

PRIMARY SCHOOL ACTION FOR BETTER HEALTH



PRE-PROGRAMME INTEGRATED QUALITATIVE & QUANTITATIVE REPORT

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Prepared by:
Eleanor Maticka-Tyndale, PhD
Chris Brouillard-Coyle, MDiv, MA
Melanie Gallant, MA
Dan Holland, MA
Susan Sverdrup-Phillips, BA

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Executive Summary

Themes that emerged in qualitative analysis provide a basis from which to comment on:

- The potential uptake and implementation of the PSABH programme by schools/communities;
- The apparent barriers to implementation of the PSABH programme.

AIDS awareness

- Young people and adults were aware that AIDS exists.
- Being identified with HIV/AIDS has significant negative social consequences.
- These negative consequences are guarded against by resisting open admission that AIDS exists in one's community, and/or by projecting its existence onto other communities or groups of people and blaming them for the devastation now faced by one's own community.
- The secrecy and invisibility of AIDS in the community create barriers to HIV prevention since:
 - It is difficult to acknowledge that risk exists if AIDS is invisible in the community.
 - If there are negative social consequences to be identified with AIDS, then using a condom or otherwise changing sexual behavior to reduce risk is unlikely since this would identify one with AIDS.

AIDS Risk

- Both teachers and community leaders identified youth as most at risk of contracting HIV/AIDS. This was mainly because they played sex carelessly.
- Young people were aware that unprotected sexual activity put them at risk for contracting HIV; but, they spoke more frequently, and appeared to fear more, getting the disease in other ways (i.e. hospital needles, barber scissors, toothbrushes)
- Youth were, however, able to discuss in detail modes of transmission and prevention.

Community Expectations Regarding Sex

- Communities generally expect young people to abstain from playing sex until marriage.
- Traditional approaches (i.e. grandparents talking to their grandchildren) to conveying community expectations were identified as a thing of the past.
- There is a prohibitive silence on the discussion of sexually related matters.
- Community leaders, teachers, and young people provided numerous reasons for why it was nearly impossible to abide by the expectation of abstinence until marriage (e.g., changing times, extended length of education, modernization).
- Few sanctions were available to enforce community expectations. Those communities that did enforce used physical force to do so (i.e. beating boys and girls found together).

Sexual Scripts

- Dating is common during pre- or early adolescence
- The dating script of necessity involves playing sex; however, sex may also occur haphazardly

between two people who are not in a dating relationship.

- There is a scripted sequence of events leading to playing sex:
 - Negotiation is initiated by a girl or boy, though most often a boy; for example, through letter writing or a mediator.
 - Boys give gifts (including money) to girls or their family members to indicate their desire and intention to play sex with them.
 - Gifts are especially important when girls are from poor families, with poverty motivating girls to play sex in order to gain personal and family necessities, including food.
 - Older boys and men are seen as better gift givers since they have access to more resources/
 - A gift delivered (whether or not it is desired or accepted) signifies an obligation to play sex.
 - Despite this obligation, girls must, and do, initially refuse to play sex; however, they clearly recognize their lack of power to enforce this refusal.
 - If a girl persists in her refusal, the boy is expected, and does, force her to play sex.
 - Boys feel compelled to play sex, even to the point of forcing girls, because they themselves feel forced by their biology and by peer and community expectations. In fact, boys impute the same intense biological and social compulsions onto girls and thus feel that girls want and need to play sex for the same reasons they do.

Preventing Sexual Transmission of HIV

- According to adults, the most effective way to prevent transmission of HIV is by abstaining from sexual intercourse.
- Most recognized that youth were sexually active. Some felt that this was cause for prevention measures beyond that of abstention. Others, however, believed abstinence was the only preventive measure.

Abstaining from playing sex

- Abstinance was best, but virtually impossible, as evidenced by the material presented in the sections on Community Expectations and Sexual Scripts.
- A large proportion of youth were not abstaining.

Condom Use

- Community leaders appeared more willing to promote condom use, while teachers less willing to do so.
- All adults struggled with advocating abstinence and condom use at the same time. This produced conflicting messages for young people.
- Contradictory messages left young people confused and uncertain about what to believe and resulted in inconsistent and contradictory answers to questions about condoms and uncertainty about whether or not they should use them.
- Contradictory messages, misinformation, myth, and sexual scripts presented serious barriers to condom use.

Voice of Religion

- Religion and faith were frequently raised in interviews.
- People expected churches to address issues around HIV/AIDS, sexuality and morality. They

often referenced church teachings to substantiate their own views on these topics.

- Local churches were involved in addressing HIV/AIDS and sexuality with a primary focus on abstinence. Condom use was addressed but only out of concern about its fallibility.
- For many people, the focus on abstinence had at least some foundation in faith and/or the teachings of the church.
- There was inconsistency between expressions of faith and actions. These inconsistencies are recognized and should not be taken to mean that faith does not influence actions.
- Results suggest that HIV/AIDS prevention be sensitive to and respectful of religious beliefs as they are important elements in the lives of young people and the adults who take responsibility for them.

Sex and AIDS Education in Schools

- Teachers were concerned about their students and wanted to take steps to ensure their protection from HIV/AIDS.
- Teachers were certain however, that they could not successfully carry out HIV/AIDS prevention alone and supported a collaborative effort involving teachers, community members, parents, and religious groups.
- Although teachers held positive attitudes towards HIV/AIDS education they were quick to point out a number of barriers.
 - lack of resources and/or training.
 - concern that students were too young to understand lessons on sex or HIV/AIDS.
 - shy students
 - Warnings against teaching young people about condoms.
- Ultimately, teachers were most comfortable delivering didactic lessons on abstinence.
- Where teachers felt discomfort (i.e. condom use) they tended to convey mixed messages to young people. Young people were aware of these mixed messages and recognized that it stemmed from teacher discomfort (i.e. they don't want to tell us about condoms because they think it will make us play sex).

Quantitative and Qualitative Results in Dialogue

- Quantitative surveys found that the majority of teachers were comfortable teaching about sex. In qualitative interviews teachers expressed considerable discomfort in doing this.
- Quantitative results suggested that knowledge of HIV/AIDS was low for students. Results of qualitative analyses for focus groups found that students were accurately able to describe various routes of transmission and to provide explanations for why HIV may be transmitted in particular ways.
- Students typically responded in an inconsistent manner to a series of survey questions on condoms. Focus group discussions linked these to the contradictory messages that students were receiving regarding condom use and its efficacy in AIDS prevention.
- In surveys students claimed considerable personal and sexual agency. Analyses of community expectations and sexual scripts provide a serious challenge to the existence of sexual agency.
- A sizeable proportion of both male and female survey respondents maintained that they had been forced to play sex. In focus groups it was clear that force included biological, peer or community pressure as well as physical force by a partner. Boys were more likely to have

spoken about being forced by physical urges or peers. Girls were more likely to have reported being beaten or physically pushed to play sex or to be placed in situations where they lacked the power to refuse.

- 53% of young people who had played sex reported that they would be virgins when they completed secondary school. In focus group discussions there appeared to be an understanding that once virginity was broken it could not be unbroken. Several potential reasons for the inconsistency in responses were evident from focus group discussions.

Implications

- There is a readiness and desire on the part of teachers and community leaders to engage in active AIDS prevention
- Youth want to know how to protect against AIDS
- There is evidence that there has been some mobilization around AIDS prevention in all communities and schools.
- The barriers to uptake of HIV prevention and actual change in behaviors include:
 - Resistance to owning the problem of AIDS.
 - Presence of sexual scripts that force youth into early, premarital sexual activity.
 - Absence of a community stand on sexuality in the lives of youth that either provides consistent support for abstinence or accepts condoms as a harm reduction strategy.

INTRODUCTION

Primary School Action for Better Health (PSABH) is a school-based HIV/AIDS prevention programme whose goal is to provide a learning environment conducive to:

- The integration of HIV/AIDS prevention within schools and communities;
- The successful uptake and implementation of HIV/AIDS prevention by teachers;
- A change in student related HIV/AIDS knowledge, attitudes and behavior.

Developed within the existing cultural, political, and economic infrastructure, PSABH is an attempt to provide an integrated prevention program which enables schools and communities to work towards HIV/AIDS prevention for youth. The curriculum itself focuses on abstinence and condom use, in that order.

The programme is currently being tested in 160 schools in Nyanza Province, Kenya. In November 2001, students and teachers completed baseline surveys. These surveys sought to assess:

- Student HIV/AIDS related knowledge, attitudes and behaviours;
- Teacher knowledge, attitudes and readiness to implement the PSABH curriculum.

In March 2002, interviews and focus groups were conducted in 16 communities. The purpose of these was to:

- Clarify ambiguities discovered in quantitative surveys;
- Either confirm or disconfirm quantitative results;
- Provide a better understanding of the context in which the curriculum is being implemented;
- Identify factors which are either facilitating or hampering PSABH programme implementation and success

This is the second report on data collected as part of the Monitoring, Evaluation and Research component of PSABH. The report is based primarily on the interviews and focus group discussions with results from surveys with teachers and students integrated to:

- Provide an integrated picture of the lives of students, teachers, and their respective communities in 16 qualitative interview sites as they relate to HIV/AIDS.
- Supplement and enrich the quantitative results.
- Pursue in greater depth, issues raised in quantitative analysis.
- Identify major themes arising from both the qualitative interviews and focus group discussions that either facilitate or hamper HIV/AIDS prevention efforts.

RESEARCH METHODS

This report is based on

- Data collected by Steadman Research in two self-completion questionnaires administered to students and teachers in 160 schools in Nyanza Province, Kenya in November, 2001 and reported in Primary School Action for Better Health: Self Completion Survey, Pre-Programme Vols 1 and 2.
- Data collected by Steadman Research in qualitative interviews conducted with teachers, community leaders and students in 16 of the 160 study sites.
- Data collected by Zonal Inspectors on pregnancies among students in the 160 study sites.

Selection of 16 Sites for Qualitative Study:

Sixteen schools were chosen for in-depth qualitative data collection in a manner that ensured equal representation across target and control groups, ethnicity, and schools whose pupils tended to score at the top and bottom of standard academic evaluations. The 16 schools comprised:

- 8 target and 8 control schools
- 8 Kisii and 8 Luo schools
- 8 top and 8 bottom performing schools

Beyond this breakdown, schools were selected to maximize diversity and with attention paid to feasibility of access. To be eligible for selection schools had to:

- have enough boys or girls in standard 7 and 8 to provide at least 5 boys or 5 girls for a focus group discussion;
- be accessible to the research team which had to transport equipment from a central location to the school.

In each school semi-structured, in-depth interviews were conducted with:

- 1 head and 1 senior teacher with an attempt made to insure at least one interview was with a senior female teacher;
- the chief or assistant chief and the head of the women's group or otherwise recognized influential woman in the community served by the school.

A focus-group was conducted with either 5 boys or 5 girls in each community. Participants for focus groups were selected on the advice of teachers based on their willingness to talk about issues related to HIV/AIDS and sexuality.

Transcripts from a total of 32 interviews with teachers, 32 with community leaders and 16 focus groups were analyzed with the assistance of the qualitative analysis software N5 (Scolari).

In-Depth Interviews

The in-depth interviews were designed to further explore and elaborate on key issues raised by questionnaire results. All interviews addressed issues related to AIDS awareness and the key prevention messages of waiting to engage in sex until some later time, (ideally marriage), and using condoms when engaging in sex. In addition, interviews with teachers explored concerns expressed by teachers with respect to teaching shy students, their own comfort with teaching about sex and AIDS, concerns about parents' views of what they were teaching, and how and what they taught.

Focus group discussions with students focused on areas where survey results required clarification because of inconsistent answers and weak associations where strong ones were expected. Students engaged in discussion around relationships between boys and girls, the scripting of sexual encounters, how they learn about sex, their views and what they had been told about abstinence and condoms, whether these expectations could be realized and the ways in which they were or were not realized.

Interviews with community leaders were the first time their opinions and views were collected in this project. The focus here was to elicit from male and female community leaders their views on AIDS in their community, the vulnerability of youth, the role of the school and community in prevention, their own views on prevention (particularly abstinence and condom use), whether, from their experience, they felt youth were acting to reduce their own risk, and what they felt should be done.

Analysis

Analysis of textual data was facilitated by N5 Software. There were five steps in the analysis process:

- (1) All textual data was read and coded based on the original interview/focus group questions.
- (2) Sections from all interviews dealing with the same topics were read to develop an understanding of the topics from the perspective of different community members.
- (3) Summaries based on these topics were prepared.
- (4) As cross-cutting themes began to emerge from the data, text was re-read and re-coded into thematic groupings and the themes and connections between them were elaborated.
- (5) Once the qualitative data had been 'mined' in this way, it was compared to results from surveys with teachers and students.

The textual materials provided insights into the meanings behind survey responses. These insights were of several types:

- at times they challenged the earlier interpretations of these responses (e.g. forced sex and sexual scripts, AIDS awareness);

- at times they confirmed those interpretations and provided the reasons behind them (e.g. shy students);
- at times they raised issues that had not been fully explored in the surveys but might warrant further attention (e.g. voice of religion);
- at times they suggested the survey responses needed to be examined differently than they had been (e.g. condom knowledge and attitudes).

The results of these analyses were compiled into the text of this report.

Finally, a preliminary profile was constructed of each of the 16 communities included in the qualitative data collection using survey, qualitative and pregnancy data. Additions will be made to this profile once the Community and School Responsiveness Surveys have been analysed. It will form part of the basis for a community-level analysis of the effects of the PSABH programme. These profiles can be found in Appendix A.

Presentation of Results

Results of this analysis have been grouped by themes. Interpretations and conclusions based on the data are supported by direct quotations from the text of interviews. Unless a particular interpretation applies only to one group of individuals (e.g., only to teachers, only to Kisii), quotations are drawn from interviews with different groups of people from different types of communities. Each quotation is identified as coming from an interview with community, teacher or pupils, as from a male or female and by the line number of the text in the interview. No communities or individuals are mentioned by name in order to protect the confidentiality of participants and groups.

