

**FACTORS CONTRIBUTING TO THE RISE OF HIV/AIDS AND THEIR EFFECTS IN
HOMABAY COUNTY: A CASE STUDY OF HOMABAY TOWN, *KIJAWA* AND *WIAMEN***

BY

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DECLARATION

This project is my original work and has not been presented for any other award of degree in any other institution of learning.

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This research project has been submitted with my approval as the university supervisor.

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DEDICATION.

I dedicate this work to my mum for seeing me through my education and to all the people of Homabay town, *kijawa* and *wiamen*.

ACKNOWLEDGEMENT

I would like to thank the almighty god for seeing through the research period and giving me the life and courage to carry with this work.

I would also like to thank my supervisor Ms. Mumbi Guchure for the criticisms. She made sure I did the correct thing throughout the period of research.

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ABSTRACT

The study focused on the factors contributing to the spread of HIV/AIDS in Homabay Sub County. Homabay County as a whole was ranked the first with the highest number of new infections in 2014 and Homabay Sub County being ranked number 2 with the highest infections. The study investigated why it was ranked to be among the highest with infections. The study used a descriptive research design that was used to depict the characteristics of the participants. The study population was 60 and a random sampling technique to reach the sample size of 20 from each location. The data collection methods used were administering of questionnaires observation and interviews. Two theories were developed that is Erickson psychological theory that tackles the stages of man and conflict theory founded by Karl Marx. It was found that cultural practices had taken the lead in the spread of HIV/AIDS and that was one major reason why Homabay was ranked among the top with the highest infection. The other factors included poverty and the fishing industry network. The spread of the disease also impacted some effect to the economy and the individuals. The paper also discussed the measures that were to be put in place to curb the spread of disease and again it was suggested that cultural practices (harmful) should be done away with. This would lead to a change in all the other factors. Since HIV/AIDS had been declared a disaster and to curb this pandemic all the individuals were to come together in love to help prevent the spread of this pandemic.

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List of abbreviations

| | |
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| EGPAF | ELIZABETH GLASER PEDRIATRICFOUNDATION |
| HIV | HUMAN IMMUNO DEFICIENCY VIRUS |
| AIDS | ACQUIRED IMMUNO DEFICIENCY SYNDROME |
| UNAIDS | UNITED NATIONS PROGRAMMES ON HIV AND AIDS |
| CDC | CENTRE OF DISEASE CONTROL AND PREVENTION |
| NASCOP | NATIONAL AIDS AND STI CONTROL PROGRAMME. |

CHAPTER ONE

1.0 INTRODUCTION

It is regrettable that HIV has become associated closely with the sub Saharan Africa, especially since the effects are more than clinical. Kenya as a country is not exceptional. A report by the ministry of health in June 2014 showed that Homabay County was the leading with new HIV infections; that is 15,003 people. These numbers are quite shocking with many other similar studies almost give the same results.

This pandemic has brought a lot of stigma for the people of Homabay Sub County since it's second after Mbita with the spread of HIV/AIDS. Several factors have contributed to this and the main one being cultural practices. The people living around the place who are from other counties have somehow developed a negative thought towards these results and most of them have resulted to go back to their respective places. This has caused a decline in economy in the town and its environs. Those vulnerable to this pandemic are mostly women and children. Previous studies done by aids ELIZABETH GLASER PEDIATRIC FOUNDATION (EGPAF) shows that more than 19000 children in Homabay counted are infected and only 8000 are on drugs and the biggest percentages of these children come from Homabay Sub County. These results raise several questions that need answers.

1.2 STATEMENT OF THE PROBLEM

Majority of the HIV AIDS prevention campaigns has given limited attention to contextual and structural barriers that prevent community from accessing HIV/AIDS and health information services. Culture is one of many factors influencing human behaviors; it is a determinant of social accepted behavior, value systems, beliefs and practical knowledge. It includes traditions and local practices, taboos, religious affiliations, gender roles, marriage and kinship patterns (Korner, Henrico 2007, and p.137). In this regard socio- cultural norms are some of the key issues that have rendered HIV prevention a challenge in Homabay.

Homabay Sub County is the second leading in infections of HIV/AIDS in the entire Homabay County. Cultural practices like wife inheritance and sexual behaviors have taken the lead in the spread of the virus among the people living in the place. Some of the people are also ignorant and they assume like it is like any other diseases until that time they are diagnosed with the virus. These factors have brought some negative effects on the economy of the place since most individuals do not want to mingle with other members to bring change to their lives because of low self-esteem in them.

Many more children too are getting infected with this virus and some are left as orphans because of the death of their parents at an earlier age. Among these children only a few are introduced to drugs but many more are living with the virus but are not under medication yet. Some parents are just relaxed to take their kids to hospital because of the perception they already have about the people surrounding them.

1.3 RESEARCH OBJECTIVES

- I. To examine why cultural practices have taken the lead in contributing to the rise of HIV/AIDS in Homabay Sub County
- II. To find out how this pandemic has contributed to the fall of the economy in Homabay Sub County.
- III. To establish possible ways of curbing the factors fueling the rise of HIV/AIDS and how the victims can be assisted to join hands in order to improve the economy of the place again.
- IV. To find out how this pandemic has affected the individuals.

1.4 RESEARCH QUESTIONS

- I. Why cultural practices have taken the lead in the spread of HIV/AIDS?
- II. How HIV/AIDS pandemic has led to the fall of economy in Homabay Sub County?
- III. Which are the possible ways in dealing with these factors and how can the individuals be assisted in improving their economy again?
- IV. What are some of the effect of HIV/AIDS virus on individuals?

1.5 JUSTIFICATION OF THE STUDY

Examining the factors leading to the rise of HIV/AIDS and its effect on the economy and the people will help the population around and the donors find ways to help curb the pandemic in the place. This study is going to be of great importance since the victims would be involved in participation that will enhance their self-esteem and make them speak out their minds. It's through these participations that solutions to several problems will be generated.

One of the ways to curb the pandemic is through awareness. The people need to be educated on the factors contributing to the rise of HIV/AIDS and its effect to the economy and to them too. They also need to be involved in small business enterprises since this will make them more engaged than just staying idle around.

1.6 SCOPE OF THE STUDY

The study focused on the several factors fueling the spread of HIV/AIDS in Homabay Sub County and its effects on the economy and the people. It will also look at ways of curbing the pandemic from spreading. The study found out what were the major factors fueling the spread of HIV/AIDS and ways in which to curb the spread of this deadly pandemic. The study covered three areas in Homabay County that is *Wiamen, Kijawa* and Homabay town. Its main focus will be on children aged 10- 17 years and adults of 18 - 50 years of age. These were the groups that were mostly affected in that place.

1.7 LIMITATIONS OF THE STUDY

However much I need the research to be successful and bring about better solutions to the people of Homabay there are certain things that will hinder the research from attaining best results. These include;

- I. Since I will be required to move from one place to the other and print out the findings of the study I will need money for all these. This will be a bit expensive since there are not enough funds to carry out the entire project

- II. The time allocated for the study will be limited.
- III. Some of the targeted members may also not be willing to give out the required information so this will make some of the information not be captured in the research paper.

