected sex, (Plant, 1993). Studies by Kaguthi (2002) and Ng'eno (2002) show that an increasing number of youths who are using drugs and alcohol are also associated with unwanted pregnancies, sexually transmitted diseases and unprotected sex.

Of

major concern is the age at which the youth begin to engage in sexual activities. According to World Health Organization WHO (1994), the age at which many young people experience the first canal engagement lies between 12. -14 years for boys and

13.5 years for girls. This is supported by observation by Muthini (2003) and Ngunzo (1996). Because of this exposure and experience in sexual intercourse, Johnston (2000) quoted in Muthini (2003) sounds the alarm when he says that 60 to 70% of under 20 year olds are presently at clear and present danger of HIV infections. Due to the rate of school dropout, as pointed out by the National Development Plan 2002 - 2008, a very high number of youths are never selected into secondary school. Others drop out due to increasing poverty and HIV/AIDS pandemic,(Republic of Kenya, 2002). This means that there are million out of school youths who are either unemployed or under-emplo> ' in the non-formal sector. These youths are subjected to out of school influences that drive them into promiscuous life.

Aduwour (2002) says that the high rate of teenage pregnancies is a confirmation of the fact that the youth are engaging in early sexual activities and therefore exposed to the scourge. According to the World Health Organization (WHO) half of the people infected by HIV/AIDS acquired the disease between the ages 15-24 years, (Henry, 1993). This is a worrying state of affairs in regard to youth infection by AIDS.

There is an urgent need to inform the adolescents about the danger they face by engaging in promiscuity. Johnston (2000b) found that most youths (80%) do not perceive themselves as if they are in danger of contracting HIV/AIDS despite knowledge about the risks involved through engaging in promiscuity. There is need then to introduce elements concerning HIV/AIDS into youth programmes in order to change this kind of perceptions.

2.4. Intervention Methods on HIV/AIDS

The World Health Organization (WHO) and the Global Programme on AIDS (GPA) have on the global level over the years set intervention strategies on HIV/AIDS. These methods include:

1. Providing support to various National AIDS Control and Prevention Programmes.
2. Conducting global AIDS related activities including surveillance, bio-medical, socio-behavioural and epidemiological research forecasting and impact assessment (MOH, 1999).

In Kenya, the government has published a sessional paper, which provides a framework within which AIDS prevention and control efforts will be undertaken in the next 15 years. Sessional Paper No. 4 of 1997 outlines the use of a multi-sectoral approach in the fight against HIV/AIDS and adopting an approach, which promotes socio-cultural norms, value and beliefs that will help reduce the transmission of HIV/AIDS (Republic of Kenya, 2002a; 1997a).

On the basis of the Sessional Paper, a five-year plan 2000 - 2005 was developed with the aim of providing a sound policy and institutional framework for a multi-sectoral response on HIV/AIDS. The framework has been realized by:

1. Establishment of the National AIDS Control Council (NACC) in the Office of the President to provide leadership.
2. AIDS Control Units (ACUs) established to mainstream AIDS control activities into the care-function of the ministries and departments.
3. Provincial AIDS Control Councils (PACCs), District AIDS Control Councils (DACCs) and Constituency AIDS Control Committees (CACCs) created to co-

ordinate the implementation of HIV/AIDS activities in their representative area, (Republic of Kenya, 2002a),

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The government has also mobilized development partners to provide assistance in the prevention and control of HIV/AIDS. According to the National Development Plan 2002 to 2008, during the plan period, prevention and control measures will be pursued through:

1. Creation of the capacity for policy development planning, implementation and evaluation of HIV/AIDS activities within all sectors.
2. Economic empowerment through support of income generating activities.
3. Rehabilitation and training of orphaned children and those heading households to equip them with skills to enable them to generate income and care of their siblings.
4. Strengthening capacity building networking, collaboration and co-ordination of activities among key players at all levels.
5. Strengthening partnership with other development partners in the fight against HIV/AIDS (Republic of Kenya, 2002a).

2.5. Integration

Integration is a term that had been defined in many ways including desegregation, making whole or complete by adding or bringing together different parts, and uniting of discrete elements into whole. Some practitioners perceive it in terms of interdisciplinary education; an attempt to combine the knowledge from many subjects into broader areas of inquiry; applied basics or applied academic, (Kiboi, 1994).

According to Case (1991), while talking about education, integration should emphasise the dynamics of integration of goals, context, methods and procedures. The idea of integration is the ability to identify problems and solving them by using previously learned knowledge. Bernstein (1971) asserts that integration is the "subordination of previously insulated subject or courses to same related idea which blurs the boundaries between the subjects. On the other hand UNESCO (1986) defines integration as "Means of joining together parts to make a whole which works together as one.

Integration is an idea to move away from compartmentalisation of knowledge and subject specialisation. According to Case (1991), integration issues could fall under the curriculum being followed as well as the teaching technique being used.

Towards Integration of HIV/AIDS issues and Youth Programmes

Case (1991) says that the curriculum elements of a subject, for example HIV/AIDS issues determine the form of curriculum integration. The form includes content, skills and processes or holistic integration. He defines content integration as the "connection of the understanding promoted within and among different subject areas or disciplines," while integration of skills and processes refers to "integration of generic skills and processes."

According to Kiboi (1994), the reasons cited for need to develop new constellation of knowledge through different disciplines were the solution of new and complex social and technological problems. HIV/AIDS is not only a social problem, but also a health one and therefore needs to be tackled from every sphere possible. The need to integrate youth programmes with HIV/AIDS issues in an urgent matter, which should

be addressed by all stakeholders. This is because HIV/AIDS is affecting the youth at a very high rate hence threatening the very existence of human kind.

Many of the problems facing the world today and those that confront the society presently such as the spread of HIV/AIDS result from the failure of the society to perceive the world as a whole by ignoring the broader impact of local events or by neglecting the long-term consequences of present activities.

Most challenges, the youth face today demand integrated response in solving a problem. Therefore, there is need to consider these problems in relation to ideas and information from a number of different fields. It is important for the youth to relate what they do to a larger context and facilitators and youth leaders should play a larger role in helping them make such connections.

It is also important to bear in mind that integrating HIV/AIDS issues into youth programmes is a means to an end. This calls for facilitators who are well trained in designing programmes, which can help the youth, develop both socially and economically.

2.6. Host Subject

In formal education, certain subjects which richly incorporate topics that can easily be utilised to teach HIV/AIDS without appearing to digress from the main learning activity. This is because such subjects like biology, home science, social education and ethics and religious education have embedded HIV/AIDS related context in them (Master Plan for Education and Training, 1997 - 2010).

The same method of selection of learning activities can be selected for the youth programmes. The master plan goes on to advocate the great role that can be played by education in combating HIV/AIDS. Some of the outlined activities in the document include:

1. Providing learning institutions with materials specifically tailored to combating HIV/AIDS.
2. Incorporating HIV/AIDS education into guiding and counselling by staff and peers and in the co-curriculum activities institutions.
3. Building initiatives already underway; HIV/AIDS awareness should be systematically disseminated to the whole society using the mass media (Radio, TV and print) and forums such as public meetings, tailor-made workshops and seminars..." (Republic of Kenya, 1997c).

These methods can be easily used in the integration of HIV/AIDS issues into youth programmes by the provision of learning materials, use of drama and games to disseminate information concerning HIV/AIDS to youths.