AIDS AWARENESS

Every country and region of the world has had to deal with the reactions of defensiveness and fear with respect to AIDS. This is understandable, as AIDS essentially threatens the social and economic fabric of nations as well as the lives and well-being of their people. Such a threat instills fear not only into individuals but into national leaders as well. For developing nations, which have been working hard to improve the social and economic conditions of their populations and which are dependent on the confidence of wealthy nations in their stability and progress, the reality of AIDS poses an exceptional threat. For populations where employment is hard to find, where there is no guaranteed access to education or health care, and where the livelihood and survival of an entire family is dependent on their place in the community, the ability of AIDS to threaten each of these is a strong motivator for defensive reactions which frequently include outright denial. Thus, the unwillingness to openly express that AIDS affects 'my' nation, 'my' region, 'my' ethnic group, people like me and my family, is a worldwide response to the fear of what AIDS can do. However, the consequences of such a defensive reaction work against prevention and care efforts and provide a niche for AIDS to spread its devastation even further.

In surveys, both teachers and students indicated a high level of awareness that AIDS is present in their communities:

- 82% of teachers do not think AIDS has been made into too big a problem.
- 90% of students have heard of AIDS.

This suggests that it is a minority who may be expressing denial around the presence, extent, or seriousness of AIDS in Kenya. However, a somewhat different picture became apparent from reading the text of the qualitative interviews. What was evident was a considerable degree of discomfort with addressing the existence of HIV/AIDS, invisibility of people who are infected and affected by it, and, to some degree, the expression of denial that it is of immediate concern to the interviewee.

Defensiveness around the existence of HIV/AIDS.

Discomfort in addressing the topic of HIV/AIDS was apparent even from a cursory reading of the interview transcripts. Despite the fact that interviewees were aware of the topic and interviewers asked questions using the term AIDS, there was still a tendency among interviewees to refer to AIDS using something other than its rightful label. Specifically, there were two interviews where the very word *AIDS* was never used by the interviewee and many others where interviewees seemed more comfortable simply referring to HIV/AIDS as "that disease".

Unless she becomes very careful, straightaway she will get that disease because now it seems it is everywhere (Community10_F:196-198).

Yes they should be told, so that they know the consequences of getting the disease

(Community3_M:118-119).

Now you find the teacher who will come when he / she is teaching CRE [Christian religious education] what she will tell you, you take care not to be infected with this disease (Boys6:1500-1503).

So they do not ruin their lives. Because of the "big" disease (Girls4:570).

They should be taught the meaning; particularly of this dreaded disease (Teacher6_M:179-180).

They should be taught how to prevent, how to manage living with the disease and how to behave in order to avoid this (Teacher9_F:275-277).

...tell them how bad this disease which has come is, how bad it is (Teacher15_M:305-306).

Many interviewees acknowledged that AIDS was a problem with comments such as:

It is a big problem now that we are having (Community 12_M:82-82)

Some spoke of a shift in the open recognition of the presence of AIDS.

When this disease came they [community members] did not take it as something that can destroy life...But as time goes by, they have come to prove that it is a dangerous disease and a problem in this community (Community2_M: 51-55).

But these days they have known because of education and many people now understand how people have died, there is this deadly disease called AIDS, that is what is killing people (Community26_M:63-67).

However, in a few communities there appeared to be discomfort about acknowledging the existence of HIV/AIDS.

I swear I have never heard that this community of ours has that disease called AIDS. I have never heard (Community32_F:94-95).

...but others brush it off saying that AIDS is not real (Community8_F:628).

...they [the students] have got to know first that AIDS is real (Teacher19_M:25-26).

What is happening here, which I have said is that even some of the teachers whom you think should actually believe there is AIDS, some of them have not believed (Teacher23_M:336-338).

Even when AIDS was mentioned, some failed to see the disease as more severe than other diseases. For them, AIDS was a disease like many others.

For me I have heard that AIDS is just like any other disease (Girls5_F:1283).

The 11.1% of the teachers who, in the quantitative survey responded “definitely yes” to the statement “I don’t think HIV/AIDS is as big a problem as its made out to be”, suggests that even among those who are educated, some may still be unwilling to openly express the extent to which AIDS has had an impact on their communities, their families and themselves.

Among Luos who were interviewed, defensiveness around the presence of HIV/AIDS was transposed into a traditional understanding of disease and its relationship to breaking taboos. Thus, according to some interviews from Luo communities, AIDS continued to be referred to as “chira”.

Well, according to this disease, we tell them so many things, because some people believe that, that there is no disease like that. They believe that AIDS, is 'chira' AIDS is 'Chira' (Community21_M:125-127).

... you tell them there is AIDS, they say no there is nothing like AIDS ... they will say it is 'chira' (Community5_F:273-277).

This is AIDS, though most people think that AIDS is not really a disease, they think it is what we call here 'chira'. They think it is witchcraft (Community6_M:289-291).

You know in the Luo community when a person dies thin they said may be it is chira and so forth because they have done a taboo of the community (Teacher6_M:158-160).

The kind of disease is counted like a curse because of the origin (Teacher1_F: 556).

The only thing that there is still some confusion between AIDS and traditional beliefs...Like maybe "chira" that is when you die when you are so thin they believe that its "chira". But in the real sense its AIDS (Teacher21_M: 299-308).

Invisibility of those infected and affected by HIV/AIDS.

Defensiveness around the existence and impact of HIV/AIDS was supported by the unwillingness of many people within the communities to openly identify those who were infected and/or affected by the disease. In fact, it was frequently suggested in the interviews that when people have HIV or have died of AIDS, those closest to them are reluctant to reveal this information, even at the funeral. Despite the silence, knowledge about AIDS led others to believe

that this was the real cause of death.

You know they die sometimes they hide they don' t talk that AIDS is the one that killed the person or the person has died of AIDS. But we know it is the one (Community10_F:109-112).

In this community there is AIDS. But if somebody dies people never say the truth. But from our observations, the symptoms are clear, there is AIDS (Community11_F:91-93).

But there is nobody who has ever come up in any funeral to say that this man died of AIDS. It was AIDS, please take care (Community27_M:380-381).

When one dies there is no one who comes out clearly and say this is AIDS. You get a number of reasons, he died of this one and that one, this is what goes out and HIV does not come out clearly (Teacher23_M:57-60).

They don' t say you will only hear them whispering but they don' t say that this is a victim of AIDS (Teacher31_F:772-773).

In fact some of them [the students] have been infected although they don' t know. Although they don' t know what really happened to their parents (Teacher6_M:21-23).

At the same time, interviews suggested that it was not only those closest to the infected and affected who concealed the truth. Rather, there was a general sense that openly identifying those infected or affected by HIV/AIDS went against community norms.

Somebody from outside cannot come to say that it is AIDS that has killed the woman or the husband (Community10_F:118-119).

Even doctors do they really say? They just write the disease that can be cured ... I don' t know, AIDS makes people get very angry. So if you say for example, someone' s kid has died of AIDS, someone will come and ask you: How did you know? and Where were you? Were you there? Are you the one who gave her that AIDS? (Community7_F:172-180)

There are situations when you teach, particularly those ones of us who make the mistake to mention a few cases. It becomes very difficult because if you touch such cases, even when we have such cases people fear talking about it openly because they fear being harassed by even parents, even relatives of those ones to the deceased (Teacher30_M:87-91).

The high rate is there but you cannot know the exact thing, which is making them to die, you just hear somebody is sick and you know in rural, no one can reveal

the type of the disease (Teacher29_F:160-163).

Some suggested that this imposed invisibility of AIDS was particularly problematic because, in some ways, it helped to perpetuate the spread of the disease.

The problem is although in the funerals of the victims people have not come openly to talk about it [if they could talk about it] openly it will assist and the kids will see the need to wait (Teacher1_F:305-308).

You see, first of all they have to believe that there is this disease AIDS,...there are some who have never seen AIDS in their homes. So even if you try to tell them they cannot believe (Community5_F:325-330).

Some of them [the students] they have not seen somebody who is affected. some of them they have seen and they have not believed it is a normal disease. So in controlling it, it' s becoming a problem(Teacher15_M:62-65).

Another one I think is ignorance because some people believe in that theory that seeing is believing. So when we teach them theory, theoretically they feel that they' ve never seen, practically they' ve never seen an AIDS patient (Teacher19_M:42-46).

For some of those interviewed, this invisibility made it all the more difficult to recognize that any potential partner might have HIV/AIDS.

They should be educated because the disease has spread a lot so when someone is still alive you can' t tell whether she/he has AIDS(Community18_F:157-159).

They just tell us how they are used [condoms] but truthfully maybe you have a friend of yours who you feel you know does not have the disease and you do not use Trust when playing sex, then you get the disease (Boys8:1571-1574).

They don' t know if the person has AIDS or not. Now, she can not know. And if you get person has played sex with many people, she can' t know when she got the disease (Girls5:1290-1293).

Understandably, silence and invisibility around the presence of AIDS is problematic for communities. Community leaders recognized this and admitted to making a concerted effort to bring the topic of HIV/AIDS out into the open.

Last year the assistant chief organized a meeting and talked about AIDS. He called a meeting for the union and told the doctors if someone has died of AIDS let them say its AIDS... (Community7_F:437-440).

We have got forums and open air meetings and we can talk to the community. We

have also schools and through these ones we can influence the community against AIDS (Community21_M: 476-479).

We have really talked. The elderly men have also talked strongly (Community22_M: 500-502)

I have met several barazas in my area and talked about sex, the illegal sex and HIV/AIDS. I have also invited other leaders especially the chief, the local counselors and other departmental heads who have talked about the dangers of this disease (Community23_M: 401-405).

Teachers, who are often from outside the community and have been given one of the better opportunities to learn about AIDS through materials provided by the Ministry of Education, were able to identify practical reasons for this silence surrounding HIV and AIDS. Those thought to be infected, including their family members, could find themselves isolated or judged as immoral.

...others may see a boy suffering from a different disease not AIDS. They may even isolate him [saying], "this one is a victim of AIDS" (Teacher12_M:302-304).

That person is taken as a very immoral person in the community therefore naming after that person who has died is difficult. That's not an honourable kind of death (Teacher1_F:557-559).

Yeah and even association like a person who is suffering from AIDS and symptoms have started to show. A person doesn't talk freely and people start gossiping about the person openly. So the person goes like. "I'm not acceptable in the community" (Teacher1_F:563-566).

...children associate AIDS with shame so they are not free to talk about it (Teacher14_M:43-44).

...they [the students] are afraid of AIDS patients (Teacher21_M:42-43).

At the same time, it is important to note that the teachers themselves also suggested that they participated in passing judgement around HIV/AIDS. In fact, 34.5% of respondents agreed at least a little with the statement that "HIV is God's punishment for wicked behaviour."

These judgements may even be expressed by family and friends as they attempt to distance themselves from those who are dying of AIDS.

These people should not be ignored in the family. They should be cared for because there are some that are suffering from this AIDS in our homes and they are just left there to die (Community16_M:697-700).

If you come and you are ill, I'm not ready to take care of you because every evening I always tell you there is a problem I have and you know the problem yourselves... You will die and if you die I don't care (Community10_F:250-259).

In fact, 22.4% of the students surveyed stated that they would not help to care for a family member who had become sick with AIDS.

Assigning Blame

Defensive reactions to the presence of HIV/AIDS included not only expressions of denial around the existence of the disease within one's community, family, or circle of close associates, but also a projection of HIV/AIDS onto other groups. Thus, people in Nyanza, as have people worldwide, looked outside their communities for the source of HIV/AIDS and for those who had inflicted HIV on their people.

...we are bordering [another] district and [this other] district seems to be the most affected. Now you see if you are bordering people who are affected even we can't miss being affected (Community26_M:69-73).

The [other people] they are our neighbour. So these people they used to be very free so the disease has taken a lot of people (Teacher15_M:308-310).

In fact I feel comfortable when talking about it because the way we have seen this disease killing a lot of people even around, you know we have been hearing a lot of it in [a city] and some other major towns. But now it has come to the reserve areas (Teacher20_M:151-155).

They also looked to assign blame to those participating in *deviant behaviours*, particularly when they had violated community norms of sexual morality. Based on the overwhelming number of teachers (88%) who agreed strongly with the statement "Having sex with someone out of marriage is wrong", as well as the strong connection to faith expressed by teachers in the section on the Voice of Religion, it is clear that abstinence and fidelity are among the sexual norms of these communities, and those who violate it are blamed for their own misfortune.

...there is a necessity of avoiding illegal sex before marriage for it can as well avoid the disease of AIDS killing our people (Community23_M:395-397).

What happens if boys don't follow these expectations of the community? Mostly they contract disease like HIV/AIDS (Community9_M:235-237).

I see that women or men can easily get infected with AIDS depending on how you take care of yourself. If you are not careful you can contract AIDS. If you do not stick to one partner meaning you have sex from more than one partner then you can get AIDS (Community8_F:79-83).

My view is that if they start to play sex early he/she may spoil his/her future life. Being infected with AIDS and lose life (Boys6_M:185-186).

We have been telling them that if you do sex you might get the disease and which can ruin your life (Teacher32_M:85-86).

Given the view, in most societies, that prostitution is a form of sexual deviance, prostitution has taken on considerable blame for the spread of AIDS. The concern over the role of prostitution in the spread of the disease was echoed in the communities represented in these interviews.

They usually go, when they get a few shillings they go to a prostitute and play sex with the prostitute and that is one way of how they can catch the AIDS disease (Community6_M:357-360).

You know people say AIDS is a disease of prostitution (Girls10:1843).

In addition, a moral code has been established which assigns blame to men and women believed to be intentionally spreading HIV.

...the men who like to meet with the virgins are the people we have found out they are the people who have been affected by AIDS and they want to spread the AIDS through virgins (Community16_M:378-381).

And others, when they know they have a disease they will go and infect somebody else with it and say, "Let it continue spreading" (Community28_F:431-432).