1.8 DELIMITATION OF THE STUDY

The study helped in finding ways in curbing the spread of HIV/AIDS through its findings and that was a plus to the sub county.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 INTRODUCTION

This chapter introduces the various ways through which this pandemic has been fueled and the prevention taken by different sectors to curb the spread. It will also look at the theoretical framework and conceptual frameworks that have been used to study about HIV/AIDS.

2.2 LITERATURE REVIEW

HIV/AIDS is still a major epidemic worldwide despite considerable advances in the diagnosis treatment and prevention of the disease over the last 20years. The first case of HIV/AIDS was reported in the early eighties (80s) in Los Angeles by the Centre of Disease Control and Prevention (CDC). According to(UNAIDS 2009) report some 60 million people have been infected worldwide since the start of the epidemic, nearly 30 million people have died of HIV/AIDS related cases and there are 14million children orphaned due to HIV deaths in southern Africa alone. In 2009, the same report cited an estimated number of 2.6million people newly infected with HIV. At the end of 2010 more than 34million people were reported to live with HIV.

The disease was considered to be pandemic by the CDC as of august 2006.today sexual intercourse is the, main course of HIV transmission. Understanding health problems while also creating prevention programs to promote safe sex program are challenging issues in every country impacted by the epidemic. Despite more than a decade of work in the field of HIV/AIDS prevention, global estimates of HIV infections indicated that 34.0million were living with HIV at the end of 2011. Sub Saharan Africa remains most severely affected with nearly 1 in every 20 adults (4.9%) living with HIV AIDS and accounting for 69% of the people living with HIV/AIDS worldwide (UNAIDS global report on HIV 2012, p.11).

Kenya as one of the sub Saharan countries and severely affected, it declared HIV/AIDS a national disaster in 1999, since then it has witnessed an upsurge in behavior change campaigns to prevent the disease from causing future destruction of the economy. (Ministry of health, 2014), recent statistics have indicated that there are 88,000 now infected by the end of 2013, with highest statistics recorded in HOMABAY. The question many people are asking is; what is the challenge? A newly study shows that HOMABAY county bears the largest brunt of the HIV /AIDS scourge in Kenya with Mbita, Ndhiwa and Homabay sub counties among the top. Out of the 1.6 million people affected 10% or 159,970 were in Homabay in 2013 as were 4,269 people of the national total who died of aids related complications.

According to the first Homabay Multi-Sectoral Aids Strategic Plan (2014/2015-2018/2019), the main drivers of HIV/AIDS are poverty cultural and sexual attitude and behaviors, the fishing industry networks, lifestyle related factors health risk behaviors and professional related issues.

2.3 CULTURAL PRACTICES FUELING THE SPREAD OF HIV/AIDS

2.3.1 Wife inheritance

This is a custom practiced by the Luo people of the western Kenya. In this practice “if a man dies one of his brothers or close relatives inherits his widow and must meet all her marital requirements. Its local name is “tero”. As early as 1993 it was named as a factor in the spread of aids among the Luo people. (According to a 1999 article) “The Luo council of elders a recently formed organization, said in February that wife inheritance should be reserved for widows who are not infected with HIV/AIDS virus.” This was disputed instantly because no one could come out clearly and confess that he or she is infected and therefore should not be inherited. A year later the provincial commissioner, Peter Raburu issued a ban on widow inheritance.

This practice was meant to ensure that the women got marital support and her sexual needs were met but it changed its meaning since most men were now taking advantage of the situation. The men only wanted to inherit the resources left behind by the diseased

and to have sexual intercourse with the widow but did not want to take responsibilities. They also wanted to have multiple sexual partners to quench their greed and sexual pleasures. This ritual was always done without a condom and so when one was infected the virus could end up spreading to all these people involved with these men. Below is a story of one Catherine from Kijawa with a story of the same:

A recent extensive tour by Elizabeth Glazer Pediatric Foundation (EGPAF), President Charles Lyons to Homabay County attested to the donor concern of the grim HIV/AIDS scenario in the county a situation mostly linked to high risk sexual behavior. The sad story of Catherine paints a picture of how outdated cultural practices have fueled the spread of the pandemic. When her husband died in 2005, tradition stipulated that she be taken by her brother in law as a second wife. One year after the inheritance her co-wife died and in 2008 the brother in law died too after leaving her with her four children plus three of her co wife. The brother in law before his death tested HIV positive and unfortunately for Catherine she too was tested positive but now on drugs. Catherine was left a widow with seven orphans two of which were also positive though not on drugs.

2.3.2 Widow cleansing

Because a widow is unclean, she is obliged to undergo a ritual cleansing ritual immediately after her husband's death. Some articles also mention cleansing a widow by forcing her to sleep with a madman or social outcast to ward off evil spirits before her new husband enters her bed as a risk factor of HIV/AIDS. The cleansing starts three days after the husband burial. A stranger is sought to stay with the widow overnight and have sexual intercourse. Selected community elders will stay awake overnight to make sure the actual thing is done. The stranger must be an insane person because it is believed that once you cleanse then you would never be normal again because you will carry with you the entire evil burden from the clan. Another trick is to make the stranger drunk on traditional liquors to confuse him such that he wouldn't know what is going on and will be forced into the act. Today this practice is commercial. The people who perform this act ask for as much as Kshs10, 000 to perform the act. This practice is very rampant in Kijawa area. Take for an example this mad man or stranger was HIV positive and during

the act the woman was infected, the man that will come after too has got high chances of getting positive and he has a wife too. This virus can spread to many people in this village since this man might have not only inherited this widow only but also others in different places.

2.4 POVERTY

The most extreme version of the poverty causes aids argument is that by Stillwaggon (2000, 2002, and 2006). She argues that malnourished people especially those infected by worms, weakened by tuberculosis (TB), malaria and burdened by untreated sexually transmitted infections are particularly biologically vulnerable to HIV.

2.4.1 How has poverty fueled the spread of HIV AIDS?

Undisputable fact is that 14000 people in sub Saharan Africa are being infected daily with HIV and 11000 are dying every day due to HIV/AIDS related illnesses. More than 60% of people live below UN poverty line of us\$1 per day. Studies show that poverty and HIV/AIDS are in correlation. Poverty includes deprivation, constrained choices and unfulfilled capabilities. This makes people to strive to get basic needs and thus indulge in to risky behaviors e.g. Commercial sex work which can bring basic survival resources. It is not simply that information education and counseling activities are unlikely to reach the poor but that such messages are often irrelevant inoperable given the reality of their lives. Many of the poorest are women who often act as the household heads. Inevitably, they are always engaged in commercial sexual transaction but more often as part of survival strategies for themselves and their dependents and descendants.

2.4.2 Commercial sex and poverty

Commercial sex workers are perceived to be highly instrumental in the HIV/AIDS pandemic as a high-risk group, reservoir of infection and a bridge into the general population. Commercial sexual exploitation of children has the underlying cause in poverty, gender discrimination traditions and belief. United nation development program (UNIDP) in their annual report noted that women victims of poverty are at high risk

unwanted pregnancies and of contracting HIV/AIDS and STIs. The majority who manage to escape sex trade face social stigma, family rejection, and shame, fear of retribution and loss of future economic prospects. Poverty driven sex work carry the risk of unprotected sex.

