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Behavioural Attitude of Young Men (10-24yrs) on Safe Sex and Reproductive Health: A Survey of Huruma Estate, Eldoret, Kenya

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There is an urgent need to promote the awareness of safe sex and reproductive health, especially among young men in communities most vulnerable to sexually transmitted diseases. The survey was therefore to determine the involvement of young men aged 10-24yrs, in sexual and reproductive health matters. Questionnaires were issued to 290 young men in schools and Huruma Estate in Eldoret, between January and March, 2010. Chi-square was used for data analysis. Results showed that 59% of young men across the 15-24-year age bracket, including single, cohabiting and/or married, rarely or never used condoms whenever they engaged in sex with a steady or unsteady partner. This was found to be statistically significant (P<0.05). 22% of married young men in the sample population had sex without consistent use of condoms, while 41% of those who had sex in the past six months prior to the study period had engaged in sex with multiple partners. Whereas 46% of men aged 15-20 had already engaged in sexual intercourse, 95% of those aged 20-24 had done so. Only 18% and 42% of those aged 15-19 and 20-24, who had engaged in sex, had been tested for HIV, because they considered themselves protected from sexually transmitted diseases and pregnancy. Hence significant percentages (P < 0.05) of sexually mature young men engaged in unprotected sex, despite the fact that they knew about the danger of HIV/AIDS and unwanted pregnancies. Significant percentages (P < 0.05) of boys aged 13 and below were ignorant of sex protected from sexually transmitted diseases and/or pregnancy. Persistent advocacy for protected sex against diseases and pregnancy is urgently required by males, regardless of their age or marital status.

Keywords: AIDS; HIV, Promotion, Safe Sex and Reproductive Health

Introduction

HIV has become the leading cause of death in adults aged 15–59 worldwide (WHO, 2003). Of particular concern is the devastating effect HIV has had on sub-Saharan Africa (UNDP, 2005). In Kenya 1.3 million people are living with HIV/AIDS and the prevalence of HIV among adults aged 15 - 49 years is estimated at 6.1% (UNAIDS, 2006). These population proportions include young men. Out of over one billion youth (aged between 15 and 24) worldwide, some ten million of the population are living with HIV; some of them get infected with *Cryptococcus neoformans*, hence may succumb to cryptococcal meningitis (UNAIDS, 2006; Bii, et al., 2007; Mitchell, et al., 1995; Bicanic, et al., 2005). Out of the total

worldwide youth population that is living with AIDS, 63% live in Sub-Saharan Africa (UNAIDS, 2004).

In order to significantly reduce or prevent HIV transmission, promotion of abstinence and condom use by young men should be encouraged, because lower abstinence and avoidance of condoms was reported in one study among young men (Chi Chiao and Vinod Mishra, 2009). If young men are empowered with knowledge on the prevention against HIV/AIDS, they have enormous potential for changing the course of HIV/AIDS epidemic (Cohen, 2003; UNICEF, 2002; Glyn, et al., 2001).

Materials and Methods

Study Site

Huruma estate is found in Huruma ward, o a population of 167,016. Eldoret town is 157km². Eldoret municipality has <u>Eldoret</u> town and the surrounding areas are found at an altitude of 2,085. It is found in Uasin Gishu district which lies between longitude 34° 50' and 35° 37' East and O°55' North .Rainfall is high, reliable and evenly distributed. Due to the high altitude, temperatures are relatively low. The highest is 25° C and lowest is 8.8°C. Humidity is moderate, averaging 56% (Republic of Kenya, CBS: Population Figures for Towns and Municipalities, 2003).

Study Design

The cross-sectional survey design was chosen because the study involved description of observations made at one point in time. Questionnaires were issued to all participants after adequate explanations concerning the instructions on how to fill the questionnaire.