Like there is a woman whose husband is dead. And most of the people around know she has that disease so they do not want to meet with her. So for her she will also have a sexual urge. She will look for a young boy to rape so he can get the disease (Boys8:274-278).

...like today economically you may find these boys need money and you might find widows luring them to infect these boys (Teacher7_F:728-730).

Again, if it's a girl who has AIDS she decides she is not going to die alone, "I will give a lot of people I die with them" (Girls10:1277-1279).

If I am a man and I want to give that disease to you what I do I can cut it [a condom] or I cut then I put away and if I sleep with you, I know I've given you (Community10_F:164-167).

Like now there was a person who had AIDS, he was very highly tempered and people came to learn about him because most of the women he went out with died, mostly those who slept with him. He used to use a lot of money to give women to go and sleep with him while cheating them that he has used a condom but in

reality he wasn' t using a condom(Community27_M:302-307).

...he tells you he is using the condom and then he makes a hole in it. Now you know that one can' t be used because you know he can cheat you, he knows he has AIDS and he wants to spread it to you (Community7_F:236-239).

When forced to confront AIDS within their own community, blame was assigned to the infected for their carelessness or for having gone astray. It is this same attitude that is echoed in the teachers' quantitative survey where 36.6% of the respondents suggested that they agreed at least a little with the statement "People who get AIDS have only themselves to blame".

To me, for one to get AIDS should not be a surprise because it is that person' s fault (Boys11_M:760-762).

I think that is one way I told you there is some young generation who have gone astray, that is one way of going astray because you know there is a killer disease AIDS (Community16_M:497-499).

So many are now affected, which means they are careless (Community5_F:324-325).

At the same time, one of the significant implications of HIV/AIDS for many communities in Africa is the number of children left orphaned. This issue was raised in 15 of the interviews, many with the implication that parents with AIDS should be blamed for leaving their children orphaned and disrupting society.

...if only their parents were better citizens without getting this disease sickness then such a thing would have not happened (Community5_F:76-78).

It is the major problem here, because we have so many orphans who are left, in fact some of them have got nowhere to feed, so this is the major problem we have here with AIDS (Community20_M:40-42).

Yes some get spoiled more than those who have parents because when the parents are dead they are left alone, have freedom to do whatever they like get (Community4_F:536-538).

Essentially, AIDS is never an affliction of ordinary people engaging in the activities that members of the community teach, endorse and support. The person with AIDS is somehow exceptional and consequently to blame for their sickness and its communal consequences.

Consequences

The implications of this defensiveness, silence, isolation and blaming are significant in terms of program implementation, care for people infected with HIV, and support for affected families.

For example, given the association between HIV/AIDS and sexual activity, as well as the prevailing fear that a number of people are deliberately spreading the disease, there are a number of community leaders and teachers who suggested that young people should be cautioned about their relationships. This places the focus on insuring a sexual partner is free from HIV infection. However, reliance on *one AIDS-free partner* is particularly risky in a society where extra-relationship sex is common (as discussed in the section on Sexual Scripts), where the high prevalence of HIV is often concealed, and where people infected with HIV remain relatively invisible. There is a need, instead, to assume any partner may be infected and to take precautions.

Similarly, silence, defensiveness, invisibility and blaming create a fear of being identified with AIDS. This fear seems to be reflected in students' attitudes around HIV/AIDS and sexuality. Thus, only 52% of students surveyed agreed with the statement "If someone thinks they could be HIV positive then they should go for a test." Alternatively, 50.3% of the students surveyed agreed at least a little that they found lessons on HIV/AIDS a bit shameful, suggesting there may be a desire to maintain silence and invisibility around the disease. These attitudes have a further impact upon young people's ability to use condoms. This is seen in the air of suspicion that exists when condoms are introduced into a relationship –which is more fully discussed in the section on Condoms Use.

The blaming and defensiveness also have serious implications for the identification of cultural practices that have a higher risk for spreading HIV, particularly when these are associated with specific groups of people. For example, the traditions of wife inheritance, non-circumcision of males, traditional circumcision practices for both males and females, and premarital sexual initiation (i.e. non-virginity) have all been identified in epidemiological work as contributing to the spread of HIV. It is essential that communities where these practices and traditions exist recognize these risks and find ways to reduce risk. However, since each practice is associated with a particular group of people (widows, uncircumcised males, men and women who have been circumcised using traditional practices, and unmarried non-virgins respectively) there is a strong likelihood, as seen in quotations in this section, that these groups, rather than the practices, will be identified as the causes of HIV in the community. Alternatively, when the practice is widespread – e.g. no males are circumcised in some ethnic groups – there is particularly strong denial of the association of the practice with HIV fostered more by the desire not to be associated with HIV than the potential need to change the practice. The effect on group members is illustrated in how several community leaders discussed the practice of wife-inheritance.

We warn people not to rush to the widows or widowers left behind because there are many diseases and it might even be AIDS (Community11_F: 103-106).

Wife inheritance is still happening in this village the message is still being passed and recently the government ordered that anyone found to be inheriting a woman whose husband has died, both of them will get the disease (Community18_F:499-503).

The most at risk I think are parents because [here we] believe in wife inheritance.

This I think plays a major role in bringing about AIDS (Community20_M:46-48).

The fear of being identified with HIV/AIDS was also evident in interviews with teachers where it had an impact on their willingness to address the subject in class. This is more fully discussed in the section on Sex and AIDS Education in Schools. In fact, some of those interviewed suggested that to talk about HIV/AIDS is to be identified as someone who has AIDS.

AIDS RISK

It is common to deny or disclaim one's own risk, particularly when the consequences of risk are deadly. As discussed in the section on AIDS awareness, whether speaking of communities, groups or individuals, there is a tendency to ascribe risk to those outside one's group or oneself. Such ascription reduces the likelihood that people will take action to minimize or prevent risk. This is especially applicable in areas where parents control or influence the lives of their children. Unless they acknowledge that their children are at risk, they are likely to resist efforts to address their children's risk. To understand the perceptions that community leaders, teachers and pupils had of risk within their own communities, specific questions related to the issue were asked.

While community leaders identified several segments of the population as being at risk for HIV (e.g. migration workers, widows) they judged that it was youth who were at highest risk.

It's rampant among the youth (Community18_F: 104).

In fact, they were more consistent in evaluating youth at high risk for AIDS than were youth themselves. Nearly a third of youth indicated, in survey responses, that they were at little or no risk. Community leaders and teachers, however, spoke at length about youth vulnerability caused by:

- *Promiscuity*
- *Poverty [play sex for money]*
- *Adolescence [physical, sexual urges, that begin in adolescence]*
- *Ignorance of AIDS and its consequences*
- *Lack of exposure to HIV/AIDS prevention efforts in the community*
- *Unemployment*
- *Use of alcohol and drugs*
- *Attendance at discos and dances*
- *Peer pressure [their friends are pressing them to play sex]*

In focus groups, youth spoke of AIDS as a killer disease.

AIDS had killed so many people...[it] is incurable (Boys4: 749-750).

I heard that it is a dangerous disease and it can't be cured.

It kills.

It is bad disease.

It infects you. You have wounds all over your body.

It destroys one's body (Girls4: 726-740).

A victim loses hair...gets bony...develops wounds on urinary organs (Girls4: 872-876).

Makes you crave for fancy food...weak....scratch yourself like a donkey that has chewed

bad herbs (Boys12: 884-888).

It is a disease that kills if you don't protect yourself.

It is a virus disease.

It is spread through sex.

If you use unsterile razor (Boys15: 635-638).

In accordance with quantitative results where 70% of students identified themselves to be at some degree of risk for contracting HIV, focus group participants also acknowledged being susceptible to HIV infection.

Question: Do you think boys and girls your age are at a risk of getting AIDS?

Yes.

Yes, they can just get it.

They can.

Most.

It infects many [girls].

Yes, they get.

At the same time, they made sure to point out that people of all ages were at risk.

AIDS doesn't discriminate, it can infect both old and young (Boys11: 761).

Even a small baby can get AIDS (Boys13: 894).

Consistent with a theory of denial of personal risk however, they explained their risk as non-specific and outside their realm of personal control, occurring by chance, or as a result of trickery. In most cases, they placed responsibility for infection outside themselves.

You might find that she was using a razor blade which a person who had used it was having AIDS. Now by mistake she cuts herself so the virus enters her blood and then she gets AIDS (Girls5: 1324-1327).

The reason why girls in this area are at risk is because there are a lot of cattle so they [girls] go selling milk at the lakeshore where they meet fishermen who buy them mandazis and demand payback afterwards (Boys13: 899-902).

An infected man may use money to trick her then sleep with her. She may be treated with unsterile syringe (Boys15: 666-667).

Even a young baby who has been born if the mother had AIDS even him/her will be having it (Girls10: 1249-1251)

Boys often spoke of girls as responsible for putting them at risk.

You might find a fat girl that has AIDS but since many people believe that victims are

always thin one may play sex with such a girl only to get AIDS (Boys11: 767-769).

If a girl has AIDS and she wants to spread it she will give in to sex to any boy who proposes to her thus the boy will contract AIDS (Boys2: 614-616).

While overall scores for knowledge were low in response to survey questions in focus groups, youth identified a number of transmission routes:

- *Transmission from mother to child*
- *Blood transfusion*
- *Sexual intercourse with an infected individual*
- *Sharing clothes with an infected individual*
- *Sharing food with an infected individual*
- *In contact with the wounds of an infected individual*
- *Contaminated razor blades or syringes*
- *Sharing toothbrushes [if two people have open wounds in their mouths]*
- *Sharing underpants*

They recognized sex as being the main route of transmission but also spoke at length of various other ways to contract the virus. In fact, it appeared as if they were more concerned with, and fearful of, contracting the virus in these other ways.

If you go to hospital when you are in a bad condition they may inject you with an unsterilised needle (Boys13: 908-909).

If a boy who has AIDS uses a needle to remove a jigger from the leg injuring himself and blood comes out, and a girl uses the same needle to do the same she will get AIDS (Girls14: 914-916).

They were able to offer a variety of suggestions for minimizing risk:

- *Abstinence*
- *Remaining faithful to one uninfected partner*
- *Having both partners tested for AIDS before marriage*
- *Not using contaminated instruments [needles or razor blades]*
- *Avoiding blood transfusions*
- *Not sharing clothes or toothbrushes with an infected individual*
- *Ensuring that barber scissors are clean and uncontaminated*
- *Using a condom.*

It was rare, however, that they spoke of these behaviours as being personally applicable to them.

Summary

Youth are aware of the presence of risk but their discourse avoids ownership of responsibility or even personal risk. When personal risk is spoken of, most often the source is either nonsexual or through the malicious intent of an unscrupulous partner.

COMMUNITY EXPECTATIONS AND SOCIALIZATION REGARDING SEX

All communities have expectations or scripts for sexual behaviour. Most often these are learned informally through watching people interact, listening to conversations, and observing the consequences that others experience as a result of their actions. Sexual scripts may also be taught directly, as, for example, in rituals and rites of passage from one life stage to another. What communities expect and teach may be in concert or conflict with HIV prevention. Knowing about community expectations and being sensitive to them can help in planning prevention programming and in interpreting evaluation results. Community representatives and teachers were asked about the local expectations with respect to school-age youth and playing sex in order to get a sense of how these fit with AIDS prevention initiatives and the actual behaviours reported by youth.

From the qualitative data it was clear that community leaders viewed sexual intercourse as natural and normal, an expected result of sexual urges and social obligations that came to the forefront with puberty.

What I know is that when one reaches the age of playing sex, he finds himself playing sex. (Community16_M: 190 - 192).

When you have reached the age of 13 years, you're a grown up, because you are probably experiencing your monthly period. This is the time boys/men will start looking for you and if you accept to become friends, automatically you will have sex. (Community18_F: 586 - 590)

They feel it is their time. I think this comes automatically that you [women] need your fellow in that way...These people think that is the only way they can live and if it is not that then they are not happy.

Question: So they need partners?

They need partners, temporary partners for those who are not married (Community20_M:139 - 147)

In traditional times, rites of passage occurred close to the time of puberty and signaled entry into adulthood. Formal instruction in sexual matters occurred at the time of puberty, often as part of rites of passage, with the expectation that sexual relationships were soon to follow.

50 years back these young girls were put in a house of the older...and taught how they can refrain from dirty movements and go about their sexuality when the time reaches...these days these things are not taking place (Community16_M: 422-430).

It was their [grandmothers] responsibility to make sure the girls were virgin till then [marriage]. But now there are no such rules (Community13_M: 158-161).

My grandmother would come and talk to us because she was freer with the girls than the parents...But now people are dying so fast...Some don't have their grandmother. Some do (Community14_F: 304-308).

Young people married soon after, with their earliest sexual desires and drives accommodated in marriage.

Today, Kenya faces a situation that is common around the globe. As more years of education are made available and expected for children, childhood is prolonged well beyond the ages at which marriage and childbearing had occurred in the past and a new stage, *adolescence*, is introduced. This creates several dilemmas: who is responsible for these child-adults; how do beliefs about sex as an activity that is natural, normal and expected post-puberty interface with a prolonged period of adolescence. The tensions and difficulties that result, particularly for families with limited resources, are evidenced in the following comments:

Some parents have just left their children free, their children can just visit places whenever they feel like or to any place where she does not even have a relative (Teacher4_F: 763 - 764).

It is very hard to find them waiting to have sex until they are married. They are still following their traditions; it is just like in the olden days you would not find children going to school they would just be herding cattle. It is not until the government came in and stressed the importance of school that the parents started taking their children to school (Community13_M: 70 - 77).

Rites of passage, as signs of readiness to enter adulthood, have lost some of their meaning as many youth do not take up adult roles and responsibilities until well-beyond the age when these rites have typically taken place. This leads many to question how youth should now be taught about sex and what the new scripting of sexual relations should look like.

Like what used to happen in the olden days [teaching young people about sex]. That is not there (Community9_M: 302).