2.5 THE FISHING INDUSTRY NETWORK

According to statistics from the Ministry of Health, National Aids and STI Control Programme (NASCOP) in the most at risk population surveillance report 2012, fish folk had the highest prevalence standing at 33.7%, compared with other occupation. The main risk factor for HIV transmission in the fishing sector was families living apart. Homabay Sub County is situated along the shores of Lake Victoria. Many individuals mostly the youths and middle-aged women indulge in the fishing activities as their main occupation. There is increasing global evidence that fish folk are particularly vulnerable to HIV. Most fishermen stay away from home for longer periods of time frequenting commercial sex workers and or having transactional relationships with second wives at different steps. These are all risk factors (Carswell, Lloyds and Howells 1989). These people give fish in exchange of sex to the fishmongers. It is a custom and by the look of things the people involved are comfortable.

Once the boats arrive at the shore during the night there are two groups of women waiting to be attended to; commercial sex workers and the fishmongers. This session always takes a shorter time and for that reason nearly all the participants do not use condoms since there is no time for that. Poverty among women adolescent and widows has contributed largely to the sex for fish economy which has led to irresponsible sexual behavior adding most of the men and women are married. Hegler Misiokis says “gender inequality compounded by poverty put women at risk of exploitation and makes it difficult for them to insist on condom because they need the money. The irregular working hours would seem to put the fisher folk among those least likely to access anti – retroviral therapy yet they are among the vulnerable”

2.6 HOW THE SPREAD OF HIV /AIDS HAS CONTRIBUTED TO THE FALL OF ECONOMY

2.6.1 The impact on macro economy

HIV/AIDS affects economic growth by reducing the availability of human capital. Without proper prevention, nutrition healthcare and medicine that is available in developing countries, large number of people are falling victims to aids. The impact of HIV/AIDS on the macroeconomic environment takes two dimensions. Namely the direct and indirect costs (Balyamujura et al, 2000:14). The former refers to the cost of treatment associated with HVI related illness, which has serious implications for health care budgets around the region. Those segments of the population that are poverty-stricken stand to lose the, most as pressures on health budgets increases resulting in higher medical costs. Indirect cost are more difficult to measure as they refer to loss of value of production, the loss of current wages, the loss of present value of future earnings, training cost of new staff, high staff turnover, cost of absenteeism, high recruitment costs, the drainage of savings amongst others.

The repercussions of HIV is felt acutely at the household level, with the burden weighing most heavily on the poorest households, those with the fewest resources with which to cushion the economic impact(Barnett et al, 2001: 158).

2.6.2 The impact on rural economy

It is widely acknowledged within general development literature that the urban and rural economies are usually intrinsically interlinked and that incomes within the rural environment depend upon wages earned within the urban economic environment. Thus it is clear that the impact of HIV/AIDSs on the formally largely urban-based economies of southern and eastern Africa will increasingly have an impact in reducing the options and the cash flows between the two sectors. The prevalence of HIV/AIDS in rural areas is not adequately documented due to poor health infrastructure, restricted access to health facilities and inadequate surveillance (HSRC, 2001a; Topouzis, 1999). According to Sehgal (1999) the effects of HIV/AIDS within a community includes:

- a. Redistribution of scarce resources with an increasing demand for expenditure in health and social services
- b. A collapse of the education system due to high morbidity and mortality rates amongst educators and learners.
- c. Young and less experienced workers replacing older aids related casualties causing reduction in productivity.
- d. Employees becoming more likely to face increased labor cost because of low productivity, absenteeism, sick leave and other benefits (attending funerals), early retirement and additional training costs.

2.6.3 Impact on agricultural production

The impact of HIV/AIDS in agriculture is very severe. These impacts include: serious depletion on human resources, diversions of capital from agriculture, loss of farm and non-farm incomes and other psychosocial impacts that affect productivity (Mutangadura, Jackson and Mukurazita, 1999). The adverse impacts of HIV/AIDS on the agricultural sector can be largely invisible (Topouzis, 2000). The impacts are often difficult to distinguish from factors like drought, civil wars and other shock crises (Topouzis, 2000). For these reasons, the development effects of HIV/AIDS on agriculture continue to be absent from the policy and program agendas of many places. Many studies that have focused on the specific sectors of the economy like agriculture have been limited to showing the wide variety of impacts and their intensity on issues such as cropping patterns, yields, and nutrition or on specific population. They have not touched on questions such as the effects of changes in prices of commodities like tea and coffee and the rights of women and children (du Guerney, 2000: 4).

2.7 Effects of HIV/AIDS on individuals and family

2.7.1 Decrease in family income

Research indicates that up to 45 percent of people living with HIV are unemployed (Rabkin, McElhiney, Ferrando, Van Gorp, & Lin, 2004). This can make regular employment difficult. Persistent sickness/illnesses the most common reason for decrease in family income. Some of individuals infected use a lot of money for treating themselves

and at times end up selling their assets to help themselves. They drain all their savings and channel them towards treatment. In cases where the person affected was the sole provider of the family, his provision may stop since this person has not enough energy to produce what he used too. This too may make the family end up using all their resources for treatment. This may also result to some of the school going children drop out of the school due to financial constraints.

2.7.2 Discrimination and rejection by other family members

An individual affected by HIV/AIDS tend to isolate (Dr. Lili et al, February 2009). Some of the infected members face rejection by their family members who do not want to get into terms with the results of the tests done. Some of them are discriminated to the point that they are isolated from other family important meetings and activities. This happens because the family members are not aware that the disease cannot be spread through contact or sharing of objects like plates. Some also tend to think that these people affected are immoral and they have gone against the wish of the gods.

2.7.3 Stigmatization

This affects most of the members the moment they realize they are positive. They tend to think too much on how to convey the message to their close family members and how these people will receive the message. This though affects many of them and they end up hiding their status and affecting more people with the virus. Dr. R. I. Sowell et al (1997) reported that individuals affected by HIV often face stigma and isolation and can significantly reduce their quality of life

2.8 Measures taken to curb the spread of HIV/AIDS

Since the major factors fueling the spread of HIV/AIDS are cultural practice, the fishing industry networks and poverty as have been discussed above: there are measures that have now been put in place to curb them. Strategies have been developed for reducing the impact of HIV/AIDS on fishing communities by studying the root causes of the epidemic and tackling them.