2.7. Facilitation Techniques

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Education is a natural process that is characteristic of the evolution of human species and the societies they live in to secure sustenance and well being in all the manifestations. In view of this, the outcome of acquisition of knowledge should go beyond acquisition and production of skills. The facilitation of learning therefore should be geared towards the enhancement of the society's existence.

Facilitation Techniques should appreciate that success of learning is positively related to communication approaches that take into account the learners cognitive and

emotional needs. Passing on information concerning HIV/AIDS needs good communication skills. Some of the methods employed in the past may have lost their effects. Shock tactics have been tried with the aim of frightening people into changing behaviour, but this has proved to be short-lived where it was not backed by properly planned life-like situations, Faya, (1993). According to Wandera (2001), the fear instilled in people has proved counteractive by producing denial and stigmatisation.

Good communication skills are central to effective presentation of HIV/AIDS information. The facilitator should be aware of the verbal and non-verbal messages and what they convey. WHO and UNICEF (1992), stressed on the need for effective communication. Their recommendation were that staff should be trained in many programmes in order to help them relate with their clients and also equip them with new teaching techniques so as to move away from the traditional methods which have proved unsatisfactory.

The Facilitator as a Resource

The facilitator is an important part of the learning process. A highly motivated and qualified facilitator is likely to produce results among learners. The facilitation of information plays a very important role in acquisition of knowledge and skills, Muthini, (2003).

2.8. Reading Materials on HIV/AIDS

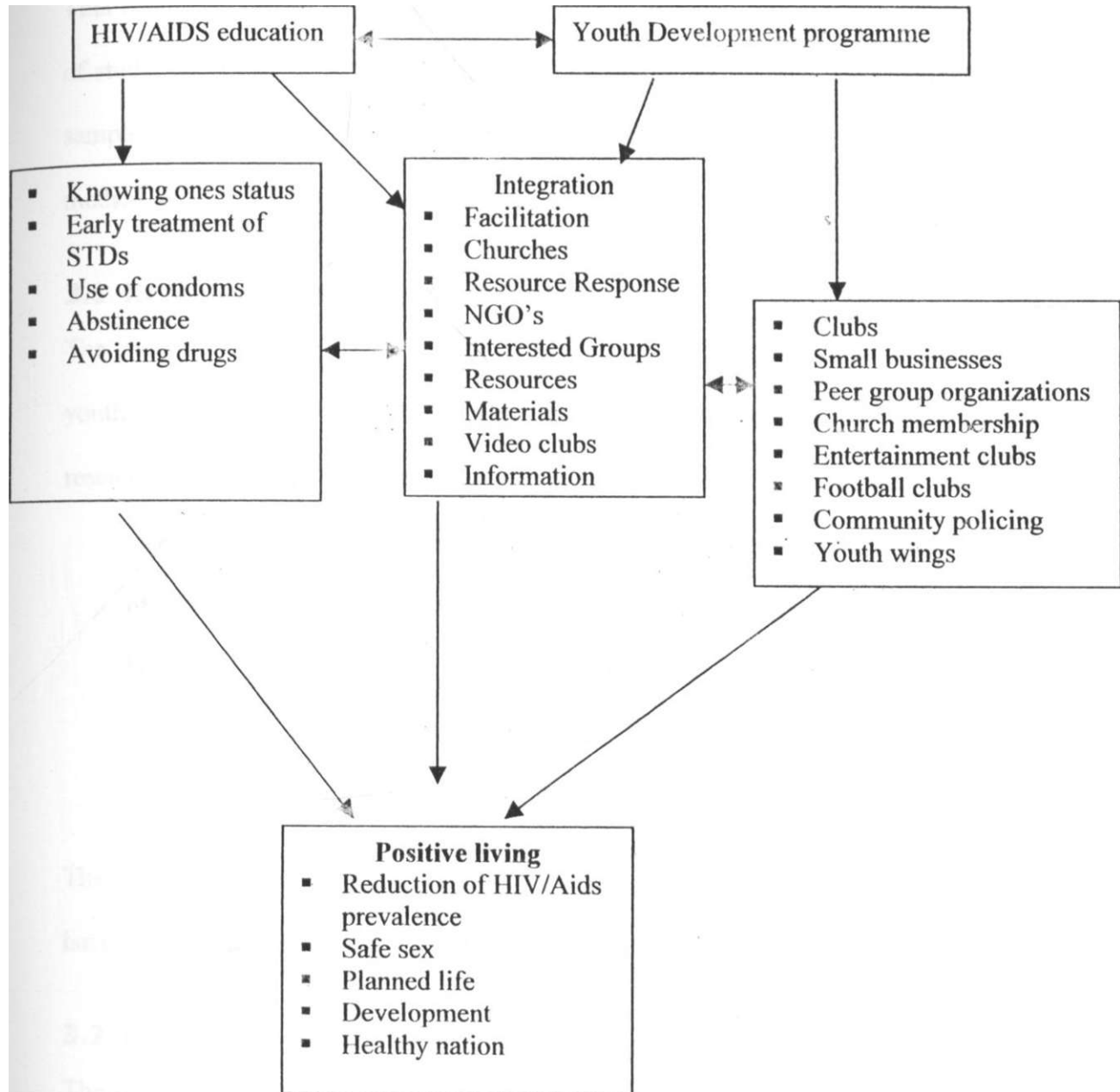
Material resources play a very significant role in any kind of learning. The purpose of preparing and producing instructional materials is to help the facilitators and the learners to interpret and implement the ideas embodied in course of study, Oluoch, (1992).

Materials for HIV/AIDS education for youth development would include books, newsletters, pamphlets, films and videotapes. A lot of literature has been published on HIV/AIDS. However, the availability of these materials is the main problem, Aduwuor, (2002).

2.9. Conclusion

The literature of this study reviewed the concept of HIV/AIDS, the impact of HIV/AIDS on development, HIV/AIDS and the youth, foundation techniques and reading materials on HiV/AIDS. No research has been done on integration of HIV/AIDS education and youth development programs. It is hoped that this research will explore how youth programmes have integrated HIV/AIDS education.

2.10. Conceptual Framework



CHAPTER THREE

RESEARCH METHODOLOGY

3.0. Introduction

This chapter discusses the research design and the rationale for choice of the method of study. Included are sections presenting the location of the study, target population, sample and sampling technique, the research instrument, pilot study, data collection method and data analysis.

3.1. Research Design

The study attempted to investigate the extent of integration of HIV/AIDS issues into youth programmes in Kibera Division. This study falls within the ex-post-facto research design, which has been defined by Kerlinger 1973 as:

"Systematic empirical inquiry in which the scientist does not have direct control of independent variables, because their manifestations have already occurred or because they are inherently not manipulable; inferences about relations among variables are made without direct intervention for concomitant variation of independent and dependent variables/¹

The rationale for selecting this design lies in the fact that the events being investigated have already taken place and the researcher could not manipulate them in any way.

3.2. Location of the Study

The study was carried out in Kibera Division of Nairobi Province, which is one of the largest informal settlements south of Sahara, with an approximate population of one million people.