Age for Sexual Initiation

When discussing community expectations and socialization of children to these expectations, adults spoke often of the mixture of new and old ways, with most unclear about how to integrate them into a single, coherent script. This is seen in the diversity of ages and stages provided by adults for when sexual initiation was expected to occur. While everyone identified a specific age or stage when playing sex became expected and acceptable, there was no consensus on what this age should be. The most commonly cited time was at marriage or when youth were ready for marriage. In both Luo and Kisii communities, the latter was often identified as the age of puberty – e.g., when a girl has begun menstruating she is both ready for marriage and for sexual activity.

They should wait until they get married (Community18_F: 306).

Expectation is that these boys and girls should only do it after they are married (Teacher9_F: 605-607).

When she starts her monthly period...she has reached the age of playing sex because that is the age of marriage (Community16_M: 226-229).

In this community, the members think that their children once they have reached the adolescent stage are free [they] should conduct themselves the way they feel like (Teacher4_F: 492-495).

On the other hand, some youth and adults advocated postponing sex until after marriage and marriage until school completion. This delay was most often justified as necessary because of the presence of AIDS and the need to postpone sexual activity in order to complete school or to remain safe.

They should first seek education without thinking of sex. Then after school and education they get married and have sex at their homes with their partners, after they wed. I would wish that because we used to do that in olden days. (Community22_F: 438 - 441)

Playing sex before marriage is bad and even in the bible playing sex before marriage is bad (Boys11: 190-191).

A person should wait until they reach 18 years of age (Community13_M: 169).

They should do it at the age of above 20 then others to reach 26 (Teacher15_M: 569 - 570).

Sometime back there was a tradition that before you marry a girl you should have had sexual intercourse to prove her fertility...[now] the community have supported that sexual intercourse come maybe after marriage (Community23_M: 166-168).

Especially a time like this leave alone tradition...better a child has finished school or college and has been employed (Community2_M: 192-196).

As is the case in many cultures, the expectation for postponing sexual activity was applied most stringently to girls.

They tend to be a bit careless with the boys, they only want [worry] about the girls. You know the girl should behave this way. But the boys, they don't know that it is these boys who go from girl to girl (Teacher17_F: 670 - 673).

Cultural Norms

Both Kisii and Luo leaders spoke of a past when rules and sanctions related to sexual behaviour were clearer.

A long time ago they used to say that if a child conceives when she is still at home, then she cannot get married...or can only get married as a second wife (Community12_M: 282-286).

There used to be customs for girls and boys long ago...if you break a girl's virginity you compensate her. Such are no longer there....as a custom girls were to wait until marriage (Community13_M: 156-159).

Prolonged schooling has pushed marriage, but not sexual activity, well beyond the age of sexual maturity for most youth. Typically parents are expected to maintain control of their school-children, though many spoke of the difficulty of doing so and others decried what they perceived as parental permissiveness.

Because traditions have changed and education has come...the young parents allow girls and their boyfriends to come visit the girls (Teacher12_M: 516-527).

You know sex is in different ways. You see money like in this village many young people fish. They start fishing because their parents cannot take them to school but when a young person starts to have his money he feels equal to the father and the father cannot advice him because you can only have control on your child if you provide for him / her. (Community24_M: 108-113).

Norms around sexual instruction are also changing, with multiple, at times conflicting, norms existing side-by-side. Some were clear that the taboo against adults other than grandparents talking about sex with children remained. This was particularly true once children reached sexual maturity. At this point they were considered “learned” and to speak to them about sex would be considered a sign of disrespect.

Calling the name of private parts to a child is almost a taboo. So it is tradition (Teacher2_M: 62-63).

We have this culture that doesn't allow us to talk [to children] about sex in public (Teacher27_M: 213-124).

Direct contact between a boy and a father or a girl and a mother is still a problem. So actually our children can't learn about sex through their parents (Teacher18_M: 685-688).

When a young boy or girl is circumcised, they consider themselves adults and they have respect among other adults. For example my son, there are some things I should not talk about when he is around because he is circumcised. And if it is a girl, there are certain things the father cannot talk about when she is around because once she is circumcised, she is an adult and should be respected. So when they pass that stage we automatically know this child knows about playing sex (Community15_F: 432-441).

Some recognized that the cultural taboo against speaking with the young about sex needed to change in order to protect young people from HIV/AIDS.

Most parents don't really talk to their children about sex...but because of what is happening now they have to be told the need to break taboos...I think now that they have seen what is taking place they can break the taboos and talk about it freely now (Teacher1_F: 88-95).

And some claimed it was, in fact, changing.

A mother can talk to her son...and a father to his daughter...depending on how free the two are. There are boys who do not feel insulted if you ask them such questions, as pertaining their sex life (Community8_F: 178-192).

When combined together as leaders, we talk about sex freely with our children, whereby we don't hide anything (Community21_M: 456-459).

It has been like a taboo to talk about sex to the children but it is almost getting broken (Teacher1_F: 227-228).

Question: Do you think there is a problem talking with boys about sex?

These days no...now is not the time of hiding anything from a child. They should be told the truth...because the disease HIV/AIDS is killing children, middle aged people and old people (Teacher11_F: 209-222).

Where do young people learn about sex? According to community leaders, young people learn about sex informally or don't need to learn, since it is natural:

They learn it from peer groups (Community3_M: 325).

They learn about sex in the discos (Community30_F: 418).

That [sex] is natural, nobody teaches them (Community11_M: 348).

According to young people, the most common form of learning about sex was through observation. In fact, woven throughout each focus group discussion with students were references to learning how to play sex through observation.

Young boys will see how dogs are playing sex in the field and they will copy what the dogs do (Boys8: 862-863)

As a child grows up they will copy what they see going on. For example they will hear that in a given village a boy played sex with a given girl and so as you keep on hearing these things you eventually decide to try sex (Boys11: 605-608).

When they try to look at the TV they see what people do [play sex]...and say let us just try

taste this (Boys6: 226-232).

Enforcement of Norms

Communities typically maintain a variety of formal and informal sanctions that serve to reward or punish those who adhere to or violate community norms. Some extreme examples: a pregnant girl may be expelled from school because of her pregnancy while a girl who is a virgin at marriage may command a higher bride-price, a boy who fathers children out-of-wedlock may be held responsible for their support or may be considered a less desirable marriage partner, sexually active youth may be called names, adults who rape very young children may be subject to legal or physical penalties. When asked about how sexual norms and expectations were enforced, many responded that there was no real enforcement.

Question: [Are there rules] *that spell [out] what to do if a child behaves in a certain way?*
There are no such rules here (Community14_F: 501-503).

There is nothing much that can be done [to enforce the expectations] (Community19_F: 259).

We' ve talked to them but they don' t listen. So, we tell them that the world will teach them or they' ll die from the disease so you just leave them(Community7_F: 592-595).

You sit her [your child] down and she refuses to listen then the world will teach her (Community17_F: 367).

Others provided examples of enforcement.

The boys and girls can be exposed at the assembly grounds so they are beaten and punished (Community8_F: 388-390).

Lastly he/she will be in the hands of the government (Community16_M: 350).

The chief can take him and beat him thoroughly with a stick and if he is a kid that listens he will stop that behaviour (Community30_F: 353-355).

Generally, however, enforcement was seen as a difficult task, with parents, rather than the community, carrying much of the responsibility.

It is difficult for the community, it is very difficult (Community3_M: 260).

[If] *you get children misbehaving. You will come and tell [the child's parent], "that daughter of yours is not good" (Community28_F: 299-301).*

Parents have a real role to play (Community21_M: 275).

If his daughter has been impregnated...look for the person who has done this

(Community24_M: 264-265).

In the presence of a predominantly informal method of teaching about sexual expectations, community members expressed frustration that young people did not heed their advice or warnings about abstaining from sexual activity.

They don' t listen to what we tell them as parents or as leaders(Community1_M: 220-221).

Even if you stop her I don' t think she will listen to you. You may talk but she will not follow (Community28_F: 229-230).

Even if you tell them to wait they will not listen (Teacher25_M: 309).

However, though youth were considered to be difficult to reach, community leaders were unwilling to give up and recognized the importance of perseverance.

We can' t get tired. Children are children and a child is a fool. We will not leave them. We will continue educating them even if they do not listen we will continue teaching them. You know a stupid person never sees his stupidity so we have to tell them in the morning, evening, tomorrow and even the day after, you will continue telling them (Community25_F: 285-291).

The Views of Youth

When asked what they had been taught about sex, young people reiterated much of what the adults had said about the absence of specific times of learning or specific rituals of instruction. Mostly they spoke of learning about how to protect themselves against disease.

We are taught that as young people we should not play sex until our time reaches to play sex (Girls14: 1342-1343).

That if you play sex you might get AIDS (Boys13: 1384).

When you are married you must have only one partner (Girls3: 1382).

Despite the absence of formal teaching, young people expressed a desire to be told about sex by a variety of people including *teachers, parents, grandparents, chief, pastor, doctors and nurses, older sisters and brothers*. What was important to young people was being taught by people who were comfortable talking about sex and who they felt free to talk to in return and by those who would “tell the truth.”

Not just any teacher but the one who is free with the students (Girls16: 2137).

They [parents] are the ones young people can be free with (Boys12: 1507).

Teachers tell the truth. At home your father may be immoral himself so he feels guilty talking about it (Boys13: 1398-1401).

They were able to clearly articulate what they would like to learn:

- *Ways to abstain*
- *What sex is and how you are supposed to engage in it*
- *How to remain faithful to your partner*
- *How to protect yourself from AIDS*
- *Consequences of playing sex*

And reasoned that they needed this information in order to avoid:

- *Disease and death*
- *Stigma attached to having AIDS [If you have sex before marriage you may get infected and people might run away from you (Girls5: 402-404)].*
- *Early pregnancy*
- *Being denied traditional marriage and community status [She(a girl who has played sex) can only get married as a second wife... You cannot be accepted in the community. You will look like a prostitute. (Community12_F: 273-285)].*

Young people reasoned that if they were taught about sex it would enable them to protect themselves, and felt that they could not protect themselves without the guidance and support of their elders.

Once they are taught those who hear and take heed will refrain from playing sex. While those who don' t take heed will continue playing sex and contract diseases(Girls4: 1111-1113).

It is important to be taught about sex because [then] we will start doing it the right way and it will help stop the spread of AIDS (Girls5: 2001-2003).

If you take care of yourself by not playing sex till the right time [you can protect yourself] (Girls16: 1478-1480).

It was clear in focus group discussions that youth had absorbed the messages of their elders about the desirability of waiting until marriage to play sex.

Playing sex before marriage is bad and even in the bible playing sex before marriage is bad (Boys11: 190-191).

It' s badIt kills people (Girls1: 136-139).

For those who saw the benefits of waiting however, sex after marriage was seen worth waiting for.

You know there is a time for everything. I support those who say...let's wait...[for] a good husband...[and not have to] remain at home which will lead [your] child to become like these street children (Girls5: 370-377).

This message gained immediate support from fellow peers.

Others what do you think?

I suggest that [1st respondent]

I suggest [2nd respondent]

I agree with what [she] says [3rd respondent]

(Girls5: 385-387).

Summary

Communities are caught between traditional expectations, patterns of being, and ways of teaching the young and the demands of today's society. This is particularly problematic in the area of youth sexuality where traditional beliefs in sex as natural and normal in post-pubescent youth together with a prolonged period between puberty and marriage leave youth and their elders without socially structured and sanctioned ways to deal with adolescent sexuality. Most ascribe to a preference to wait until marriage, but face difficulties realizing this preference in their actions.

SEXUAL SCRIPTS

Sexual scripts codify the norms that guide the sequence of events and interactions that culminate in sexual events such as intercourse. They are much like the scripts of a play or movie, complete with identification of appropriate actors, times, locations, motivations, dialogue and events that lead to and follow playing sex. While the possible diversity of scripts is immense, the reality is that in each culture there are only a limited number of scripts that appear to be followed with regularity. HIV prevention usually requires some modification or addition to sexual scripts. This may be a change in the timing of sex (e.g. to a later age), the actors (only between married partners), or in the dialogue or activities that lead up to playing sex (e.g., the introduction of condoms). Familiarity with existing scripts is important for effecting such changes.

Dating Relationships

In focus groups, the conversation about boy-girl relationships began by asking participants about the nature of dating relationships among people their age in their own community. Their responses indicated that students began dating between 9 and 20 years of age, with 11-15 years the most common age to begin dating. Sexual activity appeared to underlie all dating scenarios and young people often spoke of “dating” and “playing sex” synonymously. When asked what boyfriends and girlfriends do together common responses were:

Most of them play sex and do things which are not good (Boys11: 68-69).

Question: *What do boys and girls who are dating do together?*

Sex

Question: *And what else do they do apart from sex?*

Just talking, talking about love. (Girls1: 63-68)

Question: *What are the things boyfriends and girlfriends do when they are together?*

They kiss

Question: *Talk loudly; don't fear?*

Play sex

Question: *What else do they like doing when they are together?*

They like sleeping on the bed

Question: *Apart from kissing what else do they do?*

Playing sex

Sex

They play sex

Question: *Is there anything else they do when they are together?*

Silence (Girls10: 90-110)

When other activities were mentioned, they appeared to be a prelude to sex. Thus, boyfriends and girlfriends were said to talk about sex, which often led to sex:

They talk as they walk home and when they arrive at the boy' s house

he tells her to remove her underwear. They both enter the bed (Boys7: 110-119).

Their joint recreational activities also led to sex:

A boy can even take a girl home to listen to music. After they listen to music, they eat and then the job starts [sex] (Boys8: 125-126).

They play together

They walk together

They can even sleep together

They hug each other

They go home telling stories (Boys12: 116-120).

Only one student described a young dating couple without reference to playing sex.

They usually go to discos, movies, go swimming (Girls5: 102-103).

However, in several interviews with adults, discos, dances, and movies were thought to be connected to playing sex and were, therefore, frowned upon. Of interest is the fact that, despite the attention paid to these by adults, few students mentioned discos or movies as something they did together.