- Poverty being the first problem, saving schemes have been commenced for vulnerable women and children mostly girls in fishing communities to promote self-reliance which can be viewed as a measure for reducing the sex for fish transactions. The fishermen and those involved have been urged to be responsible and to avoid reckless sexual behavior.
- Human capacity development: sensitization of the prevention of HIV/AIDS and taking care of the affected and infected individuals should be done across the borders of the country. Information increases the level of certainty in any human decision process; Little Wonder, Edewor (2010). According to Bibi P. et al (2006) awareness campaigns pays particular attention to specific issues on the transmission and management of HIV/AIDS at large. This will make a very large number of people aware of the disease and the ways to curb and tackle it. Some individuals are always stigmatized when they find out that they are positive and hence start excluding themselves from others and even fail to produce like they used to do. These individuals should be taken for counseling classes for them to get used of their situation and understand that is not the end of life. Individuals should be trained too and the training should be health oriented: how they should carry out themselves responsibly
- Some of the cultural practices like wife inheritance and those surrounding sex should be stopped with an immediate effect since it is the largest percentage of factors spreading HIV/AIDS. A recently conducted study reveals that in several countries, cultural practices hinder the fight against aids (Achieng, J., 1999). However, no matter how good some of these cultures are there is a need to adapt them to the new social, political, economic and cultural climate that exists these days. Achieng (1999). The clan elders should be the people on the fore front and the women since they are the once affected mostly to curb this practice.
- Health facilities should be increased in number in every place for individuals to get access to the hospitals. Inadequate health facilities have made several individuals to boycott taking medicine because of the distance for getting medication and some others have died because they can't access these facilities easily due to inadequate funds.
- Every individual should be aware of his or her status despite the occupation she or he is in. knowing your status will help you know your boundaries as far as the social life is concerned. Those who have already known their status too should stick to medication as

prescribed by their doctors. This will help them add more days of their lives and work out the future for their kids and themselves too.

- The county government of Homabay has issued every social institution with condoms that will help individuals to prevent themselves from infectious diseases. The effectiveness of condoms depends on how consistently and correctly they are used. If they are not used correctly, then the risk of an exposure to and transmission of HIV increases (Crosby R, Bounse. S, 2012). This act will see to the drop of HIV infection in the place. The condoms are free of charge and are up to reach to very many people.
-

2.9 Theoretical framework

This study is going to be done used under the following theories:

1. Conflict theory
2. Erikson's psychosocial theory: generativity vs. stagnation

2.9.1 Conflict Theory

conflict theory is a theoretical approach which views social behavior from the perspective of conflict or tension between two or more groups(Rogers 1961 ,p.106) this theory originates from the philosopher Karl Marx who argued that society is divided into social classes who compete for and the same finite resources. This competition creates polarization, conflict and untimely a change in the status quo. During the completion one group of the society will inevitably gain advantage over another and begin to exploit the rival subordinate group. For instance, the men always want to remain at the top and demand respect from the women. This has made women vulnerable in that they do as asked by the men. They are sexually abused and since the men have an advantage over them they just do as requested of them to earn a living.

W.E.B Du. Bois (1903) expanded on Marx's concept of conflict theory by taking into account how racial and ethnic inequalities create bias and prejudice in society. In order to have conflict this theory proposes that there must be inequities between two societal groups. They eventually cause an imbalance in power and lead to the creation of a super

ordinate and subordinate and group. Those in the super ordinate group will have authority over those in less powerful societal positions. For instance, in this case of the fishmongers, since the women need to earn a living they give in to the men who demand for sex in return for fish because they have less authority. This authority includes the expectation of control (it is the key maintaining the status quo which consists of systematic inequalities). A conflict theorist will explain higher rates of HIV and AIDS within these groups are being the result of structural factors that contribute to prevalence of low income families, high crime neighborhoods and diminished political power.

2.9.2 Erikson Psychosocial Theory: Generativity vs. Stagnation

Erikson theory of psychosocial development proposes that a person progresses through eight stages which extend throughout one's lifespan. He argued that we move through each stage with developmental tasks and resolving crises unique to each stage (Rogers, 1959 p.86). Stage seven is defined by the struggle between generality and stagnation. This stage is characterized by the individual's decision to move beyond self-interest and begin to become invested in others. Those who do not move past self-absorption may enter a period of stagnation involving feelings of depression and isolation (Rogers, 1959 p.87). Generativity is a concern for people besides you that usually develops during middle age. This stage is especially defined by need to nurture and guide younger people and contribute to the next generation.

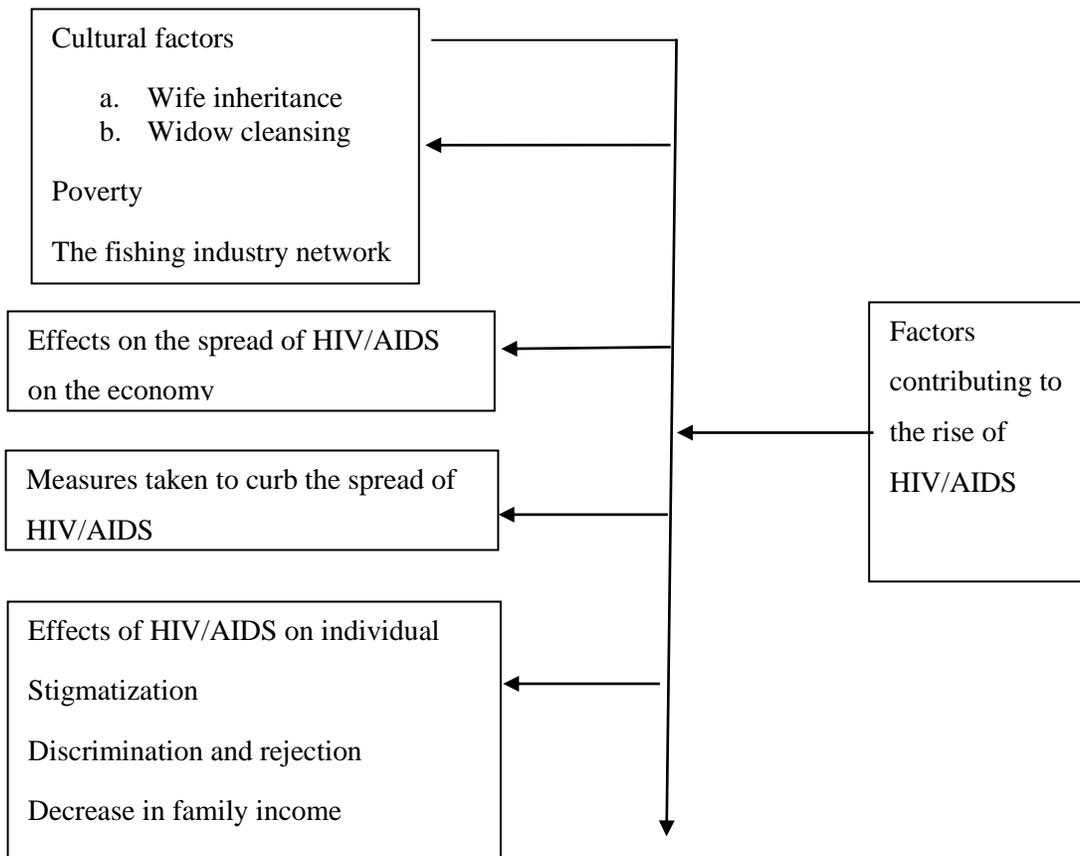
It also involves an expanded interest in the world beyond the self. Adults in this stage start to become invested in their careers family and community. Generative people have an impact on the world through caring for others, creating things and accomplishing important tasks. Stagnation happens when a person fails to find a way to contribute. Individuals in this phase may feel disconnected from the community and the society as a whole. Those who do not engage their surrounding are unproductive and uninvolved. The most important factor to stagnation in middle adulthood involves social stigma. HIV related stigma has been defined as prejudice, discounting, discrediting and discrimination directed against persons perceived to have HIV or AIDS (Brennen, 2009) and depression (Gros, 2010; Emlet, 2007).