Sampling, Data Collection and Analysis

The target group was obtained through visits to schools in the study area i.e. both primary and secondary, where those between 10-19 years were assessed, while the remaining 20-24 years were assessed out of school. A sample population of 290 responded to the questionnaire. Stratified sampling technique was used to select eligible youths for the study. Stratified sampling technique is a sampling a technique that identifies subgroups in the population and their proportions and select from each sub-group to form a sample. It groups a population into separate homologous subsets that share similar characteristics so as to ensure equitable representation with a view of accounting for the difference in sub-group characteristics. The survey involved the use of questionnaires, which were given to the respondents after adequate explanation was given on the instructions to fill them. Data was analyzed using Chi-square.

Ethical Considerations

The permission to carry out this research was granted by the Institutional Research Ethics Committee (IREC), constituted jointly by Moi University and Moi Teaching and Referral Hospital. Privacy and confidentiality was maintained throughout the research. Informed consent of those involved in the study was also sought before carrying out the study. For those under 18 years the consent was gotten from their parents/ guardians. Names of the participants were not used, instead study numbers were used.

Results

The striking feature was that 59% of young men across the 15-24-year age group, including single, cohabiting and/or married, rarely or never used condoms whenever they engaged in sex with a steady or unsteady partner (figure 1); this was statistically significant (P<0.05).

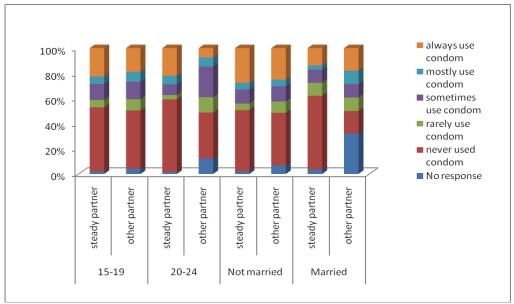


Figure 1: Condom use with steady and other partners by age group and marital status

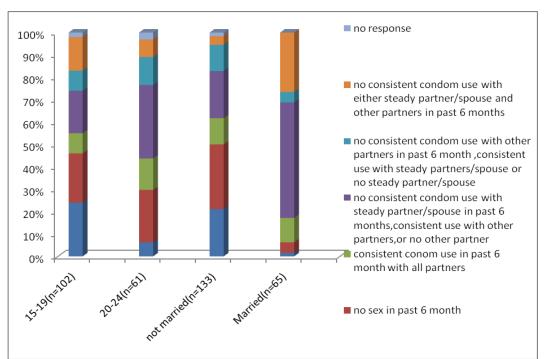


Figure 2: Unprotected Sexual Behavior, (by Age and Marital status)

As shown in Figure 2, 22% of married young men engaged in sex without consistent use of condoms in the past six months prior to the period of the study, while 41% of those who

had sex in the past six months prior to the study had engaged in sex with multiple partners. Whereas 46% of men aged 15-20 had already engaged in sexual intercourse, 95% of those aged 20-24 had done so. Only 18% and 42% of those aged 15-19 and 20-24, who had engaged in sex, had been tested for HIV, because they considered themselves protected from sexually transmitted diseases and pregnancy. Across the 10-24yr age group, there was a highly significant difference (P=0.000) among those who knew about HIV/AIDS, but their age distribution was 90%, 95% and 100% of those aged 13-14yrs, 15-19yrs and 20-24yrs, respectively. Results also showed that 10% and 23% among those aged 13-14 and 15-19, respectively knew about sexually transmitted diseases (STIs) and 45% of those aged 20-24 could name at least four STIs correctly.

By the time young men attained the age of 23, more 95% of them already had had sexual experience (Figure 3).