You will find from the age of nine to fourteen years. Is like going for preparation. When they come back in the evening they have something to learn, things like that. Going for preparation means when they go to watch this films it's like they are being prepared for sex When they come back in the evening they will put what they saw in the film for test (Community1_M: 541 - 550)

What I observe is that when a person attends a funeral in somebody' s home there is a disco throughout the night even for four days. So where there is this music boys and girls go to dance and that' s where they meet and that is where they play sex(Community14_F: 541 - 545)

These nocturnal dances they should not attend, this one can be (Community 21_M: 517)

Well mostly adventure and the pressure from friends and also I think what they see in the movies, in the videos, there are these things they are calling the video halls and we have come down very strongly on these ones. The kind of pictures they show there are very bad, from the West, so our young ones want to try to imitate what they are seeing in the video halls, so I think that is a major reason. (Community6_M: 184 - 191)

Even church activities were considered by some to have the potential to lead to sex for boys and girls.

There is this called you know every church they say overnight prayers things like that. Overnight prayers on my side I' m not pleased because they keep young people together.

They say these ones are saved and when you leave them to continue with the lesson. They then stop the lesson and they start learning their own things (Community1_M: 447 – 459).

In some communities, young people spoke of relationships between boys and girls as prohibited by adults.

Here in school we are cautioned about these things [dating and sexual relationships] (Boys6: 83).

Those things are prohibited [premarital sexual relationships] (Boys11: 357-358).

According to young people however, forbidding relationships led to secrecy, rather than abstinence.

You cannot know [if people are dating] because they do it secretly (Boys6: 97-98).

From Dating to Playing Sex

There appeared to be little differentiation between dating and playing sex. Many described sexual relationships among young people as akin to dating, and thus playing sex was common.

Playing sex [among young people] occurs everywhere (Boys11: 181).

Although some attending boarding school denied that it was common in their school.

It [premarital sex] happens in the village but over here [at this school] it does not happen (Girls4: 157).

And some were not sure of the extent to which young people played sex in their community.

Maybe they do (Boys11: 165).

Yes, but not frequently (Boys4: 153).

Some youth indicated that there were those who would rather wait to play sex .

[Boys would] rather wait (Boys15: 388).

Some want to play, and some don' t want to (Boys12: 499).

They would rather wait (Girls16: 822).

Most of them want to play sex but few of them do not (Boys8: 842).

However, they acknowledged that very few waited until marriage to play sex

As long as a girl has reached adolescence stage, if a boy approaches her for a love affair, she

will accept. (Boys11:192-199)

Question: *There are not virgin ladies or men?*

Men who want virgin ladies are there but no virgin ladies.

Question: *That' s what you see?*

Yes

Question: *And virgin girls who want virgin men?*

There are but to get them is difficult (Community4_F: 487 - 495).

First Sex

Though students claimed 11-15 as a typical age to begin dating, some indicated that sexual activity might begin earlier, often as a result of imitating parents.

Some kids even start at 7 years old. (Boys13: 1214-1217)

When they are young, Sometimes parents are very careless. They can do sex when their small kids are seeing. You know they will imitate what they are doing when they are small. Only a sister and a brother can imitate what they are doing. After imitating what the parents are doing, next round they will do themselves. Now they will go out to show other kids. (Community10_F: 465-472)

Children like to play sex with their cousins or small kids (Boys8: 339-340).

Negotiating Sex

Apart from these very early, pre-pubescent sexual encounters, youth described two starting points for sexual scripts. In one, sexual intercourse was described as occurring haphazardly, with no apparent premeditation, negotiation or prelude – i.e., as something that just happens.

On Sundays [young] people work routine chores and start talking to each other, then hide in the bush [play sex] (Boys13: 61-63).

When they meet, they agree even to play sex (Boys6: 145).

The other was characterized by a process of negotiation and gift giving, in which letters or messages were sent to the girl or boy of interest, through a mediator.

They write letters to each other and send it through a third party. So at times the third party breaks the news (Girls4: 65-67).

He talks this girl [mediator] into...helping him...[and] gives her something [for doing this]...the girl will tell the boy to be ready, today I [mediator] will bring for you that girl (Boys8: 931-938).

Boys were described as being the initiators of most relationships and the ones who were

unrelenting in their pursuit. As part of expressing their interest in playing sex it was customary for boys to shower girls with gifts.

Sometimes you get a boyfriend [who] gives the girlfriend money. He buys her lotion and other things. He tells her that anything you want I will give you. I love you so much...then they sleep together (Girls10: 201-208).

Gifts

Money or the exchange of gifts clearly formed the basis of most sexual relationships and youth provided elaborate details and descriptions of gift giving. Boys thought that money was a primary motive for girls to play sex.

It may be a source of money for a girl so whenever she wants some money she goes for sex (Boys13: 755-757).

Boys and girls alike were insistent that if a boy gave money or gifts to a girl, he was entitled to receive sex in return.

If you give her something small, she will play sex (Boys8: 672-674).

The boy gives the girl money and after you have used it, he comes back for the money or you have to play sex with him. So the girl just accepts (Girls16: 408-410).

Maybe the girl has taken too much of his money and when the boy starts demanding his money the girl decides to agree to play sex so that she can clear her way (Girls14: 835-837).

If girls refused to keep up their end of the bargain there were severe consequences.

She will be given a gift then she will just accept...and if she refuses, she can even get abducted...she is grabbed by force...then she gets raped (Boys12: 161-623).

Gifts that were commonly listed included:

- *Shoes or slippers*
- *Petroleum jelly*
- *Lotion*
- *Clothes*
- *Jewellery*
- *Petticoats*
- *Scented oil*
- *Mandazis [pastry] or biscuits*
- *Food*
- *Money*

A few boys attempted to estimate the amount of money it took to get a girl to agree to play sex.

Boys give 200 [Schillings]...Girls even take 10 [Schillings]...some girls are so cheap they even take 10 Shillings (Boys13: 447-448).

A mediator was especially important in negotiations that involved the provision or exchange of money. In these cases, the mediator helps to bargain for the right price and is responsible for the exchange of money between the boy and girl.

[My friend] visits me at home and let' s say she bring me money from the boy and I receive it (Girls4: 71-73).

Gifts and money in exchange for sex played an important role for girls from poorer families.

Some girls according to their family background are poor and in school can't afford a biro pen or petroleum jelly. A rich boy will buy them for her so with time if a boy approaches this girl for sex she will easily accept (Boys11: 416-420).

Some suggested the reason that girls from poor families played sex was specifically to gain money or gifts.

If the child is not well prepared from home...their basic needs...especially in girls...if they miss those things that they require they will go out for handouts and these ones really now make the girl indulge in sex the act (Teacher16_M: 519-525).

Because of poverty; like now you know these schools near here, if they get somebody who is very rich let's say a tycoon, he comes he gives one thousand to a girl. The girl will say this one thousand I will buy oil, nice things but she has got the disease because of poverty (Community10_F: 200-205).

Maybe she has no shoes and if she gets a boyfriend he can buy for her shoes. Parents are also different. There are those can't afford to buy things; they are not well off. So, this girl may see a girl with good shoes or a nice dress and she will also want these things. (Community14_F: 374-382).

Several connected prostitution with material needs.

That is what I told you, because of this prostitution, these men meet with these virgins through prostitution line because this virgin does not have anything to help her living. So men are the people who have money, who have food, who have what have you, which can help these young ladies, so this is a way of ruining this young generation. Because you bring in her way things, which she has not reached to think such like having money, having good clothes, having good shoes in a dirty way. So that is instilling prostitution in these girls at a younger and this is ruining this generation. Because this is a generation, this is a good generation but these men are ruining her. [Community16 : 393 - 403]

It comes because of poverty. You find a young child female goes for sexuality earlier

because of poverty. You will find a young girl strolling with a young woman or a bigger girl or older than her by age; she goes with her in prostitution. This young girl accompanies this lady because of poverty. She joins this lady because of poverty (Community16_M: 250-255).

Partners

Sexual relationships were typically described as occurring with boyfriends who were older in age than their girlfriends.

You can find an 11-year-old girl having sex with a boy of 17 years (Girls4: 161).

In most cases you will find a boy with more years (Boys6: 338).

It was commonly accepted that boys date younger girls because they are presumed to be more fresh, innocent, and unknowing.

Another reason is that he sees this one who is young she cannot think far like the one who is older (Boys6: 359-360).

The younger girls who “cannot think far” were described as easily accepting or quick to give in to sexual persuasion or gifts.

She can easily accept, she can give me the way I want (Boys6: 351-352).

Let us say I am older and my girlfriend is in class 4 or 5, now she will just follow my order (Boys8: 184-185).

Interestingly, there was also the perception that older boys wished to maliciously ruin a girls life by forming a relationship with and engaging in sexual activity knowing that they were infected.

You find that he might spread them [STD's] to the girl thus interfering with her education (Boys11: 233-235).

If a young boy knows he has AIDS and wants to spread (Boys15: 121).

Attitudes toward dating older females, however, were often negative with boys expressing fear of doing so. They admitted to feeling a powerlessness and lack of control over sexual encounters with older women.

She can hurt you because she might demand too much and maybe you cannot satisfy her. You are the one who will get hurt. But she will be very happy.

The way she grooms herself in a manner that when you look at her you just accept (Boys12: 253-254).

Older women were also described by boys as overly seductive and coercive.

There are some girls without boyfriends who choose small boys then rape them (Boys8: 247-248).

Secondary school [girls] go to younger boys, who they can trick (Girls: 316-317).

The young boys bring something to their house...and the woman locks the door and insists of having sex with him (Boys13: 303-304).

She lures schoolboys with money (Boys15: 123-124).

In some cases, boys adamantly refused to entertain the idea of a sexual relationship with an older girl.

*Do some boyfriends play sex with an older girlfriend?
That one is not possible (Boys11: 221-226).*

However, older women and girls were also seen as providing several advantages.

They say that they have bigger breasts so when they lie on them they feel nice (Boys13: 243-244).

*Maybe someone else has already played sex with her and opened her...people like those ones who are not opened [virgins], they [the boys want to] open for themselves ... Older girls are already opened, they [younger boys] don' t disturb them(Boys12: 212-213).
(Boys12: 207-213).*

Community leaders spoke of sexual liaisons between girls and older men as resulting from trickery and deceit and fraught with difficulties.

That' s their nature. They want many girls and that' s why you see they marry many women, even now those who have three or four wives and the kind of life they lead, they still want young ladies to play sex to and interferes with her life [Community18 : 418 - 427]

That happens a lot of time. There are men who are old, lets say these ones who have become parents, also with the body lust when he sees somebody' s daughter he wants to try his best even if it means giving money or buy something valuable to accept to play sex with him. The community has always discouraged this. They' re a few people with this kind of behaviours in our community whose work is to spoil other people' s daughters. [Community2 : 279 - 286]

Yes with a virgin girl he feels younger and feels very good. Most of these girls are forced because they don' t like it, it is not their wish to play sex with these men and most of them are mostly raped, forced. [Community26 : 512 - 517]

Girls, however, spoke primarily of the benefits associated with playing sex with an older boy or man. These largely centred on the idea that older boys were more reliable and better able to provide money in exchange for sex.

The girl sometimes goes to play sex with the [older] boy so that the boy can give her money (Girls5: 293-294).

Older males were also perceived as more capable of taking care of a girl if she became pregnant.

Even if she gives birth he [older male] will buy the baby clothes for the baby (Girls8: 361-362).

Girls described older men as a source of sustenance and well-being and were quick to use this as a justification for engaging in sexual relationships with them. This can be seen in the following focus group responses to the question “Why do young girls engage in sexual relationships with older men?”

*Anything she wants she will be given.
To help you with any problem you have.
If your parents can't help you he can help you.
If you don't have parents he will help you.
He will give you money to take to school.
He buys you clothes if they are torn.
(Girls9: 354-427)*

Older males were also perceived as more gentle and kind and not as likely to use force or physical action to get their way with a girl .

You might find the boy is polite he is not harsh and when she annoys him he doesn't beat her (Girls14: 237-238).

Despite this apparent preference for older boys or men, it is notable that the majority of pregnancies in girls in Standards 6 through 8 were ascribed to agemates who were not in school, with very few ascribed to business travelers, family friends or relatives.

Force

Much in the sexual scripts that were described in qualitative interviews was spoken of using a discourse of force. Boys (and adults speaking about boys) felt forced by their sexual urges, their peers and by what they perceived to be the expectations of girls and their community. Girls felt forced by material needs, their peers, requirements of reciprocity and familial obligations, and by the actions of boys. These scripts made abstinence difficult and unlikely

In the self-completion questionnaires, 34% of boys and girls who had been sexually active said they had, at some time, been forced. Although 36% of youth said they had, at some time, refused

to play sex, in focus groups, refusing sex was described as uncommon.

To explore how force occurs and what it means, young people were asked to define force, comment on the extent to which it was present in their community, and recommend ways in which it could be dealt with.

Boys – Biological Force

The majority of boys, girls and adults asserted that boys could not control their sexual urges when they reached adolescence. Boys maintained that these urges forced them to play sex.

Are there boys who can't control their urges and desires?

Yes there are.

Yes there are.

Yes there are. (Boys11: 343-350)

Boys can't control because once they get stimulated whichever girl they will find they will ask to play sex with. (Boys8: 550-551)

Young boys of these days are mad I tell you, they can not wait. The ones I know including my own sons are bad. (Community5_F: 141 - 142)

When he is in puberty stage it forces him beyond control... He cannot be patient to wait or stop to play sex because when he has reached that age it forces him. (Boys7: 283-291)

It is almost impossible because with teen age, and this is the adolescence stage and at times they become even wild when they meet other sexes. So you find it almost impossible because at such times they pretend there is nothing said or taught against AIDS and therefore this is why we find that it is even impossible. So as we lead these people because they are even in the community, you see most of them may pretend that they are receiving from those who train them but afterwards you may find if you trace them you find them doing it the opposite way. So I don't think it is easy for these people to remain virgins. (Community20_M: 74-83)

Others explained it as a male biological urge that must be released.