This area was preferred because of its population density and has a very high number

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of youth groups and many non-governmental organisations working there. Kibera Division is also not only home for many youths who are born there but also young men and women from rural areas come to settle there because of the cheap houses and the settlement vicinity to the main town of Nairobi and middle and high class estates such as Long'ata, South B and C, Madaraka Estate, Lavington. Ngumo, Karen, Woodley and Harligham, where they are employed as house-helpers and gardeners.

Kibera Slum is subdivided into villages, which include Laini Sabba, Siranga, Makina, Kisumu Ndogo, Mashimoni, Gatwikira, Lindi, Kichinjio, Sarangombe, Bobolulu, Kambi Murua, Oyonga, Raila, Ayany, Karaja and Highrise.

33. Target Population

According to the Divisional Social Office, Kibera, there were 47 registered youth groups in the area. These were the recent groups, which have registered with the Divisional Social Office. Other groups, which were formed, earlier had not registered with the office by the time of the study and therefore were not accounted for. Of the 47 registered groups 12 were young women groups while 14 were composed of young men only. The remaining 21 groups were composed of both male and female members. The average number of each youth group members was 15 therefore the total membership for these groups was 752 people.

3.4. Sample and Sampling Procedure

Due

to the vastness of Kibera slum the researcher only studied twenty percent of the 47 groups. This gave 9 groups were sampled from the 47 groups. In order to ensure gender balance, three groups were taken from the male only groups while 3 groups

were taken from the female only groups. The rest of the groups were taken from the mixed membership groups.

Since each group was composed of an average of 15 members, the total members of these nine groups was 135. In order to obtain the members to participate in this study the table by Krenjie and Morgan quoted in Mulusa, (1988) was used to select a sample from the 135 members. According to this table the sample for 130 is 97 members.

Each category of groups therefore provided 33 members. The members from the single sex groups were selected through simple random sampling while purposive sampling was used to select equal males and females from the mixed membership. Each category of groups therefore provided 33 members.

3.5. Validity of the Instrument

Validity of the research instrument is the degree to which it measures what is intended by the researcher (Borg and Gall, 1989). To enhance validity of the instrument, a pilot study was carried out. This was expected to help the researcher in identification of items in the research instrument that might be ambiguous in eliciting the relevant information. The items, which were found to be ambiguous and therefore not soliciting the intended information were reconstructed or discarded altogether.

Three youth groups not involved in the main study were used for the pilot study. The reason for using these three groups is to enhance validity and co-efficiency of the instrument. The importance of carrying out a pilot study is that through pre-testing it is possible to find some ambiguities in the questions asked and then the necessary corrections are made before the final study is carried out.

3.6. Instrument Reliability

Reliability of research Instruments is its level of internal consistency or stability over time (Borg and Gall, 1989). A reliable instrument, therefore, is the one that constantly produces the expected results when used more than once to collect data from two samples, drawn from the same population, (Mulusa, 1988). The reliability of a test is usually expressed as a correlation coefficient, which measures the relations between variables.

The reliability of the instrument was tested using the Pearson's Product Moment Correlation Coefficient Formula.

$$r = \frac{\sum xy - (\sum x)(\sum y)/N}{\sqrt{[\sum x^2 - (\sum x)^2/N][\sum y^2 - (\sum y)^2/N]}}$$

$\sum xy$ = Sum of Gross Product of the values of each variable.

$\sum x$ = Sum of x

$\sum y$ = Sum of y

N = Number of pairs of scores

$\sum x^2$ = Sum of x^2

$\sum xy^2$ = Sum of y^2 "

$(\sum x)^2$ = Squares of

$(\sum y)^2$ = Squares of \hat{y}

3.7. Data Collection Procedure

The youth groups were visited first and the youth leaders were informed of the intended study and then asked to request the members to participate in the study. The

questionnaires were delivered personally by the researcher and were collected after one week.

3.8. Data Analysis Technique

After the questionnaires were returned the researcher checked for completeness, accuracy of information and uniformity. The data was then analysed using the SPSS Programme with a computer.

CHAPTER FOUR
I
DATA ANALYSIS AND INTERPRETATION

4.0. INTRODUCTION

This chapter reports the results of the collected data in the study. The chapter is divided into sub-headings namely: the questionnaire return rate, demographic information of the respondents, content of youth programme in relation to HIV/AIDS, Integration efforts of HIV/AIDS education and youth programmes, training needs of youth leaders and facilitator, learning resources, opinion by youth members and suggestions on enhancement of HIV/AIDS awareness.

4.1. THE QUESTIONNAIRE RETURN RATE

The questionnaire was administered to a sample of 97 respondents out of which 67 responded. Therefore the return rate of the questionnaire stood at 65%. This was taken to be an acceptable number since it was above 50%.

4.2. DEMOGRAPHIC CHARACTERISTIC OF THE RESPONDENTS

4.1.2. Sex of the respondent

Out of the 67 respondents who constituted the study sample 43 (64.2%) were male while 24 (35.8%) were female.

4.2.2. Age of the respondents

Fifteen (22.4%) of the respondents were in the age bracket of 16-20 years while 25 (37.3%) were over 26 years.

4.2.3 Educational level of the respondents

The study revealed that 18 (26.9%) of the respondents had attained primary education only, 41 (61.2%) had secondary education, 2 (3.6) had university education while 6 (9%) had other types of qualifications.

4.2.4. Employment status of the respondents

The study found that one (1.5%) of the respondents was permanently employed, 16 (23.9%) were temporarily employed while 9 (13.4%) worked as casuals. Those who were unemployed were 25 (37.3%) while those who were self-employed were 16 (23.9%).

4.2.5. Residence of respondents in rented houses

The study sought to find out whether the respondents lived in rented houses or not. The results indicated that 57 (85.1%) of the respondents lived in rented houses. The rest 10 (14.9%) resided in houses which were not rented. This suggests that most of the young people who participated in this study were mostly immigrants from elsewhere who were in the slums to work for survival in the environments surrounding the slum. The rest were either living with their parents or relatives.

4.3. MAJOR FINDINGS OF THE STUDY

4.3.1. Introduction

The study was guided by six research objectives from which research questions were formulated. This section reports on the findings, which were gathered from the field to answer the questions.

4.3.2. Content of youth programmes in relation to HIV/AIDS

In order to find out the content of youth programmes in relation to HIV/AIDS awareness among the youth six questions were developed to seek information on whether any efforts were being made to integrate HIV/AIDS issues into the programmes. These questions sought information on whether any efforts were being made to integrate HIV/AIDS issues into the programmes. These questions sought information concerning general awareness of HIV/AIDS, discussions on sexual matters among the youth, the frequency of such discussions, and information on safe sex practices, members' concern on HIV/AIDS and whether the groups invite people to talk about HIV/AIDS. The results are presented below:

HIV/AIDS Awareness

The respondents were asked to indicate whether the groups were aware of HIV/AIDS issues: the responses are presented in the following table

Table 2: Respondents Awareness

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	sd-strongly disagree	1	1.5	1.5	1.5
	d-disagree	8	11.9	11.9	13.4
	u-undecided	2	3.0	3.0	16.4
	a-agree	29	43.3	43.3	59.7
	sa-strongly agree	27	40.3	40.3	100.0
	Total	67	100.0	100.0	

The table above shows that one (1.5%) of the respondent strongly disagreed with the statement while 2 (3.0%) were undecided on this issue. But 29 (43.3%) of the respondents agreed that the youth groups were aware of IUV/AIDS issues while 27 (40.3%) strongly agreed with the statement.