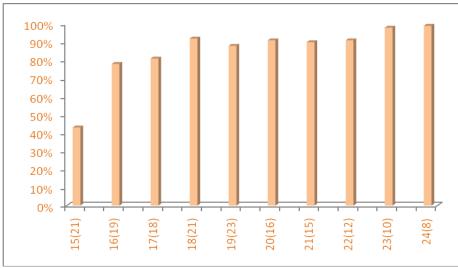


Figure 3: Percentage versus Age of youth who had ever had sex

As regards the mass media, over 80% of young men listened to the radio every week; about 50% watch television every week approximately 15%-50% of them read newspapers every week, across all age groups (Figure 4). With regard to the knowledge about human reproductive biology and pregnancy prevention, at least 25% of any age group could not correctly answer the questions about puberty in boys or girls or about fertilization. At least 25% of the sample population neither knew about sexual maturity age of girls and boys nor the definition of fertilization. Knowledge about the most likely time during the month a girl can get pregnant was extremely low. Male condoms were the most mentioned method of pregnancy prevention. Although majority (>90%) of young men aged 15-24 knew that male condoms could prevent pregnancy, <60% of those aged 13-14 did so. Less than 40% of young men aged 13-19 knew about contraceptive pills but over 60% of those aged 20-24 did so. 74% of the participants aged 13 and above knew that HIV was transmitted through sexual intercourse and could be prevented by abstinence and condoms. Less than one quarter of young men use condoms consistently with their spouses/ steady partners. Conversely, about half never used condoms with their spouse/steady partner. Even with other partners, consistent use is low though married men were more likely to use them with another partner than consistent partner.

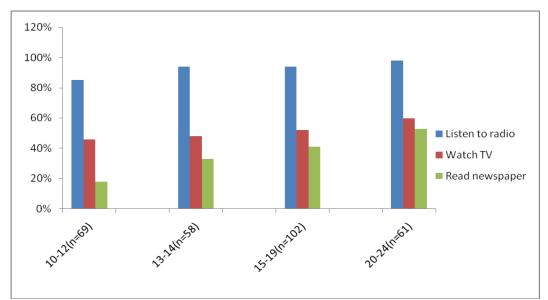


Figure 4: Type of media exposure reported by young men in the sample population (by age group)

Discussion

The results of the survey show that the young men need more information to improve their sexual and reproductive health knowledge, attitudes and behavior. The young men had inadequate basic knowledge on reproductive biology and certain specifics about HIV and sexually transmitted infection transmission and prevention. The need for sexual and reproductive health information is evident across all age groups. This finding concurs with UNAIDS report that youth around the world have shown an alarming degree of misinformation and lack of knowledge about HIV/AIDS among young people and many of them cannot access condoms (UNAIDS, 2004). Furthermore, the young men in the sample population displayed widely varied attitudes toward gender norms, the role of women in sex and condom use which could influence their sexual behavior. By the age of 16, almost 80% said that they had had sex. Multiple partners were common among those who engaged in sex, regardless of marital status, and few used condoms consistently. The highest percentage that consistently used condoms whenever engaging in sex with other partners was only 35%, among those aged 20-24 years. While many of the 20-24 year olds had been tested for HIV, few of the 15-19 year olds reported being tested. In Sub-Saharan African countries with high prevalence of HIV, the mode of the transmission of the virus has been known to be heterosexual (UNAIDS, 2004). However, many young people do not know how to protect themselves from HIV. Surveys conducted within Sub-Saharan Africa found that only 21% of young women and 30% of young men aged 15-24 years had knowledge needed to protect them from HIV. Furthermore, in the Commonwealth of Independent States (CIS), only 7% of young men and women were equipped with comprehensive and correct knowledge about HIV/AIDS (UNAIDS, 2004). Many Sub-Saharan countries (44 out of 107 countries) have failed to include HIV/AIDS in their school curriculum, as shown in one global study (Lopez, 2002; UNAIDS, 2004). UNAIDS has also shown that in Sub-Saharan Africa, only about 8% of young people out of school and only slightly more among those in school have access to education on prevention measures against HIV/AIDS (millenniumindicators.un.org). However, if young men are empowered with knowledge on the prevention against HIV/AIDS, they have enormous potential for changing the course of HIV/AIDS epidemic; this concurs with a research conducted in Uganda (Cohen, 2003; UNICEF, 2002), in which a dynamic youth movement against AIDS launched a campaign to delay sexual initiation, reduce the number of sexual partners and increase condom use actually reduced HIV prevalence among teenagers aged between 15 and 19 in Kampala from 22% to 7%. The emphasis on the involvement of young men in the promotion of safe sex and reproductive health issues is important because men have great influence on decision making as far as sexual matters and marriage are concerned. One study conducted in Kisumu and Zambia by Glyn et al (2001) revealed that