The sperms reach a point they feel backache so they want to release. (Community10_F: 504-505)

Some blamed girls for creating sexual urges in males.

That is when boys say "you know girls disturb us a lot, you find a girl has worn a very tight dress and it has a slit and she is walking now our blood pleasure rises, that is what makes us to start those things". (Community7_F: 297-301)

Question: *Why do you think it is hard for young people to wait?*

Adolescence. When it begins there is nothing you can do. When you are in adolescence you are like an insect. You frequently brush on girls you touch her you only think of doing

sex. (Boys13: 360-365)

Despite the pervasive claim that male urges could not be controlled, some boys indicated that it was possible to resist sexual urges and suggested tactics for this.

Just get hold of a jembe (a hoe) and dig hard. By the time you are through with digging the sex feelings will have disappeared. In any case nobody is beating you up that you play sex (Boys11: 587-592).

By the help of your elder brothers or concentrating on something that is not evil (Boys6: 274-274).

When you are erect you may talk to another person, not a girl and it will cool...even pour cold water on your legs from the iron sheet (Boys14: 334-359).

When you are erect you may talk to another person, not a girl and it will cool. You may reduce it by force, because it cannot refuse. (Boys 13: 343-349)

Boys – Exclusion from Peer Groups

Boys who abstained, or worse yet, refused to play sex when they could have, described being excluded and rejected by their peers. They feared being labeled as “impotent” “weak” or “stupid” if they did not play sex.

Question: If there is a boy who says that I don't want anything to do with sex, what do you think his friends, other boys will think?

The other boys will not want to associate with him.

Yes they will not want to walk with him.

They can even insult him that you are impotent we don't want to walk with you, walk alone.

You there is nothing you can do even if you remain with a girl here. (Boys12: 438-445)

He is a weakling if he refuses sex but the girl wanted (offered).

He does not want this nice things or behaviours.

They may insult him

It means that you are weak and you do not even know how to talk to a girl.

Question: Apart from weakling, what else they might say?

That you are impotent, castrated

They may stop you from hanging with them, they may beat you, ask you how can we give you a girl and you refuse? (Boys13: 541-550)

They may chase him from their group because he is impotent (Boys15: 369-370)

Question: How do boys respond when another boy doesn't want to play sex with his girlfriend who wants?

They will tell him you are a fool you don't know. You are very stupid you don't know what to do. (Girls10: 632-635)

Question: What will the girl think about the boy if he refuses to play sex?

*She will despise him
She will think he has AIDS
He will think maybe he has a disease that is why she refused. (Boys7: 339-343)*

Boys – Spoiled Virility

Boys also expressed concern that if they were not involved in playing sex at a young age that they would not be able to impregnate a wife when married. The ability to impregnate a girl was seen as essential to masculine identity.

Boys believe that if they don' t play sex now when they will be married they will be unable...some also think that if they start now when they are young their sperms will mature and...they can be able to make someone pregnant (Boys12: 769-774).

Trying [to play sex] can happen for example if a boy wants to see if he can make a girl pregnant (Boys8: 600-601).

All of these factors worked against a boy refusing or abstaining from playing sex. Boys were clear, and often adults agreed with them, that these factors ‘forced’ them to play sex and that most of them had no choice or control.

Girls – Physical Force

Boys and girls agreed that for girls, the consequences of refusing to play sex were particularly dire. If a girl refused to play sex, particularly if a boy had presented her with a suitable gift, she was expected to know and to accept the reality that the boy would force her to play sex.

Some girls [who refuse] like it when the boys force them (Boys13: 812).

He can ask. If she refuses he will throw her down, tear her clothes and force her to play sex (Boys7: 318).

He will beat her whenever he meets her...drag her away even if the girl doesn' t want (Girls14: 407-408).

They will end up fighting...the boyfriend will end up using force...he will end up carrying her...he will lock her in a house where she won' t be able to run away...then he will sleep with her (Boys2: 389-402).

That boyfriend of hers might kill her (Girls10: 751-755).

Of note is that in none of the focus group discussions did boys or girls describe a situation where a boy merely accepted ‘no’ from a girl. Instead, forced sex was described as a common experience by young people.

Many boys force girls to play sex with them. They can even tear their cloths (Boys6: 303-304).

And on occasion, it was described as a group effort, wherein a boy who was refused rounded up his friends to either beat or rape the girl.

When she is on her way [to the shops] there is a bush there. She finds some boys...and she doesn' t have energy to fight them all...if she refuses, then they rape her(Girls5: 1193-1197).

What happens when his girlfriend refuses to sleep with him?

He beats her.

He forces or drags [rapes] her.

He looks for many boys to carry her to their place.

(Girls9: 577-596).

If the girl is older than him he can look for other boys to come and help him beat or grab her (Girls9: 851-852).

Force was also described as a premeditated effort wherein the boy purposely planned a way to avenge a girl's refusal.

When the girl has refused the boy might time her and then let's say when the girl goes to the shop to buy something, the boy might call the other boys. Then they come and beat the girl who refused to play sex with him (Girls5: 853-857).

He may leave her, but when he finds her alone elsewhere [he will] rape her

And boys were known to threaten girls if they told anyone they had been raped.

After raping her he tells her that if she ever tells somebody, he will do something bad to her (Girls16: 438-439).

Girls – Expected to Say “No”

Girls recognized that despite the consequences of refusal, they were expected to refuse to play sex.

If the girl is intelligent enough, she will not accept. But there are some boys who end up forcing them (Girls16: 360-362).

A boy's body may heat up when he thinks about a girl. If he sees her then, even if they have to fight the girl must give in (Boys13: 215-216).

Question: *Do you think there are ways a girl can get her boyfriend to respect her wishes?*

No. (Girls10: 774-779)

The conviction that refusing sex would lead to force did not prevent girls from providing ideas on how to try to resist that force. Some suggested using religious persuasion:

She tells him the word of God, she reads for him a verse (Girls10: 792-793).

You will tell him in the name of Jesus Christ all that what you are thinking about [sex] will pass. This will make you pray for him everyday and he will change (Girls10: 1161-1176).

You tell him let' s meet in church. When you meet him in church you take him to the pastor [and say] "Pastor, this person disturbs me everyday I' ve tried to tell him he has refused. Try to tell him "(Girls9: 1121-1125).

Instead of confronting the boy, some girls saw it fit to leave their fate in the hands of God.

The girl should continue to pray God to help her he doesn' t spoil her badly(Girls10: 1155-1158).

Or they appealed to love

She must tell him the effects of having sex [early]...[and that] if you really love me just wait the time will come when we are husband and wife. The only thing to do respect me now and later you will be free (Girls5: 880-884).

Others suggested trying to reason with a boy either through a mediator or directly by themselves.

She will send somebody else to try to convince him on her behalf...or writes him a letter (Girls14: 608-609).

They should sit down and discuss and come to a conclusion (Girls16: 780).

Girls – Trickery and Cheating

Girls often spoke of being tricked or 'cheated' into playing sex, not necessarily by the sexual partner, but by someone else. This often happened when a relative (brother, sister, aunt, mother were mentioned) accepted a gift or payment from someone which obliged the girl to provide restitution by playing sex. Alternatively, a girl might be sent to get food, but her only way to do this was to exchange sex for the food.

** Q : How does this happen, what does he tell the sister?*

After introducing the two, then it is the brother who gets the fee because he has done for her a good thing. He tells the sister to go and finish with the friend!

Q : What does he tell his sister?

He tells her to go and finish with that boy and to talk nicely with the boy. He tells the sister to use that boy, maybe offer sex once in two weeks but eat a lot. (Boys13:650-660)

Some aunts spoil children, they invite girls to pay them a visit during holidays but had previously arranged with a man, so when you go, she might trick you to go and fetch something from his house instead you are going to your new household.

Or someone wants to talk to you in that house but when you go you meet different stories. (Boys13: 700-715)

Scripting of Physical Force

Boys felt that physical force was especially warranted when the transfer of money or gifts was not followed by granting the boy sex.

At times a boy might have given the girl a gift. When the time comes for sex the girl refuses. Then the boy will insist for a payback. If she refuses, he will rape her (Boys13: 785-787).

As with the haphazard occurrence of playing sex, in some cases, force had nothing to do with refusal and occurred in the absence of any apparent provocation.

Like when you are going swimming and...you don' t know it is late to go back home...there are some boys who will just be waiting there. Then they will rape you later (Girls16: 1280-1282).

Or deceit may be used instead of physical force.

Yes that happens often. A boy may deceive a girl to drink so much alcohol for her strength and then she becomes so drunk. Then he has sex with her (Boys15: 539-542).

You may find a boy telling her that I will get married to you just for pleasure then he goes to another one [saying] I will get married to you. This one continues. Boys normally cheat them [girls]. So, we advise them strongly not to be cheated (Community1_M: 165-167).

Sometimes coercion or force was not perpetrated by agemates, but by adults.

A sugar mummy...might cheat the young boys that she will give them biscuits...then she rapes them (Boys8: 271-274).

Workers on the building project...some of them take advantage of the kids (Boys8: 318-319).

They [girls] may meet fishermen who buy them mandazis [pastry] and demand payback [sex] afterwards (Boys13: 899-902).

A teacher [female]...tells him to go and get something from her house then she does it...Do you know of any ways a boy can be forced to have sex? Yes, teachers...common with boys in boarding schools (Girls16: 1370-1390).

She [his mother] was dancing and calling her son come we play sex...and that son went and slept with her (Girls10: 1001-1016).

Maybe this cousin of yours has a friend, so they come and collect you from school to go to their house on the way they take you to somewhere else and rape you (Girls16: 1295-

1297).

Force was often described as more likely to occur in certain locations or times such as on the road, going to shops or marketplaces, at a boys house, or at night.

He will find her on the road and beat her because...she has refused (Girls10: 565-566).

Some boys who might be waiting somewhere so they can rape you... going to the shop at night (Boys16: 1315-1322).

He will tell her to find him in his room [classroom] at break time where he will be doing mathematics...[and] ask her to come so that he can teach her mathematics...if she does not want [to play sex] he will force her and eventually she will agree (Boys8: 1025-1033).

They may meet along the way at night then he will rape her on the wayside or bush (Boys15: 542-543).

You go hide at the wayside and catch her by force (Boys13: 804).

Essentially, girls did not feel that they were safe or protected as force was likely to occur at anytime, anywhere, and by anyone.

Sometimes you will be forced to just go alone [walking home at night]...maybe you can get vehicles but it is only the driver and the conductor and you can even get raped in the car (Girls16: 1336-1344).

You come from home [from school] at six p.m. and at times it is dark so this person can time you and rape you (Girls16: 1303-1305).

Both boys and girls had clear ideas on what girls should do if they found themselves being forced to play sex.

- *Tell teacher, parent, siblings, friends, pastor, assistant chief or chief*
- *Cry for help*
- *Delay sexual encounter by making up an excuse*
- *Run away from boy*
- *Avoid going anywhere alone*
- *Threaten him with the word of God*

Girls felt that it was important to be able to talk to their parents if they were forced. However, this discussion was seen as conditional upon the openness of the parent to discuss such matters.

A case where you were raped, you can' t go face your parents. You are embarrassed and you don' t know how your parents will react. And you are no longer free with your parents (Girls16: 1410-1413).

Sometimes she is afraid to tell her mother (Girls4: 958-959).

If she is free with her mother or her parents she may go and tell them [but] most of them are not free of their parents (Girls5: 1253-1256).

And there was evidence of minimal action on the part of adults when girls reported a boy for coercive sex.

There was this about 12...a boy who was her neighbour...they talked and he asked her for a date later in the day but she refused...so when it was around 8:00 p.m., he grabbed her by force and raped her and he was found raping the girl. He was caught and taken to the lady's mother. They judged that case alone so we don' t know what he was told(Girls3: 761-790).

The boy had forced the girl to play sex with him...when they [those who lived with her] asked her what had happened, the girl said that her boyfriend had told her to play sex...they [those who lived with her] took the girl to the home and talked to the boy who had played sex with the girl. When they were telling him not to do so, the boy told them that his uncle used to tell them that when a girl says no she means yes. They had talked much, [and] the boy learned that he had made a mistake and he apologised that the education of the girl did not continue (Girls5: 1054-1074).

It was clear that in the scripting of physical force, boys were the perpetrators and girls the victims. Boys were confident that they could not be physically forced by a girl to play sex.

If I don' t want I will beat her and she will go(Boys6: 298-299).

A boy cannot be pushed to have sex by a girl (Boys13: 587).

Consequences of Playing Sex

Girls were more likely to own the consequences of early sexual activity as their own, whereas boys were more likely to talk about the consequences of sexual activity as applying to either 'all' or 'other' people.

Pregnancy had implications for girls' education and marriage-ability, and many felt this was the focus of concern for girls, with little attention paid to disease.

Girls is just straight forward, we normally tell them if you get a child at your early age you cannot continue with your education, you cannot be the first wife you cant be given that priority you will be the second wife or third wife. Three you cannot be accepted in the community. You will look like a prostitute. [Community12 : 302 - 307]

I was saying in the African community what girls fear most is pregnancy. When they have not got the pregnancy they will continue doing the sex. And these girls don' t know that

they can get a disease but die after some time. So the girls should be taught that even if you don' t get pregnant yes, you can go on playing sex and you don' t get pregnant but you can get a disease and the disease will kill you after sometime. And the boy should be made aware that even if the don' t get pregnant, they don' t get pregnant because they are men but they can get diseases as girls can get a pregnancy and can get a disease and die so the boys will also get the disease even if they don' t get pregnant.[Teacher11 : 441 - 455]

Girls too spoke of the consequence of pregnancy, but also spoke of disease, linking it most often with playing sex with *older* men. They saw older men rather than agemates as presenting a danger for disease.