The result of the analysis strongly points towards a high awareness of the issues concerning HIV/AIDS among the youth of the country. This concurs with what Johnston (2006) found concerning youth HIV/AIDS awareness. Johnston found that 80% of the youth do not perceive themselves as if they are in danger of contracting HIV/AIDS despite knowledge about the risks involved through engaging in promiscuity.

Discussions on sexual matters

The study tried to find out whether the youth discussed matters concerning sex among themselves in these youth groups. The results are presented in the following table.

Table 3: Discussion of sexual matters

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	sd-strongly disagree	8	11.9	11.9	11.9
	d-disagree	14	20.9	20.9	32.8
	u-undecided	5	7.5	7.5	40.3
	a-agree	26	38.8	38.8	
	sa-strongly agree	14	20.9	20.9	
	Total	67	100.0	100.0	100.0

According to the table 8 (11.9%) of the respondents indicated a strong disagreement that sexual matters were discussed freely among the youths in their youth groups. Fourteen (20.9%) disagreed while five (7.5%) were undecided on this matter. However 26 (38.8%) agreed that sexual matters were discussed freely among the youths in these youth groups. Fourteen (20.9%) of the respondents strongly agreed that sexual matters were discussed freely in their youth groups.

Sexual matters have always been a problem to open discussion. This is more so among gender mixed groups such as some of the youth groups involved in this study. However as the pandemic is taking its toll on the communities and especially the youth approaches are changing and a realization has come up that there is a necessity to open up on sexual issues in order to survive.

Frequency of discussion concerning HIV/AIDS issues

The respondents were asked to indicate the frequency of discussions on HIV/AIDS issues during their youth group meetings. The results are presented below:

Table 4: Frequency of discussion concerning HIV/AIDS

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid sd-strongly disagree	5	7.5	7.5	7.5
d-disagree	21	31.3	31.3	38.8
u-undecided	9	13.4	13.4	52.2
a-agree	21	31.3	31.3	83.6
sa-strongly agree	11	16.4	16.4	100.0
Total	67	100.0	100.0	

Table 4 on frequency of discussions concerning HIV/AIDS among the youth indicate that 5 (7.5%) of the respondents strongly disagreed that such discussions were ever held while 21 (31.3%) said that they disagreed. Nine (13.4%) of the respondents were not decided on this matter. But 21 (31.3%) said that these discussions took place whenever the youth groups convened for other activities. Eleven (16.4%) said that the matters of HIV/AIDS were always discussed among themselves.

The information obtained points that in some youth groups the issue of HIV/AIDS is not given prominence while in other groups the matter is taken seriously.

Safe Sex

The respondents were asked to indicate whether the issue of safe sex featured in their discussions during their regular meetings. The results are presented in the following table.

Table 5: Showing responses on discussions concerning safe sex

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	sd-strongly disagree	4	6.0	6.0	6.0
	d-disagree	12	17.9	17.9	23.9
	u-undecided	8	11.9	11.9	35.8
	a-agree	28	41.8	41.8	77.6
	sa-strongly agree	15	22.4	22.4	100.0
	Total	67	1000	100.0	

According to table 5 on whether the youth discuss matters on safe sex 4 (6.0%) of the respondents said that they never discussed issues concerning safe sex among themselves whenever they met during their group sessions. 12 (17.9%) of the respondents indicated that safe sex was sometimes discussed while 8 (11.9%) were undecided on whether safe sex was discussed. But the table shows that 28 (41.8%) of the respondents agreed that safe sex was discussed among the youth during such meetings while 15 (22.4%) said that these matters of safe sex were always discussed.

The results concurs with what the AIC newsletter noted that there is a noticeable high rate of teenage pregnancies among the youth which is a" indicator that the youth are engaging in early sexual relationships without using protective measures.

Raising issues concerning HIV/AIDS b> members

The respondents were asked to indicate whether the members of the groups raised issues concerning HIV/AIDS during their meetings. The results are presented in the following table.

Table 6: Members raising concern over HIV/AIDS

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid sd-strongly disagree	3	4.5	4.5	4.5
d-disagree	5	7.5	7.5	11.9
u-undecided	3	4.5	4.5	16.4
a-agree	40	59.7	59.7	76.1
sa-strongly agree	16	23.9	23.9	100.0
Total	67	100.0	100.0	

▼

The table shows that 40 (59.7%) of the respondents said that the members raised the issue of HIV/AIDS whenever the group met while 16 (23.9%) said that this was a major issue during the group meetings. Only 8 (13%) of the respondents said that members never raised issues concerning HIV/AIDS.

The results clearly point out a major concern of the youth with regard to AIDS pandemic. However the results also raise concern over the lack of relationship between high awareness over the issue of HIV/AIDS pandemic and the continued spread of this disease despite this awareness.

Invitation of guest speakers

The respondents were asked to indicate whether the youth group leaders invited people to talk to them on issues related to the safe sex. The results are presented in the following table:

Table 7: Invitation of guest speakers

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	sd-strongly disagree	10	14.9	14.9	14.9
	d-disagree	8	11.9	11.9	26.9
	u-undecided	11	16.4	16.4	43.3
	a-agree	29	43.3	43.3	86.6
	sa-strongly agree	9	13.4	13.4	100.0
	Total	67	100.0	100.0	

According to the table 10 (14.9%) of the respondents indicated that youth groups never invited guests to speak to them concerning safe sex while 8(11.9%) said that the invitations occasionally took place. But 29 (43.3%) of the respondents said that guests were invited to speak to them concerning the AIDS pandemic. Nine (13.4%) strongly agreed with the fact that the groups invited guests to speak to them over the issue of safe sex.

4.3.3. Integration of HIV/AIDS issues into youth programmes *

The study sought to find out whether any efforts were being made to integrate HIV/AIDS issues into youth programmes in Kibera division. In order to obtain the relevant information six Likert Scale type questions were developed. Some of the questions were framed positively while others were framed negatively. The results of the responses are presented in the following section.

Efforts towards Integration of HIV/AIDS Education into youth programmes

The study sought to find out whether there were any efforts made towards inclusion and integration of HIV/AIDS education into the youth programmes and activities. The results are presented in the following table.

Table 8: Efforts towards Integration of HIV/AIDS education into youth programmes

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid sd-strongly disagree	2	3.0	3.0	3.0
d-disagree	8	11.9	11.9	14.9
u-undecided	7	10.4	10.4	25.4
a-agree	40	59.7	59.7	85.1
sa-strongly agree	10	14.9	14.9	100.0
Total	67	100.0	100.0	

According to table 8 on the effort towards the integration of HIV/AIDS education into youth programmes 40 (59.7%) of the respondents said that the group had discussed methods of including HIV/AIDS issues into the youth group activities. Ten (14.9%) of the respondents strongly agree on the matter of integration efforts. But some of the respondents indicated that no such efforts were being made towards integration of HIV/AIDS education into the youth programmes. Ten (14.9%) Said that no such efforts were being made towards this move while 7 (10.4%) were not aware of the issue and therefore were undecided on the matter.