married girls aged between 15 and 19 have higher HIV infection levels than non-married, sexually active females of the same age. Hence young women had a much higher prevalence of HIV than young men. This is partly because many young women experience coerced and unprotected sex from an early age; such forced sex is associated with consequent abrasions, which facilitate the entry of the virus during sex (UNAIDS, 2004). Studies in Sub-Saharan Africa on age difference between girls (aged between 15 and 19) and their sexual partners show a gap of six or more years; this wide age gap limits the girls' powers to resist unsafe sexual practice (Luke and Kurz, 2002). The results suggest various ways of disseminating health information to young men. Most reported they either go to church or are members of youth clubs. In addition, listening to the radio is very common. Similarly, many young men had attended sex education lessons, but the topics of the lessons that they reported shows a need to broaden the scope of these types of programmes.

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References

Bicanic, T., Harrison, T. (2005), Cryptococcal Meningitis. British Medical Bulletin. 72(1). 99-118.

Bii, C., Makimura, K., Abe, S., Taguchi, H., Mugasia, O., Revathi, G., Wamae N., Kamiyas (2007), Antifungal drug susceptibility of Cyptococcus neoformans from clinical sources in Nairobi, Kenya. Mycoses. 50(1)..25-30.

Central Bureau of Statistics (CBS)(2003), Republic of Kenya, Population Figures for Towns and Municipalities,.

Chi Chiao and Vinod Mishra. (2009), *Trends in primary and secondary abstinence among Kenyan youth. AIDS Care, Volume 21: issue 7.*

Cohen, A. (2003).Beyond slogans: Lessons of Uganda experience of ABC and HIV/AIDS, New York. Alan Guttmacher Institute.

Glynn, et al., (2001), Why do young women have a much higher prevalence of HIV than young men? A Study in Kisumu, Kenya and Ndola, Zambia, AIDS, 15 (suppl 4): 551.

Hakim, G., Gangaidzo, T., Heyderman, R. (2000), Impact of HIV infection on meningitis in Harare, Zimbabwe: a prospective study of 406 predominantly adult patients, AIDS 14pp. 1401-1407.

Kenya Demographic Health Survey (KDHS), (2003), Calverton, M.D (USA): Central Bureau of Statistics, Ministry of Health and ORCMacro.

Lenth, R.V. (2006), Java Applets for Power and Sample Size[Computer software]. Retrieved 04/14/2008, from http://www.stat.uiowa.edu/-rlenth/Power.

Luke, N., Kurz, K. (2002), Cross-generational and Transactional sexual relations in Sub-Saharan Africa, Washington, AIDS mark. <u>www.icrw.org/docs/cross</u> gensex report 902pdf.

Mitchell, T.G., and J.R. (1995), Perfect. Cryptococcosis in the AIDS era-100 years after the discovery of Cryptococcus neoformans. Clinical Microbiological.. Reviews 8:515-548.

National AIDS Control Council (NASCOP), 2000-2005: xv, 70p.

UNAIDS. (1998), AIDS Epidemic Update: December 1998. Geneva: UNAIDS.

UNAIDS. (2006), Report on Global AIDS Epidemic 2006. Geneva: UNAIDS,

Uasin Gishu District Development Plan, 1996-2001.

UNAIDS. (2004), At the cross roads: Accelerating Youth Access to HIV/AIDS intervention.

UNAIDS, (2004), Report on the Global AIDS Epidemic 2004: 4th Global Report UNAIDS/04.16E), Geneva, Switzerland: UNAIDS.

UNICEF, UNAIDS, WHO, (2002), Young people and HIV/AIDS: Opportunity in Crisis: New York: UNICEF.

United Nations Commission on Population and Development(2005), *Monitoring of population programmes, population, development and HIV/AIDS emphasis on poverty.* Commission on Population and Development, thirty-eighth session, Geneva, 4–8 April WHO. (2003), World Health Report 2003. WHO, Geneva.