2.9 Conceptual framework

A conceptual framework is an analytical tool with several variations. It is used to make conceptual distinctions and organize ideas.

Independent variable

dependent variable



CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.0 INTRODUCTION

This chapter described the methods that were employed to provide answers to the research objective of this study as listed in chapter one. Aspects of research methodology such as research design, data collection, data analysis and the analytical model has been discussed in this chapter. The research design adopted was descriptive in nature.

3.1 Research design

This study adopted a descriptive research design. According to Cooper and Schindler (2011), descriptive research involves the quantitative summary of data set that has been collected. Ogula (2005) says it involves the collection of data that will provide an account or description of individuals grouped or situations. It is also the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure. Descriptive research design describes what exist at the time and then goes on to try and uncover new facts and meaning. Its purpose is to observe describe and document aspects of a situation as it occurs. Therefore, this study intends to use descriptive research design to depict the participants in an accurate way through observations, interviews and use of questionnaires.

3.2 Research site

The study was carried out in three places Homabay town, *Wiamen* and *Kijawa* village all bordering Lake Victoria. The climate of these places were hot and wet and the main occupation was agriculture and fishing; though in Homabay town there are many kinds of activities taking place since it's a central place. Most of the people occupying these places were *luos* but there were also different tribes from all over Kenya who had come to do mainly business. All the places had a population of about 100,000 people in total with Homabay having about 60,000 people.

3.3 Target Population

Target population contains members of a group that the researcher is interested in study. Mugenda and Mugenda (2003) define population as an entire group of individuals, events or objects with some observable characteristics.

3.4 Sample size and procedure

It is a representative number derived from the target population by employing scientifically accepted techniques. The main reason for sampling is to collect some of the element in a population so that the researcher can draw conclusion about the entire population. This study will use the random sampling technique which is the purest form of probability sampling that ensures that each element has equal chances of being included in the sample. This will require obtaining the full list of the entire population then randomly select individuals from the list for the sample. A sample of 20 members from each location mentioned above is going to be used to get the information required.

3.5 Data collection methods

Data collection is the process of collecting the information needed to answer the research problem. The methods are ways in which these data or information is going to be gathered in the field. The instruments are methods going to be used in the study. They include: questionnaires, interviews and observations. To elicit information from the community, primary data is to be collected through questionnaires and interviews from the respondents and secondary data from reports and journal of the county government.

3.5.1 Questionnaire

These are predefined series of questions used to collect information from individuals. According to Mugenda and Mugenda (1999) questionnaires give detailed answer to complex problems. It addresses all issues necessary for giving credible information. They have closed structured questions.

3.5.2 Interview schedule

Interviews seek to describe the meanings of the central themes in the life world of subjects. Its main reason is to understand what the interviewee is saying. They are particularly useful for getting the story behind participants' experiences.

3.5.3 Observations

Observation is a systematic data collection approach. It fosters an in depth and rich understanding of phenomenon, situation and setting and the behavior of the participants in that setting Bogdewic (1999). The observer observes the behavior of the participants.

3.6 Sampling techniques

Sampling is the shortcut method of investigating a whole population. Data is gathered on a small part of the whole parent population or sample frame and used to inform what the whole picture is like. In this study, a sample random will be used in which every unit in the location will have an equal chance of being included in the sample. 20 people will be collected randomly from each location and a total of 60 respondents will be used in the study

3.7 Data analysis

This is the process of systematically applying statistical and or logical techniques to describe and illustrate, condense, recap and evaluate data. According to Shamoo and Rensik (2003), various analytical procedures provide a way of drawing inductive inferences from data and distinguish the signal from the noise present in the data. The data collected will be analyzed using descriptive statistics (frequencies and percentages) and inferential statistics. It helps us figure out the frequencies of values observed through description of data and determining the respondent degree of agreement with the various statements. SPSS (statistical package for social scientists: is a data management and statistical analysis too which has a very versatile data processing capability) Babble, E et al, (20003) will be used in analyzing the data and presenting the results using tables, texts, graphs and charts. The SPSS version that will be used will be a one-way ANOVA (a one-way analysis of variance) which is used to test differences in the means of the

dependent variable broken down by the levels of the independent variable. The data therefore will be presented using cross tabulation, frequency tables and interactive graphs

3.8 Ethical considerations in research

Ethical considerations are an accumulation of values and principles that address questions of what is good or bad in human affairs. Can be addressed at individual or societal level. Ethics searches for reasons for acting or refraining from acting, for approving or not approving. Conduct for believing or not believing and denying something about virtuous or vicious conduct or good or evil.

3.8.1 Voluntary participation

This means that one is not coerced to participate in the project. Therefore the (participants) are free to withdraw without posing negative impact on the involvement. Willingness should come from the person's heart.

3.8.2 Informed consent

This means that participant is fully informed of the research to be carried out. They need to be much aware of the purpose of the project and how its finding will be used. The main purpose of this is that the participant will be able to make informed decisions whether you will be able to participate or not.

CHAPTER FOUR

DATA PRESENTATIONS, ANALYSIS AND INTERPRETATION

4.0. Introduction

This chapter highlights the data presentations, analysis and interpretation. It explains the findings of the research that had been carried out and presents the findings in tables and figures.

4.1. Number of respondents

The total number of respondents interviewed was 60, that is, 20 members from each group. There were 34 women, 10 men and 16 children who were converted into percentages as 56.6%, 16.7% and 26.7% respectively. Women respondents were many followed by children and the least were men. These numbers are shown in the table below

Table 1 number of respondents according to gender

| Location | Number of respondents | | | |
|---------------|-----------------------|-----------|-----------|-----------|
| | Men | Women | children | Total |
| Kijawa | 4 | 12 | 4 | 20 |
| Wiamen | 2 | 8 | 10 | 20 |
| Homa bay town | 4 | 14 | 2 | 20 |
| Total | 10 | 34 | 16 | 60 |

These numbers were presented in the pie chart as shown below

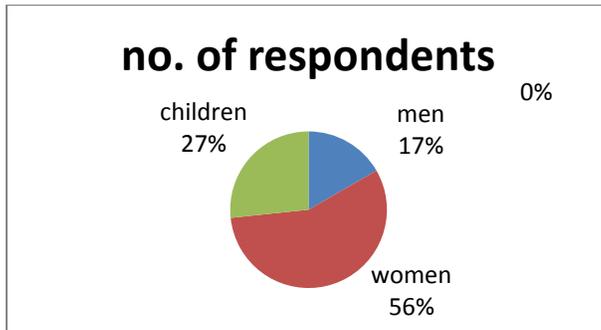


Figure 1 number of respondents

4.2. Age of the respondents

All the respondents were aged between 10- 50 years of age. The age bracket of (10-20) had a total number of 20 people, (20-30) took the lead at 24 members, (30-40) had 10 people while age bracket (40-50) had the least number of respondents at 6 people. According to these age brackets those aged between 20- 30 had the highest number of those infected with HIV/AIDS. This meant that the youths and children are the most vulnerable people in the community as far as HIV/AIDS is concerned and therefore measures need to be taken in order to solve this menace for a brighter future,

Table 1 age of respondents

| Age bracket | Number of respondents |
|-------------|-----------------------|
| 10-20 | 20 |
| 20-30 | 24 |
| 30-40 | 10 |
| 40-50 | 6 |

| | |
|-------|----|
| Total | 60 |
|-------|----|

A bar graph showing the number of people in different age brackets.