Integration of HIV/AIDS education requires training on the part of the youth leaders so that they are equipped the basics of applying related knowledge to come up with

desired results as Kiboi (1994) puts it. There is need to train the leaders in methods of bridging the gap between the youth activities and health education so that HIV/AIDS issues can be brought into the forefront of the youth activities. This would then blur the boundaries between the youth activities and HIV/AIDS education as put by Bernstein (1971). The efforts would achieve what UNESCO (1986) sees as joining together the different parts

(youth activities and HIV/AIDS education) together to work as one.

Resource Persons

The study also sought to find out if the youth groups invited resource persons to talk to them about HIV/AIDS during their meetings. The results are presented in the

Table 9: Invitation of Resource Persons on HIV/AIDS

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid sd-strongly disagree	4	6.0	6.0	6.0
d-disagree	7	10.4	10.4	16.4
u-undecided	11	16.4	16.4	32.8
a-agree	35	52.2	52.2	85.1
sa-strongly agree	10	14.9	14.9	100.0
Total	67	100.0	100.0	

According to table 9 on the invitation of resource persons to talk about HIV/AIDS to the youth 4 (6.0%) of the respondents said that such people were never invited while 7 (10.4%) of the respondents said that such resource persons were invited sometimes. However 11 (16.4%) were undecided on this matter. However 35 (52.4%) said that

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such people were invited to talk' to them ...mi such on such issues concerning HIV/AIDS.

The invitation of experts on any issue is very important because such people have a lot of influence on behavior change. Such experts also tend to clarify issues so that misconception is reduced and therefore the youth can change their behaviour and perception of themselves and others.

Attitude of members towards discussions on HIV/AIDS

The respondents were asked to indicate their attitude towards discussing HIV/AIDS among themselves when they meet as a group. The results are presented below.

Table 10: Members attitude towards discussion of HIV/AIDS

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid sd-strongly disagree	13	19.4	19.4	19.4
d-disagree	22	32.8	32.8	52.2
u-undecided	6	9.0	9.0	61.2
a-agree	16	23.9	23.9	85.1
sa-strongly agree	10	14.9	14.9	100.0
Total	67	100.0	100.0	

According to the table 35 (52.2%) of the respondents indicated that members attitude towards discussion of issues concerning HIV/AIDS among themselves was negative. They said that such discussions were not taken as fun among themselves. Only 26 (38.8%) said that discussions on HIV/AIDS was taken positively by the members.

E^{0} of integration of HIV/AIDS issues with other activities**

The respondents were asked to indicate whether they find it easy to integrate HIV/AIDS issues into their discussions. The results are presented in the following table:

TBblt 11: Ease of integration of HIV/AIDS information with other activities

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid sd-strongly disagree	13	19.4	19.4	19.4
d-disagree	14	20.9	20.9	40.3
u-undecided	6	9.0	9.0	49.3
a-agiee	23	34.3	34.3	83.6
sa-strongly agree	11	16.4	16.4	100.0
Total	67	100.0	100.0	

The table shows that 13 (19.4%) of the respondents strongly disagreed that it was easy to integrate HIV/AIDS issues into their program. Fourteen (20.9%) said that this was a difficult task while 6 (9.0%) were undecided. But 23 (34.3%) said that integration of these issues were easy while 11 (16.4%) indicated that they strongly agreed that it was easy to integrate HIV/AIDS issues and the other youth, activities.

Religious leaders

The respondents were asked whether religious leaders talked to them about issues related to HIV/AIDS and safe sex. The responses are presented in the following table:

Table 12: Efforts of religious leaders

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	sd strongly disagree	7	10.4	10.4	10.4
	d-disagree	21	31.3	31.3	41.8
	u-undecided	7	10.4	10.4	52.2
	a-agree	26	38.8	38.8	91.0
	sa-strongly agree	6	9.0	9.0	100.0
	Total	67	100.0	100.0	

The table on whether religious leaders avail themselves to talk to the youth on issues related to HIV/AIDS and safe sex shows that 28 (41.7%) of the respondents indicated that religions never came to talk to them on these issues while 26 (38.8%) said that these leaders came. Seven (10.4%) were undecided over this issue.

4.3.4. Training of facilitators

The study tried to find out whether there were trained facilitators among the youth groups to help the members on issues related to HIV/AIDS and other related diseases. To obtain this information questions were developed to solicit responses from the respondents.

Availability of trained facilitators

The respondents were asked to indicate whether their facilitators were trained. The responses are presented in the following table;

Table 13: Availability of trained facilitators

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid sd-strongly disagree	4	6.0	6.0	6.0
d-disagree	9	13.4	13.4	19.4
u-undecided	3	4.5	4.5	23.9
a-agree	39	58.2	58.2	82.1
sa-strongly agree	12	17.9	17.9	100.0
Total	67	100.0	100.0	

According to the table 13 (19.4) of the respondents said that their facilitators were not trained while 39 (58.2) of them said the facilitators were trained. Three (4.5%) were not able to tell and therefore they were undecided.

Need for trained facilitators

The respondents were asked whether there was any need to train the facilitators. The responses are presented in the following table;

Table 14: Need for training facilitators

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid sd-strongly disagree	2	3.0	3.0	3.0
d-disagree	4	6.0	6.0	9.0
a-agree	36	53.7	53.7	62.7
sa-strongly agree	25	37.3	37.3	100.0
Total	67	100.0	100.0	

According to the table on training of facilitators 61 (91%) of the respondents said that there was a great need for training of facilitators. Only 6 (9%) saw no need to train facilitators.

Availability for experts

The respondents were asked whether there were trained experts who were available to answer their questions in the areas of their concern. The responses are presented in the following table.

Table 15: Availability of Experts

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid sd-strongly disagree	5	7.5	7.5	7.5
d-disagree	18	26.9	26.9	34.3
u-undecided	7	10.4	10.4	44.8
a-agree	29	43.3	43.3	88.1
sa-strongly agree	8	11.9	11.9	100.0
Total	67	100.0	100.0	

The table on availability of experts to talk to the youth shows that 23 (24.4%) said that such experts were not available while 37 (54.2%) said that such experts were available. 7 (10.4%) were not aware of the experts availability.

Religion organizations and the provision of information on HIV/AIDS

The study sought to find out whether religious organizations provided information HIV/AIDS to the youth. The results are presented in the following table;

Table 16: Religious Organization provision of information

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid sd-strongly disagree	12	17.9	17.9	17.9
d-disagree	11	16.4	16.4	34.3
u-undecided	7	10.4	10.4	44.8
a-agree	26	38.8	38.8	83.6
sa-strongly agree	11	16.4	16.4 ^s	100.0
Total	67	100.0	100.0	

The table shows that 12 (17.9%) of the respondents strongly disagreed that religious organizations offered only information on HIV/AIDS while 11 (16.4%) disagreed with this statement. Twenty-six (38.8%) of the respondents indicated that religious organizations offered such information while 11 (16.4%) strongly agreed with this statement. Only 7 (10.4%) were undecided over the statement.

4.3.5. Opportunity for learning and availability of learning resources

The study sought information on whether there were opportunities for learning provided for the youth concerning HIV/AIDS and whether learning resources were available. In order to obtain this information six questions were developed for the respondents.