It can make you get pregnant then drop out of school (Girls1: 146-147).

If you do sex with that old man he has even two wives and they have AIDS now he will infect you (Girls5: 360-361).

Boys knew that ‘girls’ could get pregnant and that ‘others’ could die.

It may make many people get AIDS infection and die (Boys13: 307).

For girls, sex before marriage may lead to unwanted pregnancies and subsequent abortions, which may destroy eggs leading to barrenness (Boys11: 254-256).

Boys were also aware and commented on how their own sexual actions could negatively affect the lives of others

You don' t know that you have impregnated her in that community so you are going to bring up a problem for your father and mother (Boys12: 303-304).

But were less likely to recognize the negative implications of their own actions.

You can make her pregnant so she will stop her schooling but you will continue [school]. Boys you know have no loss (Boys8: 404-406).

In some cases, boys openly acknowledged how their sexual actions could result in negative consequences for them personally.

You get syphilis...and you are a boy it can kill your sperms...you cannot bear children... and so the women will leave you (Boys12: 293-296).

Summary

The scripting of sexual activity plays out in the following way:

- Dating is common during pre- or early adolescence
- The dating script of necessity involves playing sex; however, sex may also occur haphazardly

between two people who are not in a dating relationship.

- The sequence of events leading to playing sex are as follows:
 - Negotiation is initiated by a girl or boy, though most often a boy. This, for example, is through letter writing or a mediator.
 - Boys give gifts (including money) to girls or to their family members to indicate their desire and intention to play sex with them.
 - Gifts are especially important when girls are from poor families who may play sex in order to obtain necessities for themselves or their families.
 - Older boys and men are seen as better gift givers.
 - A gift delivered (whether or not it is desired or accepted) signifies an obligation to play sex.
 - Despite this obligation, girls must, and do, initially refuse to play sex; however, they clearly recognize their lack of power to enforce this refusal.
 - If a girl persists in her refusal, the boy is expected, and does, force her to play sex.
- Boys feel compelled to play sex, even to the point of forcing girls, because they themselves feel forced by their biology and by peer and community expectations. In fact, boys impute the same intense biological and social compulsions onto girls and thus feel that girls want and need to play sex as much as they do.

PREVENTING SEXUAL TRANSMISSION OF HIV

Many African countries have adopted the ABC approach to talking about preventing the sexual transmission of HIV. **A**bstain, ideally until marriage; **B**e faithful to one uninfected lifetime partner; if you cannot do A and B, use a **C**ondom. In this approach the focus is first and foremost on abstinence, particularly in programming for youth who are not yet sexually active. For example, of the 11 school-based prevention programmes in Africa reviewed by Gallant and Maticka-Tyndale (in preparation), all addressed abstinence as the best way to prevent HIV transmission. Of the 7 that also addressed condom use, all reported difficulties in bringing the condom message into the schools. In fact, in Tanzania, though condoms were originally part of the planned programme, the Ministry of Education forbade teachers to address the issue.

Views on abstinence and condoms were explored in this project in interviews and focus groups. Topics included whether these were desirable and important messages to be taught, what form the messages should take, how they were being taught, and whether youth were taking up these messages in their behaviours.

ABSTAINING FROM PLAYING SEX

Community leaders, teachers, and pupils were all asked their views on postponing or abstaining from playing sex. All agreed that, particularly in the face of AIDS, abstaining from playing sex until marriage was essential. This coincided with survey results where 91% of teachers agreed that *having sex outside marriage is wrong*, and 71% of students identified *avoid sex* as a way to prevent AIDS. However, with 53% of students in Standards 6 and 7 having stated that they had already played sex, and the median age of sexual debut before the 12th birthday for both girls and boys, it is clear that most upper primary school youth are not abstaining. Despite this comparatively high rate of sexual activity, the importance of virginity is seen in the 54% of youth who agreed with the statement, *I shall be a virgin when I complete secondary school*, regardless of whether they had played sex.

In surveys and interviews alike it was clear that adults endorsed abstinence as the primary method to prevent HIV transmission. However, they were also aware that, in their community, abstinence was very difficult for youth and that most youth would not abstain from playing sex until they married. The scripting of sexual activity and why abstinence is so difficult in this cultural setting is discussed in detail in the section on Sexual Scripts. What is most relevant here is that abstinence is what is promoted, but it is generally not practiced.

USING CONDOMS

For those who are sexually active, consistent and correct use of condoms can substantially lower the risk of HIV transmission and also protect against many other STIs and pregnancy. Because of this, teaching about condoms has figured prominently in many HIV prevention programmes. Improvements in knowledge and attitudes related to condoms together with the intention to use them and actual use have been among the key indicators of programme success. However, teaching about and promoting condoms have posed problems in almost all school-based HIV

prevention programmes in Africa, with Ministries of Education in some countries even forbidding such teaching. A focal question for this research is where teachers and communities stand on the condom issue and what the level of knowledge, attitudes, intentions and use are among pupils.

In the report on survey results we noted that a small majority of youth understood the role of condoms in preventing HIV but only between 1/4 and 1/3 were actually using condoms.

- 62% agreed that using a condom was a way to prevent becoming infected;
- 57% agreed that one should use a condom if they play sex;
- 49% agreed that using a condom can prevent infection;
- 33% of boys and 25% of girls indicated they had used condoms.

In surveys, teachers were even more likely than students to agree that using a condom was a way to prevent becoming infected (81%); however, 76% agreed with the statement that *teaching young people that condoms give protection against HIV only encourages them to have sex*. This suggested that teachers had difficulty providing students with information on this important method of prevention.

We were perplexed by several inconsistencies in the quantitative results. For students there were very low correlations between answers on the first 3 knowledge/belief items (ranging from .24 to .32) and there was no association between condom use and answers to any of these items (correlations ranging from .005 to .06). Analysis of the qualitative data led us to look at the 'condom issue' and how students and teachers responded to these questions somewhat differently. From interviews it was apparent that students and teachers alike were struggling with contradiction and conflict around condom use.

Conflicting Messages

From interviews and focus groups it was evident that the number of conflicting messages being delivered to both students and teachers left many unsure as to what kind of stance they should take on the issue. Interviews and focus groups enabled a better understanding of these struggles. The views that were expressed (at times several by the same person) included:

- the condom is the only preventive mechanism available when playing sex;
- better to use condoms if you are playing sex than to die;
- condoms are not 100% effective in preventing transmission of HIV;
- condoms may be far less than 100% effective – people have conducted experiments that suggest they cannot be trusted;
- it is most desirable for youth to abstain from sex – this is 100% effective and it coincides with religious and cultural teachings;
- youth are not abstaining and not likely to abstain;
- different authoritative sources are providing different and conflicting information about the effectiveness of condoms, the consequences of teaching about condoms, and what should be done in this area.

The struggles were evident in how teachers and community leaders shifted their perspectives over the course of an interview as is illustrated in the following excerpts, each of which combines all statements about condoms from a single interview.

*I don' t expect ~~it~~ to start telling pupils that they should be using condoms...
If it is a must that they [young people] have to do it [play sex], condoms can be emphasised...
I don' t think they are effective...
I think it is very necessary to talk to them about condoms because they are already active...
I think condoms are the most important things to wear and abstaining from sex (Teacher10_F: 155-286).*

*That' s a bad teaching[condoms] because it means you' ve allowed them to play sex...Condoms are bad I do not want people to know about them...
Condoms prevent but it's not good [to use them]...
If they can' t wait, then they have to use condom(Community18_F: 591-812).*

*I don' t think they should be taught to use condoms...They cannot give 100% protection...
They should be encouraged to use condoms to protect them from HIV...
They should know they are not all that safe...I have never covered a topic on condom use (Teacher9_F: 692-905).*

*These condoms are not good...Some could tear...The boys and girls are supposed to be told that these condoms are good but not so good...
When they are the right age, they should just wear it to protect themselves (Community17_F: 572-675).*

The struggles were also evident in the equivocation of youth in their endorsement of condom use to protect against HIV as seen in the following brief excerpts from focus group discussions.

They protect a bit (Girls 5: 1391).

We are not sure that condoms can control AIDS (Girls10: 1337).

If one uses condom it can protect but through bad luck it may break and he will get infected (Boys15: 706-707).

It [condom] helps, but not much (Boys15: 714).

Youth provided numerous explanations for their lack of trust of condoms. The most frequently mentioned were because they had *small holes* or could easily *burst* during sexual intercourse.

Condoms are not very safe because we were taught that it has some holes, very small holes (Boys12: 970-971).

But some felt that despite the holes, condoms were helpful:

Some [condoms] are good but even the good ones...some have holes...sperms will not pass through to your partner if it is a good condom (Boys13: 991-997).

Elaborate experiments and explanations were provided to justify mistrust of condoms

One day we picked a condom, then hung it in the sun, then we saw some insects moving inside at the tip (Boys13: 955-956).

It [condom] can go to the girls stomach...and then the girl gets AIDS (Girls10: 1337-1339).

Even if you use a condom you can get it [AIDS] because if you put hot pepper on it and you put it on somebody, it is itchy (Girls9: 1294-1295).

You use three when you are playing sex because the friction [of playing sex causes] the hymen [to] squeeze the sperms out of the condom until they get into the vagina...[and] the girl will be infected (Boys8: 1185-1193).

Even if condoms could be trusted, partners could not. This could be because they didn't know how to use condoms:

Maybe they can use them badly, then they get AIDS (Girls 16:1929-1931).

Most often, however, the theme of cheating or trickery, already seen in sexual scripts, was used to explain why partners could not be trusted.

He cheats you that he has put it [condom on] and yet he hasn' (Girls9: 1289).

She might just go and buy a condom and maybe put a small hole there (Girls5: 1404-1407).

Both community members and teachers were adamant that boys cheated girls by maliciously tampering with condoms.

Some boys pierce the condom and cheat the girl (Community4_F: 716-717).

The boy can cheat you and remove [the condom] when you think that he has worn it (Teacher11_F: 1024).

In explaining why some would cheat in this way, condoms were described as unnatural and thus, against both sexual and cultural norms. The natural course of sex required that sperm be ejaculated inside the female. To ensure this occurred, some boys deliberately made holes in condoms.

Some see it [using condoms] as a waste of energy or manhood so he might make a hole in the condom [so] you may get the disease (Boys12: 1005-1006).

From where are youth getting their information about condoms?

When asked who was speaking to them about condoms, youth listed many people:

- *Doctors*
- *Guest Speakers*
- *Teachers*
- *Pastors*
- *Chiefs or Assistant Chiefs*
- *Parents*
- *Relatives [sisters, brother, and aunts]*
- *Football Players*

However, when asked where they learned about condoms, none of those listed above were mentioned. Instead young people said they learned about condoms from:

- *Older friends*
- *Older siblings*
- *Peers*
- *Videotapes, television, and radio*
- *Posters*
- *Advertisements*
- *Condom packets*
- *Overhearing others speak about condoms [older siblings, fishermen]*
- *Observation*

On only a few occasions did they mention hearing about condoms from:

- *Parents and grandparents*
- *Doctors and health workers*

Talking to Youth about Condoms: Community Leaders

Many community leaders claimed they were talking to young people about condoms.

Yes they are talked to daily (Community24_M: 424).

But, the messages they gave them either discouraged condom use,

We are continuing to tell not to trust condoms (Community1_421-422).

I have told them that condoms are just rubbers to cheat them...You go to a girl and you will not know whether it has holes...if he continues having sex with it [condom] it might

come out (Community25_F: 325-333). Can we cut this one?

Even if you put on two, three or four, there are some small things I don' t know if you call them cells, they must come out and finally get into your partner' s body(Community28_F: 478-481). Can we cut this one?

Once it [condom] has remained inside this girl must undergo operation [refers to a condom coming off and remaining inside the girl] (Community12_M: 560-561).

You feel no sweetness (Community27_M: 414).

or were equivocal about the benefits of condom use,

The boys are supposed to be told that these condoms are good but not so good (Community17_F: 621-622).

Condom prevents at least. But its not a good idea (Community18_F: 752).

Use it just as a prevention. But it is not a cure (Community5_F: 373).

and justified condom use only under certain circumstances.

If you start moving around [having different partners], protect yourself with what the government has brought (Community18_F: 475-478).

If you feel he/she cannot do without playing sex then they must use condoms (Community20_M: 388-391).

Community leaders often expressed a sense of feeling ‘trapped.’ They did not trust condoms, but AIDS killed and condoms offered the only semblance of safety.

I think they are told to use condoms because there is AIDS, which can kill them (Community31_M: 380-381).

They have to be told to use them for their own safety but it is not the solution (Community5_F: 353-354).

Discussion with students about condoms: Teachers

Even though teachers had difficulty reconciling the diverse views on condoms and teaching about both condoms and abstinence, they expressed a need to teach young people about condoms for *their own protection* and because *they are aware of and using them anyway*.

To me I used not to support it but at this stage now when people are dying...we must talk [about condoms]...If they can't do without abstinence then they must use condoms (Teacher16_M: 918-930).

Well we shouldn' t. In the first case we shouldn' t. But we have (Teacher19_M: 748-752).

Teachers were concerned, however, about discussing condoms for a variety of reasons:

- Young people may not use condoms consistently:

Yes, the way the statement has said because if we do it, the children will see that they have an alternative. They tell us not to do this but there is an alternative, so they will turn to this alternative and they will use it. When they know someone has used it may be three to four times, he will leave the condom and say now let me try without a condom I am sure of this girl, let me do it without a condom. And if he tries and finds out that he is enjoying it more than with the condom, if he or she will realise it becomes sweeter when there is no condom, it will be difficult to abstain and there they will not use the condom at all (Teacher 24:759-771).

- Students are simply too young and too immature to use condoms properly, particularly girls who can be easily deceived:

I have told them exactly these boys who tell you they are using condoms perhaps they might cheat you and you conceive or you may have a disease (Teacher 27:499-502).

- Accessibility and affordability are problematic in several areas:

Me I think young boys and girls should not be encouraged to use condoms because it is expensive and not al of us can afford (Teacher 29:784-785).