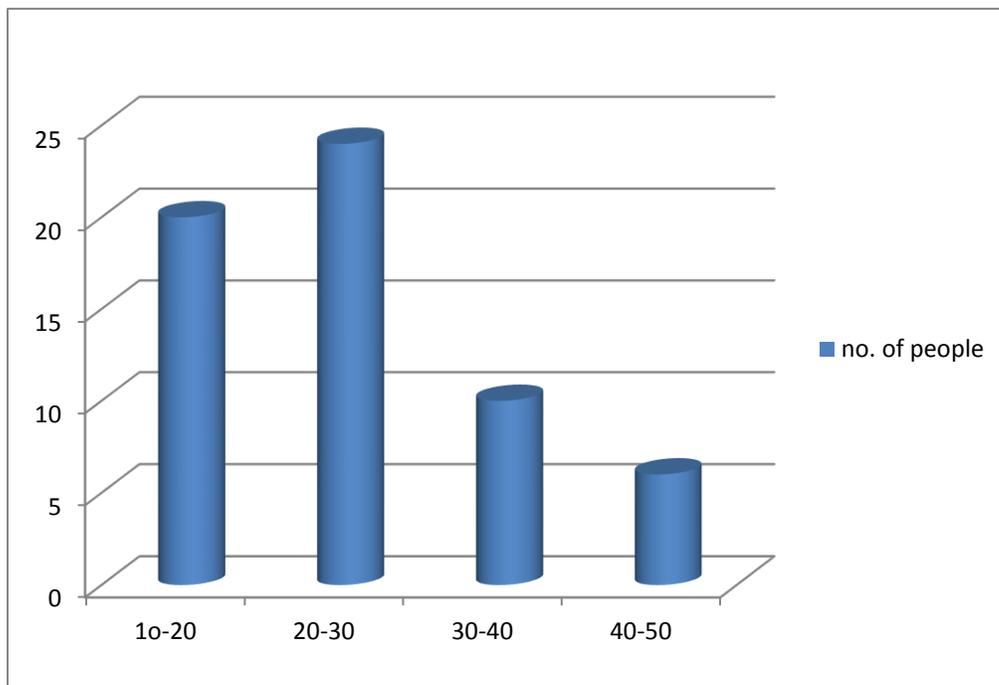


Figure 2 :age of respondents

4.3. Level of education

The study found out that a bigger percentage of the people had only managed to reach primary level with their education. This was 51.7% of the total people. Those who managed to go up to secondary level were 28.3% while those who completed their secondary level and proceeded to colleges were 8.3%. There were also some of the members who did not get that chance to attend any school and this were 11.7% of the total population.

Table 3: level of education

| Level of education | Frequency | Percentage |
|---------------------------|------------------|-------------------|
| Primary | 31 | 51.7% |
| Secondary | 17 | 28.3% |
| Tertiary | 5 | 8.3% |
| Other | 7 | 11.7% |

4.4. Marital status

Those aged between 10-20 were single except for two ladies who were already married at ages 18 and 19. Most of the other respondents were married while only 8 who were widowed. Two other respondents had divorced due to unfaithfulness in their marriages. These two were both HIV positive and that gives the reason as two why they had divorced.

4.5. Occupation of the respondent

There were many respondents who were under casual employment like fishing, selling fish and 3 of them were casual sex workers. 5 of the respondents were under formal employment and were in Homabay town location. There were 13 children who were still schooling and under the care of guardians. 21.7% of the respondents were student while 70% were under casual employment and 8.3% were employed.

Table 4: Occupation of respondents

| Occupation | Frequency | Percentage |
|-------------------|------------------|-------------------|
| Student | 13 | 21.7% |
| Casual employment | 42 | 70.0% |
| Formal employment | 5 | 8.3% |

4.6. Knowledge on HIV status

47 members knew their HIV status including 9 children who were positive. The remaining 13 people were not aware of their HIV status among them being 7 children and 6 adults. One of the adults when asked why he was not aware of his status said, “Knowing your status will only add more stress so its better you keep calm and wait for your death than to receive the news that you are positive.”

A woman aged 29 also said that, “am sure am clean therefore no need to go for HIV testing again.” These comments showed how some of the people were ignorant about their status and they might end up spreading the virus to the other people without them knowing. 78% of those who were aware of their status got to know it after they had fallen sick while 22% were those who went for the regular testing.

4.7. Number of those infected according to the locations

Out of the total number of people interviewed, 41 had tested HIV positive. This was 68.3% of the total number of people interviewed compared to the 10% of those who were negative and 21.7% of them did not know their HIV/AIDS status. Homabay town took the lead in those who were infected with a percentage of 39%. This was fueled by cultural practices of the people and the geographical area of the place since it’s along the shores of Lake Victoria. Kijawa location followed closely at 32% and lastly was Wiamen

location at 29%. Women and children took the lead in those who were HIV positive. Women were at 68.3%, children 22% and men 9.7%.

These findings were presented in the figures below

Table 2: no. of individuals infected

| Locations | No. of those infected | | | |
|--------------|-----------------------|-----------|----------|-----------|
| | Men | Women | Children | Total |
| Kijawa | 2 | 10 | 1 | 13 |
| Wiamen | 0 | 6 | 6 | 12 |
| Homabay town | 2 | 12 | 2 | 16 |
| Total | 4 | 28 | 9 | 41 |

4.9. Factors fueling the spread of HIV/AIDS

Cultural factors were found to be one of the major factors fueling the spread of HIV/AIDS. It leads with a percentage of 51.7%, fishing industry network at 25%, poverty at 16.6% and lastly other factors (blood transfusion, mother to child) at 7.7%. This therefore meant that traditions are still being taken seriously and more especially those linked to sexual behaviors in the *luo* community. Being in the 21st century is not a bother to many who still cling to their cultural practices. The fishing industry network too is coming up very first and many young people are joining it since there is plenty of money there and sexual pleasures. Poverty too has led to many commercial sex workers along the shores and in towns too.

Table 3: factors fueling the spread of HIV/AIDS

| Factors fueling the spread of HIV AIDS | Frequency | Percentage |
|---|------------------|-------------------|
| Poverty | 10 | 51.7% |
| Fishing industry network | 15 | 25% |
| Cultural practices | 31 | 16.6% |
| Others.... | 4 | 7.7% |

4.10. Effect of HIV/AIDS on the economy

All the interviewees had the opinion that this pandemic had led to the fall of economy in those three places. Most of them talked about the agricultural sector in both rural and urban areas that they said were much better in the 90s compared to now. This was because among those affected were young energetic people who could work to see to it that the produce was good. This disease made them become weak leaving the works for the elderly who had less energy and therefore produced less.