Availability of books, magazines and pamphlets on HIV/AIDS

The respondents were asked whether there were books, magazines and pamphlets provided to them in order to learn more about HIV/AIDS. The responses are presented in the following table

Table 17: Books, Pamphlets and Magazines on HIV/AIDS Information

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	sd-strongly disagree	8	11.9	11.9	11.9
	d-disagree	14	20.9	20.9	32.8
	u-undecided	3	4.5	4.5	37.3
	a-agree	31	46.3	46.3	83.6
	sa-strongly agree	11	16.4	16.4	100.0
	Total	67	100.0	100.0	

The table shows that 22(32.8%) of the respondents said that learning materials were not available while 42 (62.7%) said that leaning materials were available.

Video Shows on HIV/AIDS

The respondents asked whether they were shown video on HIV/AIDS as a means of increasing their awareness on the pandemic. The results are presented in the following table.

Table 18: Video shows to enhance HIV/AIDS Awareness

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	sd-strongly disagree	9	13.4	13.4	13.4
	d-disagree	12	17.9	17.9	31.3
	u-undecided	3	4.5	4.5	35.8
	a-agree	29	43.3	43.3	79.1
	sa-strongly agree	14	20.9	20.9	100.0
	Total	67	100.0	100.0	

According to the table on video shows to enhance HIV/AIDS awareness among the youth 21 (31.4%) of the respondents said that such videos were not shown to them while 43 (64.2%) of the respondents said that such videos were available.

Life testimonies by people living with AIDS

The respondents were asked whether they were given life testimonies by people living with AIDS. The responses are analyzed in the following table.

Table 19: Life Testimonies of people living with HIV/AIDS

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid sd-strongly disagree	1	1.5	1.5	1.5
d-disagree	9	13.4	13.4	14.9
a-agree	39	58.2	58.2	73.1
sa-strongly agree	18	26.9	26.9	100.0
Total	67	100.0	100.0	

Table 18 on the opportunities to experience life testimonies from people living with AIDS shows that 57 (85.1%) of the respondents were in agreement that such people living with AIDS were availed for life testimonies to the youth groups. Only 10 (14.9%) said such testimonies were not available.

Drama on HIV/AIDS

The respondents were asked whether they attended to drama staged to enhance HIV/AIDS awareness. The responses are presented in the following table.

Table 20: Drama on HIV/AIDS

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	sd-strongly disagree	12	17.9	17.9	17.9
	d-disagree	11	16.4	16.4	34.3
	u-undecided	4	6.0	6.0	40.3
	a-agree	31	46.3	46.3	86.6
	sa-strongly agree	9	13.4	13.4	100.0
	Total	67	100.0	100.0	

The table on presentation of drama on HIV/AIDS shows that 23 (34.3%) of the respondents said that drama was not used among their groups to enhance knowledge about HIV/AIDS. Forty (59.7%) said that in their groups drama was used as a means of enhancing this knowledge.

Seminars workshops on safe sex

The study sought to find out if the youth group members attended seminars and workshops on **HIV/AIDS** safe sex. The results are presented in the following table.

Table 21: Seminars and workshops on HIV/AIDS safe sex

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	sd-strongly disagree	1	1.5	1.5	1.5
	d-disagree	16	23.9	23.9	25.4
	u-undecided	3	4.5	4.5	29.9
	a-agree	34	50.7	50.7	80.6
	sa-strongly agree	13	19.4	19.4	100.0
	Total	67	100.0	100.0	

According to the table on whether the youth group members attend seminars and workshops on HIV/AIDS and safe sex, 17 (25.4%) indicated that they never attended

such seminars and workshops. Three (4.5%) were undecided on the issue while 47 (70.1%) of the respondents said that they attended such seminars and workshops.

4.3.6. Needs of the youth on HIV/AIDS Information

The study tried to find out the needs of the youth group members with regard to information concerning HIV/AIDS. In order to obtain this information four structured questions were developed. The open-ended questions sought information concerning opinion of respondents with regard to the content of information on HIV/AIDS.

Content of information on HIV/AIDS for the youth programmes

The respondents were asked to give their opinion regarding their needs for information concerning HIV/AIDS. The results are presented in the following table.

Table 22: Needs of information for the youth

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	no opinion	32	47.8	47.8	47.8
	sex education	7	10.4	10.4	58.2
	HIV/ AIDS awareness	28	41.8	41.8	100.0
	Total	67	100.0	100.0	

According to the table 7 (10.4%) of the respondents were of the opinion that sex education should be made part and parcel of the youth development programmes. The respondents said that sex education should be made part of the curriculum and efforts should be made to integrate this subject with the youth activities. Twenty-eight (41.8%) of the respondents said that HIV/AIDS education should be included in the youth programmes while 32 (47.8%) did not have a suggestion.

Efforts being made to provide information to the youth

The respondents were asked to evaluate the efforts being made by various stakeholders towards provision of information to the youth groups regarding HIV/AIDS. The results are presented in the following table.

Table 23: Efforts being made to provide information

	1	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	no opinion	17	25.4	25.4	25.4
	there is need for experience resource people	4	6.0	6.0	31.3
	video shows and books on HIV / AIDS	9	13.4	13.4	44.8
	drama/ concerts on HIV/AIDS	3	4.5	4.5	49.3
	increase awareness campaigns	30	44.8	44.8	94.0
	seminars on HIV/ AIDS	4	6.0	6.0	100.0
	Total	67	100.0	100.0	

According to the table 17(22.4%) of the respondents did not respond to this question. Four (6.0%) said that there is need for experienced people who can talk about HIV/AIDS to the youth group members. Nine (13.4%) said that video shows and books on HIV/AIDS need to be provided to the youth groups while 3 (4.5%) said that there was need to stage drama and concerts to raise HIV/AIDS awareness to the young people. The need to increase the awareness campaigns was suggested by 30 (44.8%)

of the respondents while 4 (6.0%) said that there was need for more seminars on HIV/AIDS.

Training of youth programme leaders

The respondents were asked to give their opinion on the training of the youth group leaders and facilitators. The results are presented in the following table.

Table 24: Training of youth programme leaders

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid no opinion	8	11.9	11.9	11.9
there is need to train more people	17	25.4	25.4	37.3
there is need for trained facilitators	42	62.7	62.7	100.0
Total	67	100.0	100.0	

According to the table on training 42 (62.7%) of the respondents said that there was need to train facilitators in these youth programmes with regard to HIV/AIDS issues while 17 (25.4%) said that the youth leaders needed more training. Eight (11.9%) did not have a suggestion.

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4.3.7. Suggestion on improvement of the youth programmes

The youth group members were asked to suggest ways through which youth programmes can be used to enhance knowledge about HIV/AIDS awareness. The respondents were also asked to mention some of the problems the youth groups were facing and the solutions, which were viable to the mentioned problems.

Suggestions through which HIV/AIDS awareness can be enhanced

The respondents were asked to suggest ways through which HIV/AIDS awareness can be enhanced among the youth. The responses are presented in the following table.

Table 25: Suggestions on improvement of HIV/AIDS awareness

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid no suggestion	5	7.5	7.5	7.5
awareness campaigns	20	29.9	29.9	37.3
workshops/ seminars on HIV/AIDS	16	23.9	23.9	61.2
singing/dancing/ concerts / drama and drama	25	37.3	37.3	98.5
magazines and video tapes	1	1.5	1.5	100.0
Total	67	100.0	100.0	

According to the table 25 (37.3%) of the respondents suggested that improvement of HIV/AIDS awareness among the members of the youth groups can be enhanced through songs, dances, concerts and drama. While 20 (29.9%) said that there was need for general awareness campaigns. Sixteen (23.9%) of the respondents suggested that there should be frequent workshops and seminars on the pandemic for the youth group members while 1 (1.5%) suggested the provision of magazines and videos. Five (7.5%) of the respondents had no suggestion.

Government Participation

The respondents were asked to suggest ways through which the government can enhance knowledge about HIV/AIDS. The results are presented in the following table.

Table 26: Suggestions on government participation

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid no suggestion	5	7.5	7.5	7.5
more funds to support HIV/ AIDS related projects	24	35.8	35.8	43.3
broadcasting on HIV/ AIDS	17	25.4	25.4	68.7
HIV/AIDS be one of taught subject in learning institutions	5	7.5	7.5	76.1
provide materials on HIV/AIDS	6	9.0	9.0	85.1
failitate youth efforts on HIV/ AIDS campaigns	10	14.9	14.9	100.0
Total	67	100.0	100.0	

The table shows that 24 (35.8%) of the respondents had an opinion that the government should provide more funds to facilitate campaigns by the youth programmes members on HIV/AIDS. Seventeen (25.4%) said that the government can participate in the awareness by offering programmes and broadcasts over the radio and television while 10 (14.9%) said that the government should provide methods of enabling the youth to enhance the campaigns. Five (7.5%) were of the opinion that HIV/AIDS should be included in the curriculum as a subject to be taught in schools while 6 (9.0%) said that the government should publish and distribute materials on HIV/AAIDS to the youth.

Problems facing the youth programmes in relation to HIV/AIDS knowledge

The respondents were asked to mention the problems facing the youth with regard to knowledge of HIV/AIDS. The results are presented below *

Table 27: Problems facing youth programmes

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid no problem	5	7.5	7.5	7.5
lak of enough knowledge on HIV/AIDS	20	29.9	29.9	37.3
lack of materials on HIV/AIDS	10	14.9	14.9	52.2
youth programmes are ignored	7	10.4	10.4	62.7
lack of finances	20	29.9	29.9	92.5
poverty	1	1.5	15	94.0
ignorant of parents and societ on HIV/AIDS	2	3.0	3.0	97.0
peer pressure	1	1.5	1.5	98.5
9	1	1.5	1.5	100.0
Total	67	100.0	100.0	

The above table shows that one of the major problems facing the youth with regard to HIV/AIDS is lack of knowledge. The problem was mentioned by 20 (29.9%) of the respondents. Lack of finance was also mentioned by 20 (29.9%) of the respondents, fen (14.9%) said that the problem the youth faced was lack of reading materials on HIV/AIDS while 7 (10.4%) said that the youth programmes are ignored. Parents ignorance on the importance of the youth programmes was mentioned by 2 (3.0%) while poverty and peer pressure was mentioned by 2 (3.0%) of the respondents. Five (7.5%) of the respondents had no suggestion.

Solution to the mentioned problems

The respondents were asked to, suggest solutions to the problems they mentioned. According to the respondents the government needs to be fully involved in the

campaigns to make the youths aware of the AIDS pandemic by providing reading materials on the disease. This would go a long way in demystifying the disease. Efforts should be made to promote groups dealing with HIV/AIDS campaigns while at the same time creating employment opportunities for the youth. The respondents also said that there is need for financial support to the families which are poor so that they can educate their children. The respondents also suggested that there is need to educate the society on HIV/AIDS and to train facilitators who would in turn educate the society.

4.4. Summary of the findings

The findings of this study could be summarized as follows:

1. The youth have a high awareness of the HIV/AIDS pandemic but they do not discuss the issues openly. The study also found that the issue of safe sex is not clear among the youth and that the youth group members are inquisitive about HIV/AIDS.
2. The study findings show that some efforts were being made to integrate HIV/AIDS issues with youth programmes but there was no coordination. The study also found that members were not positive towards discussing HIV/AIDS among themselves.
3. The study found that there was need to train youth leaders and facilitators so that they can be equipped with knowledge of HIV/AIDS. Experts should also be availed to these youth groups so that they can help demystify the disease.
4. The study also found out that there was need for availing learning resources such as magazines, books, videos, drama and life testimonies from victims.

There is need for information provision to the youth through the media and other government agencies

That the government should finance the youth groups so that they can be self-sustaining and in order for them to create employment. By doing so the youth would be kept busy and poverty would be alleviated.

CHAPTER FIVE

DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.0. Introduction

The purpose of this chapter is to discuss the findings, draw conclusions and also make recommendation based on the findings of the study. The chapter begins by providing a brief review of the study in retrospect and as a preparation for the conclusion and recommendations to be made.

5.1. Summary of the study

The study was designed to find out the extent of integration of HIV/AIDS education into development programmes in Kibera division, Nairobi. Its specific objectives were to determine the content of the youth programmes, to identify the efforts being made to incorporate HIV/AIDS into youth programme, to establish the availability of trained facilitators for the groups, to find out the availability of learning resources for the members and to investigate the perception of the youth members on the awareness levels of the youths participating in these youth groups.

Literature reviewed related to HIV/AIDS, the youth and AIDS, methods of intervention, integration of HIV/AIDS into youth programmes and facilitators. A total of nine youth groups were used from which both random and purposive sampling was done to obtain 97 respondents. A research instrument was developed and validated through a pilot study while lecturers from the faculty of education helped in validation of the content.

After collection of data analysis was done using descriptive statistics such as frequencies and percentages. The results were reported in a narrative form with a series of tables.

5.2.discussions and conclusion

From the research findings explained in chapter four several issues came up. The issues have been here under the following sub-headings.

- (i) Content of the youth programmes in relation to HIV/AIDS issues
- (ii) The efforts being made to integrate HIV/AIDS issues into youth programmes
- (iii) Training needs of the youth leaders and facilitator
- (iv) Availability of learning resources on HIV/AIDS
- (v) Provision of information on HIV/AIDS
- (vi) Need for government participation in youth issues

5.2.1. Content of the youth programmes in relation to HIV/AIDS issues

According to the research findings 27 (38.3%) of the respondents said that sex education was part of the matter included in their programmes. Likewise the respondents indicated that the frequency of discussing issues related to HIV/AIDS during their meetings was very limited. 35 (52.2%) indicated that they rarely discussed matters related to HIV/AIDS among themselves. The respondents also indicated their issues on safe sex were rarely discussed. 32% respondents cited this.

Integration efforts of HIV/AIDS issues into youth programmes

The analyzed data showed that some efforts were being made to integrate HIV/AIDS issues into youth programmes. This was being done through invitation of resource person to talk to the youth but it was not well coordinated. The youth also indicated that the attitude of the youth members towards discussion of HIV/AIDS issues was negative. This was cited by 41 (61.2%). It was not easy to integrate these issues of AIDS into youth programme activities.

5.2.3. Training of facilitators

The report showed that 51 (76.1%) of the respondents were in favour of training of facilitators of these youth groups. This would make it easy for them to integrate HIV/AIDS education into youth issues.