4.11. Effects on the individuals

The study found out that most of the people (both infected and affected) had gone through mental, physical and psychological torture. They were discriminated by people close to them, some were isolated others lost their loved ones among other factors. The findings were as shown in the table below;

Table 4: effects of HIV/AIDS on individuals

| Effects | Frequency | Percentage |
|--------------------------------|------------------|-------------------|
| Discrimination | 5 | 8.3% |
| Stigmatization | 20 | 33.3% |
| Decrease in family income | 10 | 16.7% |
| Loss of loved ones | 15 | 25% |
| School dropout among teenagers | 10 | 16.7% |

The above findings showed that most of the people went through stigmatization the moment they realized they had contacted the virus. 33.3% of the people confessed that they had gone through stigmatization, 25% had lost their loved ones, 16.7% had dropped out of school and another 16.7% had experienced decrease in family income and lastly a few people faced discrimination.

4.12. Measures taken to curb the spread of HIV/AIDS

The study found out that most people had attended awareness trainings and a campaign as far as HIV/AIDS is concerned. These trainings were conducted either by schools or Non-governmental organizations like World Vision, Kenya Red cross and Plan International. 80% of the respondents had attended those trainings while 20% had not. Among those who had not attended any training was a [Table of Contents](#)

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| Type chapter title (level 1) | 4 |

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aged 23 who said,

” I am too busy to attend such trainings being that I am the bread winner in my home. The time wasted in such trainings will not put food on my table so I keep off and look for means to generate income. I already know my status and all that is required of me as a person, why then should I go for the repeat of the same when I need to do some constructive work?”

A middle-aged woman too explained why she has never attended such trainings by saying,

” attending such trainings makes the surrounding people think that you are infected. This therefore changes their perception towards you. For you to avoid such discrimination and gossip in the village I keep off such trainings.”

4.13. Prevention measures

The respondents gave out different measures that should be taken to curb the spread of HIV/AIDS in their various places. Most of them had said that being cultural factors was the leading in the factors fueling the spread of HIV/AIDS therefore it should be dealt with accordingly in order to stop the spread of the pandemic. The measures were rated as shown in the table below

Table 5: measures taken to curb the spread of HIV/AIDS

| Measures taken to curb the spread of HIV/AIDS | Frequency | Percentage |
|--|------------------|-------------------|
| Issuing of condoms to individuals | 15 | 25% |

| | | |
|---|-----------|-------------|
| Increasing the number of health facilities | 10 | 16.6% |
| Creation of awareness among individuals | 6 | 10% |
| Doing away with harmful cultural practices | 25 | 41.7% |
| Promotion of self-reliance among the poor through savings schemes | 4 | 6.7% |
| Total | 60 | 100% |

The results are presented in the pie chart below

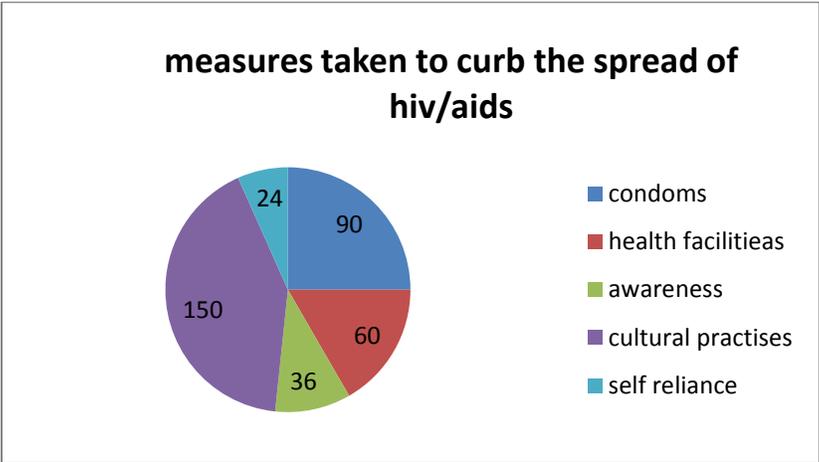


Figure 3: measures taken to curb the spread of HIV/AIDS

CHAPTER FIVE

DISCUSSION OF FINDINGS, SUMMARY AND CONCLUSION

5.0. Introduction

This chapter highlights the major the major findings of the study and draws conclusion based on results. It also presents the recommendations for policy and key areas for further research as informed by the findings of the study.

5.1. Discussions of findings

The study tackled three major objectives. The first objective was to examine why cultural practices have taken the lead in the spread of HIV/AIDS in Homabay County. It was found out that most people in the three locations were very much into their culture that they did not even realize the harm that was caused by those practices. The elders imposed on them (especially the women) what they thought was following the roots of their ancestors. The major reason for the wife inheritance was to ensure that the family of the diseased was provided with basic needs among others but has nowadays turned to something else. Most of those who come in the name of inheriting their relative's wives are only there for sexual pleasures and the wealth of the family but not support as it were intended to be. The people therefore wanted some of the harmful cultural practices to be done away with as one of the measures to curb the spread of HIV/AIDS in those places.

The second objective was to examine how this pandemic had contributed to the fall of economy in Homabay County. It was found out that the spread of HIV/AIDS amongst the people of Homabay had led to the fall of economy. the production rate had gone down because the young energetic people were among those who were infected hence they had less energy to produce living those older people who could not do a lot of work. Many households too were affected since the bread winners were living behind the younger people who could not produce anything for them to survive. Most of the members who were infected did not turn up for work; some took sick leaves while others went for early retirements because their health could not allow them work for long. All these factors led to the fall of economy.

The third objective was to determine the measures that could curb the spread of HIV/AIDS. It was found out that most members wanted cultural practices to be done away with since this was the major factor fueling the spread of HIV/AIDS. Some respondents also suggested that there should be a promotion of saving schemes among the poor to help promote self-reliance and generation of income. This would make sure that young girls and women are not lured into commercial sex work for survival purposes. The third measure was to create awareness among the people making each and every person know his or her status and how to take care of themselves. Lastly the government was to issue condoms in many places to help prevent the spread of the disease.

The fourth objective was to find out some of the effects of the disease to the individuals. Most of the individuals talked about stigmatization as a major effect. They said that they feared disclosing the information to their fellow members because their perception towards them would dramatically change. They also experienced low self-esteem and therefore thought of themselves as not worthy in the society. The other effect was decrease in family income since most of their capital was spent in treatment. Some were discriminated by their close family members and friends while others did lose their loved ones due to the disease.

5.2. Summary

This study observed the factors that were fueling the spread of HIV/AIDS. The literature review was concerned on the factors fueling the spread of HIV/AIDS, its effects to the economy and the people and the measures taken to curb the spread of HIV/AIDS in Homabay Sub County. It was found that cultural factors, the fishing industry, poverty and other factors were the main drivers of the spread of HIV/AIDS. These factors had for a long time been assumed and not discussed among the other factors and so they acted greatly in spreading the disease.

The research was undertaken in three locations (*Kijawa, Wiamen* and Homabay town). The intention of the study was to find out and observe the behavior of the people and how they perceived the disease. Some of them said it was like any other disease and therefore those infected should not worry; they should seek medication, do exercise and stay

healthy. The case study showed the different behaviors of the individuals and especially those near the lakes. Most of them were married but still engaged in extra marital affairs in order to gain something (sexual pleasure and fish for sell). There consisted too commercial sex workers at the beaches around and most of the widowed respondents went through wife inheritance by force with the clan elders.

All these findings showed the way women and children were vulnerable.