5.2.4. Availability of learning resources on HIV/AIDS

The report indicated that 42 (62.7%) of the respondents were able to access materials on HIV/AIDS but there 22 (32.8%) of them who were unable to access these materials. 43 (64.2%) of the respondents agreed that there was need to enhance the use of videos while 57 (84.2%) suggested the use of life testimonies.

5.2.5. Needs of the youth on HIV/AIDS information

The report indicated that 35 (62.2%) of the respondents were in need of information on sex education and HIV/AIDS education. They also indicated that there was need for experts on HIV/AIDS and that awareness campaigns needed to be increased.

5.2.6. Need for government participation in youth issues

The report indicated that there is need for more government participation in youth programmes through financing, broadcasting on HIV/AIDS issues and provision of materials. The respondents also cited some problems, which they need addressed. Such problems included lack of knowledge, lack of materials and lack of finance.

5.3. Conclusion

The purpose of the study was: to establish the content of the youth programmes in relation to HIV/AIDS; to identify the effort being made to incorporate HIV/AIDS education into youth programme; to establish the availability of trained facilitators on HIV/AIDS, availability of learning resources; to determine the information needs of the youth and investigate the awareness needs of the youth with regard to HIV/AIDS.

The study concludes that the content of the youth programmes in regard to HIV/AIDS is very limited. The study also concludes that the efforts being made to incorporate HIV/AIDS education into youth programmes are not enough and need to be increased by training facilitators on this issue and on methods of integration. The study also concludes that the awareness needs of the youth regarding HIV/AIDS and safe sex is quiet limited and that more efforts should be made by he government and the society in general to make more and more youth aware of the AIDS pandemic.

5.4. Recommendations

The following recommendations are emerging from this study:

1. In spite of high awareness of the youth on issues concerning HIV/AIDS there is need to avail, the latest information to the young people so that they can practice safe sex in order to survive.
2. More efforts should be made to integrate youth programmes with HIV/AIDS issues. This can be achieved through proper training of the youth leaders and facilitators. This would enhance positively towards discussion of safe sex.
3. The study recommends that learning resources such as magazines, pamphlets and video shows geared towards HIV/AIDS should be availed to the youth. The media should also be used to play a greater role in dissemination of information concerning the pandemic
4. The government and non-governmental organizations should fully participate in funding and sponsoring the youth groups in order to create employment, which would in turn occupy the youth. By engaging the youth in productive activities it is possible to reduce the time wasted in the acceptance behaviour which promotes promiscuity.

5.5. Suggestions for further study

1. Replication of the same study in other divisions or comparison of the situation in other slums in the country.
2. A study on the needs of the youth with regard to HIV/AIDS education should be carried out.

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APPENDICES

APPENDIX A

INTRODUCTORY LETTER TO YOUTH GROUP LEADERS

University of Nairobi,
Kikuyu Campus,
P.O. Box 92,
Kikuyu.
16th June 2006

Dear Sir/Madam,

I am a postgraduate student at the University of Nairobi undertaking a research study in Kibera Division. The title of the study is: **The extent of infection of HIV/AIDS issues in to youth development programmes in Kibera Division, Nairobi Province.**

You being the youth group leader have been chosen to participate in this study. I would appreciate if you consider spending sometime answering all the questions in the questionnaire provided as honestly as possible. I would like to assure you that whatever information you give in this questionnaire will be treated confidentially. Please do not write your name or the name of your group on the paper.

Thanks for your co-operation.

NZOKA, R. M.

Department of Educational Foundations,

University of Nairobi

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APPENDIX B

QUESTIONNAIRE FOR YOUTH GROUP LEADERS

You have been randomly selected to participate in this study, which is very important in helping planners in the integration of HIV/AIDS issues into youth programmes. The issues the questionnaire is seeking concern the content of HIV/AIDS information to the youth in your programme, the training needs of youth leaders on issues related to HIV/AIDS issues, the availability of materials on HIV/AIDS to your youth groups and the needs of the youth in your group with regard to HIV/AIDS issues.

The information you provide for this study will be treated with confidentiality and will not be used anywhere beyond the study. Therefore, do not write your name anywhere on the questionnaire or the name of your youth group. Feel free to answer the questions honestly and confidentially.

Section One

Part A: Background Information

1. Indicate your sex by use of a tick {/} Male L J Female a

2. Indicate your age bracket

Below 15	D	16-20	CD
21-25	D	Over 26	D

3. Your level of education

Primary level	I	D
Secondary level	•	a
University level	[J

Other (please specify)

4. What do you do to earn a living

Permanently employed a Temporarily employed o

Casual employee O not employed a

Self-employed a

5. Do you live in a rented house?

Yes D No D

Section B

This section contains statements on MIV/AIDS issues in your youth programme. You are given a scale against which you are going to indicate your feelings or opinion with regard to the statement. What you are asked is referring to your youth programme.

The scale is:

SD - Strongly disagree D - Disagree

U - Undecided A - Agree

SA - Strongly Agree

STATEMENT	SCALE				
CONTENT	SD	D	U	A	SA
1. My group is aware about HIV/AIDS issues					
2. We discuss sexual matters freely					
3. Each time we meet we talk about HIV/AIDS					
4. We discuss issues on safe sex					

5. The members raise issues concerning HIV/AIDS					
6. We invite people to talk to us about safe sex					
STATEMENT	SCALE				
CONTENT	SD	D	U	S	SA
EFFORTS					
1. We have discussed methods of including HIV/AIDS into our programme.					
2. There are people who come to talk about HIV/AIDS to us					
3. Talking about HIV/AIDS for members is fun.					
4. We find it easy to integrate HIV/AIDS information with our other activities.					
5. We find talking about HIV/AIDS unacceptable in our group.					
6. Religious leaders come to talk about HIV/AIDS to us.					
TRAINING					
1. Our facilitators are trained on HIV/AIDS issues					
2. There is need to train our facilitators on HIV/AIDS.					
3. Trained experts come to talk to us on HIV/AIDS and STDS.					
4. Religious Organisations provide information to us on HIV/AIDS					
5. Our facilitators have no Knowledge about HIV/AIDS issues.					

6. Our facilitators are shy when talking about sex related issues.					
STATEMENT	SCALE				
CONTENT	SD	D	U	S	SA
LEARNING RESOURCES					
1. We get books/pamphlets/magazines on HIV/AIDS information.					
2. We are shown Videos on HIV /AIDS					
3. We get life testimonies by people living with AIDS.					
4. We stage drama on HIV/AIDS.					
5. We attend seminars/workshops on safe sex.					
6. There is need for materials on HIV/AIDS for our group.					

SECTION C

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This section requires your honest opinion on the needs of your youth groups concerning information on HIV/AIDS.

In your opinion, what are the needs of your youth groups in relation to HIV/AIDS on the following? Explain briefly.

1. The content of information on HIV/AIDS for youth programmes?

2. The efforts being made to provide information on HIV/AIDS to youth programmes.

3. Training of youth programme leaders/facilitators on HIV/AIDS facilitation

s

4. The availability of HIV/AIDS materials to youth programmes

SECTION D)

1. Suggest ways through which youth programmes can be used to enhance knowledge about HIV/AIDS awareness

In what way do you think the government can enhance knowledge about HIV/AIDS to the youth.....,

What are the problem facing youth programmes in relation to HIV/AIDS knowledge

Suggest ways through which the problems you have mentioned above can be solved

THANK YOU FOR YOUR COOPERATION