5.3. Conclusion

Culture and HIV/AIDS have for a long time been assumed to be inextricably linked since the disease was first described. Cultural assumptions were therefore taken for granted early in the pandemic and shaped such for social cultural co-factors (Packard and Epstein 1991). That is why in the above findings a larger percentage settled on cultural practices as the major factors fueling the spread of HIV/AIDS. The *luo* community has been found out to be attached to their traditions even if it is bringing a lot of harm to their people. Sexual attitude is almost linked to every activity that is taking place in those places i.e. during planting, before harvesting, widow cleansing, and wife inheritance among other activities.

Poverty and the fishing industry too contributed intensely to this pandemic. Young girls who are orphaned or have no any other means of survival are introduced to commercial sex work. They spend most of their time at the beaches waiting for the fishermen to come back so that they can have sex and get some money to take care of their siblings. Most people involved in these acts were married. The fishermen engaged in such acts because they were far from their families and hence they resulted for other companions. They not only had one but more than two partners in every beach they came too. These people indulged themselves in sexual acts without protection because there was limited time and some did not want to be recognized by their fellows so it was very quick.

Doing away with cultural practices was found out to be one of the most effective ways of curbing the spread of HIV/AIDS among the people of Homabay. These cultural practices had a lot of effects on the people especially women and children who did not have any say on that which was passed by the elders. Some of the others measures were, increasing

the number of health facilities in different places to be within the peoples reach, issuing of condoms to individuals, creating awareness among the people and promotion of self-reliance among the poor through saving schemes.

In conclusion, the number of females was very many compared to their male counterpart. This showed that the girl child was more vulnerable to the disease than any other group. This therefore called for those in charge to involve the females more in creation of awareness and prevention of the spread of HIV/AIDS

5.4. Recommendation

Since HIV/AIDS had been declared a disaster in Homabay County. The county government therefore should incorporate several stakeholders into dealing with this disaster. These people could act as the funders of such projects that will be organized in different places. The county government too should see to it that some funds are put aside for the projects that will help fight against the spread of HIV/AIDS in Homabay.

The clan elders on the other hand should be summoned against some of the cultural practice that they impose on individual members of their communities. Policies should be put in place to govern this and those found guilty of such acts should face the authority since those are practices that are negatively affecting our people and they are no longer adding any value to the community. The functions that they stood for had long ago been corrupted by the elders themselves since it's nowadays majorly for wealth and sexual pleasure and not for what it was meant for.

Promotion of self-reliance among poor people through savings schemes should be enhanced. Through the small groups people will get busy with the activities and get some money for their upkeep. This will make them not go for alternative ways. Joining savings and loaning groups will also assist most of the members to earn some living to take care of themselves and of their families. Through these activities they will also get to regain their self-esteem back and work towards improving the economy of the places where they are in. Parents, guardians and teachers too should make sure the children are made aware of these disease and its effects. This will help them have some knowledge on how they should carry out themselves every time.

Above all, we should practice love towards one another. This will help us work towards reducing the spread of HIV/AIDS not only in Homabay County but in the entire country Kenya. Let's us handle those infected with a lot of love and care to make them feel that they still have a duty to perform and to boost their self-esteem up.

5.5. Recommendations for further studies

1. Why the issuing of condoms has not been effective in reducing the spread of HIV/AIDS in Homabay.
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Appendix 1

I am a student of Maasai Mara University in the school of arts and social sciences pursuing a degree in community development. I am undertaking a research on factors *fueling the spread of HIV/AIDS in Homabay Sub County in (Homabay town, Kijawa and Wiamen)*. You have been selected as one of the respondents and I therefore kindly request you to fill the attached questionnaire. The information from the questionnaire is purely academic research purpose and will therefore be treated with utmost confidentiality. The aim of this questionnaire is to help in collecting data for this research. All answers will be treated in strict confidentiality. You are requested to answer to the best of your knowledge.

Thank you

PART A: personal information

1. Sex of the respondent

Male () female ()

2. Age of respondent

10-30 () 20-30() 30-40() 40-50()

3. What is your level of education

Primary () secondary () tertiary () others (specify).....

4. What is your marital status

Single () married () divorced () widowed () separated ()

5. Occupation of the respondent

Student ()

Casual employment (farmer., fisherman.... Fishmonger....., others specify.....)

Formal employment ()

PART (B): factors fueling the spread of HIV/AIDS in Homabay Sub County

1. Do you know your HIV status?

Yes () no ()

2. How did you get to know your HIV status?

I. After falling ill ()

II. During the regular test ()

III. When going for clinic (to the pregnant ladies) ()

3. Are you infected?

Yes () no ()

4. What are some of the factors that you feel are fueling the spread of HIV AIDS in Homabay. The factors are rated 1-4 as in the table below. Please tick () appropriately rating the listed factors according to how you feel they fuel spread of HIV infection.

| Factors fueling the spread of HIV/AIDS | 1 | 2 | 3 | 4 |
|---|----------|----------|----------|----------|
| Poverty | — | — | — | — |
| Fish industry network | — | — | — | — |
| Cultural practices | — | — | — | — |
| Sexual patterns and behavior | — | — | — | — |

Others

(specify).....

PART C: Effects of HIV AIDS on economy and people

1. Do you by any chance think that the spread of HIV/AIDS among the people of Homabay has led to the fall of economy?

Yes () no ()

If yes please give an explanation

.....

.....

2. Have you ever been under the care of (if infected) of someone or have you ever taken care of an infected person?

Yes () no ()

3. What are some of the effects faced by those affected by and infected with HIV/AIDS?

The effects are listed below and you are required to rate them accordingly using the numbers 1-4.i.e (1- very low 2- low 3- high 4- very high) tick () where appropriate

| Effects of HIV/AIDS to individuals | 1 | 2 | 3 | 4 |
|---|----------|----------|----------|----------|
| Discrimination | — | — | — | — |

| | | | | |
|----------------------------------|---|---|---|---|
| Stigmatization | — | — | — | — |
| Decrease in family income | — | — | — | — |
| Loss of loved ones | — | — | — | — |
| School drop outs among teenagers | — | — | — | — |
| Others (specify)..... | | | | |

4. In question (3) above which of the effects have you ever experienced (if infected) or somebody close to you has ever experienced.

.....

.....

PART (D): Measures taken to curb HIV/AIDS

1. Have you ever attended any training or awareness campaign on HIV/AIDS?

Yes () no ()

If yes please indicate where you got the awareness

.....

2. Were you taught on some of the measures taken to curb the spread of HIV/AIDS?

Yes () no ()

3. In the table below, the prevention measures are listed. Tick appropriately on which measures should be considered rating them from 1-4

(1- 2- 3- effective 4- most effective)

| Measures that should be taken to curb the spread of HIV/AIDS | 1 | 2 | 3 | 4 |
|--|----------|----------|----------|----------|
| Issuing of condoms to individuals | | | | |
| Increasing health facilities in the rural areas | | | | |
| Creation of awareness and sensitization of people on HIV/AIDS | | | | |
| Doing away with cultural practices that fuel the spread of HIV/AIDS | | | | |
| Promotion of self-reliance among the poor especially the women and children through the introduction of saving schemes | | | | |

4. What do you recommend to be done on the issue of factors fueling the spread of HIV/ AIDS that the questionnaire has not tackled?

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