- They may use recycled or expired condoms:

Because you know even with the condom handling. Some may even use expired ones and mishandle so it gets torn (Teacher 3:542-544).

- Talking about condoms may over-ride the abstinence message:

You know when we sit down to talk to them about the usage of condoms its like we are actually letting them free to use condoms because they can be told about the use of condoms, is that maybe you want them, you know that they play sex, But since we didn' t expect them to play sex so we teach them not have sex immaturly, now coming to the usage of condoms we shall be letting them free to use it and we are defeated (Teacher 7:629-636).

- Teachers don't want to be seen as endorsing condoms :

People are having different views about condoms. To me there is no need talking about it, it will be very risky to talk about it, because once you talk about it, it means you are for it (Teacher 30:565-568).

- Teachers are also concerned that their own lack of knowledge and comfort with condoms will make it harder to teach about them:

First of all even using a condom is a problem, how to handle it. I hope the facilitators even the teachers now the condom should be exposed in the staff room even to the staff members. When they are teaching about sex they should use them and they should give them, illustrate how to use them properly. I hope That is the way only we can control HIV (Teacher 15:748-752).

- Ultimately, many of the teachers who agreed to discuss condoms preferred to advocate for their use by adults, particularly in marriage (generally for family planning).

We should tell them but not that they are to use the condoms. The condoms are there for adults (Teacher 5:289-290).

They should teach them on the use of condoms only if they have taught them on abstinence and the need for the same they should teach them that there is another protective measure they have to take. They should take if they can' t wait. We can also demonstrate, I think the nurses demonstrate the use of condoms to family planning mothers and fathers. They should be taught on how to use it and why it should be used (Teacher 1:482-488).

Despite their claims that students needed to learn to use condoms if they could not abstain, the most common messages that teachers spoke of were ones that discouraged condom use.

I have been telling them , “yes, the condoms have come. You are being told that it can save you, but young people, it is not going to save you” (Teacher11_F: 976-978) .

Although condoms can be used to prevent AIDS, it is not 100% (Teacher8_F: 600-601).

Those things never work (Teacher19_M: 638).

Although the occasional teacher did speak more positively.

I have even told them if you feel you should play it use, tell your partner to use a condom (Teacher15_M: 739-742).

What messages about condoms are youth hearing?

When asked what teachers and community leaders had taught them about condoms, youth provided a wide range of responses. In some cases, they seemed to have been told to use them if they could not abstain:

They [teachers] advise them to use condoms if they can' t abstain(Boys11: 1007).

[Teachers say] You should use a condom when playing sex to protect yourself...[but] that we are still young and should wait (Boys13: 1199-1203).

He [pastor] told us that those who are not yet married should not play sex , and if it' s a must you play sex you should use a condom (Girls1: 807-809)

In other cases, when youth were asked what they had been told or taught about condoms they provided contradictory statements.

They tell young people how to use condoms, but they caution them against using them (Boys2: 939-940)

When you use it you will not get a disease. But some they were saying that if you use one [where the] expiry date has reached, it will burst and you will get a disease (Girls3: 1017-1020).

[Condoms are bad] because of the drawings on that packet...But it is always written on the signboards that people should use condoms when they are playing sex (Boys16: 1836-1838).

These left youth uncertain about what they should do:

Some of them say it helps prevent. Others say they have holes. So you do not know which is which (Boys8: 1554-1555).

In most cases some encourage us. Others discourage about condoms. Now we don' t know who to follow. We are still looking for the right answer (Girls5: 1755-1757).

Young people's views of what they should be taught were as diverse as those of their community leaders and teachers:

I think they should be taught because of AIDS. We should know how to protect ourselves (Girls5: 1821-1823).

They should not be taught because that encourages them to play sex (Boys8: 1587-1588).

If you have been taught how to use those condoms you must go and try first (Boys12: 1340-1341).

Are boys using condoms?

On the self-completion survey 33% of boys indicated that they had used condoms. Community leaders, however, were doubtful that boys were using condoms.

To me I think it is not that much, not much (Community27_M: 417).

Well I don' t think they are using (Community5_F: 321).

And teachers were certain that boys did not use condoms, providing several explanations for why boys did not use condoms:

- *Condoms decrease pleasure*
- *Lack of access*
- *Lack money to purchase condoms*
- *They have not been educated about them*
- *Shame attached to using them*
- *Fear of the being teased for using condoms*
- *Lack condom self-efficacy*
- *Exposed to and believe myths about condoms (i.e. have holes)*
- *Peers discourage condom use*
- *Fear of negative reaction from girl*

In focus group discussions, boys and girls provided similar reasons for failing to use condoms:

- *Reduces pleasure*
- *Embarrassed to purchase condoms*
- *Lack knowledge of and confidence in the use of condoms*
- *Fear of condom remaining inside of the female*
- *Do not perceive themselves to be at risk*
- *Condoms are too big for young people*
- *Girls do not request them to use condoms*
- *Need to wash your hands before using a condom*

Consistent across interviews and focus groups, the only reasons given for using condoms was that they

... have discovered the importance of using it (Teacher22_F: 588-591).

Are girls using condoms?

As with sexual encounters in general, girls were considered to have little input into or control over whether condoms were used.

Girls in this area, I have never heard any report that they tell their partners to use condoms when they play sex (Community11_F: 320-321).

These local girls...they are not even supposed to know what is going on. So, they cannot even look at the boy to see whether the boy has already used that condom (Community12_M: 510-514).

They cannot, because girls are so weak (Community5_F: 341).

They cannot tell the man what to do (Community6_M: 408).

Despite this lack of control, community leaders and teachers ascribed reasons for not using condoms to girls:

These girls just want to die (Community18_F: 741).

You're embarrassed to tell him to use one (Community14_M: 430).

I told you it is guilt (Community13_M: 373).

Some boys felt that

Nowadays girls walk with condoms (Boys12: 1163).

However, it was generally acknowledged that introducing condoms into a relationship could be problematic.

The boyfriend will think that the girl doesn't trust him and that she thinks he has a venereal disease (Boys11: 925-926).

He will think the girl is sick (Girls14: 1116).

Both boys and girls provided ideas about how girls could get their boyfriends to use condoms.

A girl should explain to the boy the uses of a condom and tell him how it contributes in the spread of AIDS (Girls5: 1659-1660).

She will talk to him into using it and if possible give him a condom to use (Boys2: 772-773)

They also provided suggestions for dealing with a boyfriend's refusal to use a condom.

She will take the condom and when they are going to play sex, she forces the boy to wear the condom (Boys8: 1463-1465).

The girl will just leave the boy and say, until you agree to use the condom that is when I will [play sex]. But if you don't want to use a condom I will leave you (Girls5: 1659-1663).

Tell him I have my monthly periods so that the boy can decide to use it [so he doesn't] become dirty (Girls10: 1492-1494).

A few community leaders also spoke of how girls could influence condom use by their partners. These girls were described as 'clever' or having discovered a way!

They are doing it because they have discovered a way to be on the safe side is to use condoms (Community18_F: 730-732).

Those ones who are clever they say that you have to use a condom in order to finish my feelings [sexual urge] (Community10_F: 558-561).

And one teacher offered an example of a girl who had been successful in getting her partner to use a condom.

There was a case where a girl gave a letter to a boyfriend which told him come for a date prepared with a condom (Teacher23_M: 622-625).

Both boys and girls clearly thought that girls should refuse sex to boys who did not agree to use a condom. This was even more so if the boyfriend was older.

You leave him (Girls1: 778).

Refuse to play sex or terminate their friendship (Boys11: 975).

When asked whether girls actually refused to play sex without a condom however, young people were uncertain.

Some will not refuse. They just agree (Girls8: 1222).

Here they do [refuse to play sex without a condom] (Boys11: 989).

When it came to older boyfriends, young people had more mixed feelings about whether girls could get them to use a condom. Older men were seen as harder to negotiate with, but more able to access condoms.

If the boyfriend is old, she' ll be afraid. But if he is young, it is okay (Girls4: 913).

The older man has a lot of money and he can buy a condom (Girls3: 1140).

Some girls realized the importance of overcoming shyness and the consequences of not doing so when it came to condom use negotiation.

The girl must not feel shy to tell the boy to use a condom because if she feels shy, she is also feeling shy for AIDS and AIDS won' t see for her mercy (Girls5: 1608-1611).

A Second Look At Survey Results

The struggles around developing single, coherent messages about condoms led us to reconsider our analysis of survey result to take into account the presence of conflict and contradiction. We grouped the 3 knowledge/attitude questions together and scored each student as either providing consistent 'yes/agree' responses to all 3 questions, consistent 'no/disagree' responses, consistent

‘don’t know/not sure’ responses, or inconsistent responses (i.e. some yes, some no, some don’t know). In accordance with the weak correlations among these questions, we found that 72% of students provided inconsistent responses (i.e. responses are correlated very weakly with each other). Of those who were consistent in their responses, 21% consistently endorsed (yes/agree) condom use for protection, 5% consistently rejected (no/disagree) condom use for protection and 2.5% were consistently unsure whether condoms provided protection or should be used. Inconsistency in responses was greater for those who were more likely to have reported:

- they had not heard of HIV or they believed that it wasn’t possible to protect against HIV
- they had not had lessons on sex in school
- they had not learned about AIDS on the radio or in magazines
- they had learned about or had lessons about AIDS in church

Those who consistently endorsed condom use were more likely to:

- be boys, Luo, older (mean age 14.8 years), and in standard 7 (compared to girls, Kisii, younger than 14.8 years, and standard 6)
- have had lessons on sex in school
- have learned about AIDS on the radio, through films/videos, or in school.

Summary

Abstinence is the preferred, and at times the only, prevention message for youth. However, it is recognized that youth do not abstain. Adults are generally unable to find a way to integrate a harm reduction approach based on condom use into teaching about AIDS prevention. Consequently, they provide conflicting messages and misinformation to youth. Youth recognize these conflicts but cannot, themselves, develop a consistent view of condoms. Theoretically, some youth propose ways to integrate condoms into their sexual scripts – primarily by girls insisting on their use. In reality, given the dominance of force in these scripts and the absence of support from most adults, it is unlikely that condom use is more than occasional and haphazard.

VOICE OF RELIGION

It was determined early in the analysis that religion played a significant role in the communities targeted for this project. Unfortunately, the only consistent questions raised in the qualitative interviews that had to do specifically with religious affiliation were asked in the community interviews – “What religion are you?”, “How often do you attend religious services?” and “Do you have any special role in your church?” Out of the responses to these questions, it was evident that there are a number of Christian faiths present in Nyanza. Those specifically mentioned in the community interviews included Catholic, Seventh Day Adventist (SDA), African Inland Church (AIC), Peoples Assembly of God (PAG), Church in the Province of Kenya (CPK), Church of Christ in Africa (CCA) and Legio Maria.

At the same time, even though association with religion was not specifically solicited in the teacher and focus group interviews, there were some questions in the quantitative surveys which provided insight into the importance of faith for many of the respondents. Thus, we know that 99.1% of the teachers surveyed identified an affiliation with one of the faiths listed in the survey (namely Catholic, Protestant or Muslim). Furthermore, 35.9% of the teachers also indicated that they were Church/Sunday school teachers, and 10.2% stated they were Church Leaders. In the student surveys a total of 70.6% of the respondents agreed to some extent with the statement “I think that God plays a big role in my life”. Clearly, these suggest there is some commitment to faith among the teachers and students surveyed. This reality is further substantiated by the unsolicited information about their own affiliation with religion volunteered during interviews. Youth, for example, responded to a question asking what they liked to do on weekends by including references to attending church.

Me I like going to church (Girls9:38).

Reading, playing and going to church (Boys2:23).

...on Saturdays I usually go to church (Boys13:32).

In fact, just under half of the students in the focus groups identified going to church as one of their regular weekend activities. Furthermore, the dialogue from one of the focus groups suggested that attending church on the weekend should be naturally assumed:

All of us go on Saturday.

You come to school on Saturday?

No, we go to church on Saturday. (Girls14:31-33).

As well, teachers responded to a variety of questions by referencing religion.

Because around here the majority of us are Catholics... (Teacher6_M:317).

*Because we are a Christian family we are a Christian school
(Teacher12_M:500-501).*

...since I am a Christian (Teacher28_M:398).

In some cases, these responses also provided information about the sponsorship of the school.

We do because this is a PAG sponsored school... (Teacher12_M:420).

Our school here is ... basically, it' s a catholic sponsored school... (Teacher19_M:98-100).

In this regard it is also important to note that, according to the quantitative surveys, 87.5% of the teachers identified a religious sponsorship for their schools. However, further exploration suggests that sponsorship is not always consistent with the religious affiliation of the teachers within their respective schools. For example, only 41.3% of teachers in Catholic schools stated that they were Catholic, while 57.4% stated that they were Protestant. Although this suggests some diversity within the belief systems of the teachers, it is difficult to determine the extent of that diversity because the category "Protestant" simply covers too wide a range of religious beliefs in this particular region.

Essentially, taken together, the qualitative and quantitative interviews do suggest some willingness by the participants to state an affiliation with a particular faith and/or religious practice. However, this is only a small element of the identifiable associations with religion and faith displayed within the content of the qualitative interviews. In fact, despite the reality that faith and religion did not play a significant role in the questioning process, a variety of faith-based language was used by the subjects throughout the interviews. For example:

- God/Jesus/Lord was used a total of 137 times;
- the Bible was mentioned 34 times;
- the word Christian was mentioned 77 times;
- pastor or priest was mentioned 50 times;
- and the word church was raised a total of 700 times.

There was no noticeable difference in the use of these words between Catholics and Protestants. Furthermore, at least one of these words was used in close to 90% of the interviews. Given that the vast majority of these occurrences were unsolicited, this would suggest that faith and religion play an important role in the lives of those interviewed. This in turn, may significantly impact their understanding of the issues discussed.

Church Involvement in HIV/AIDS

Because of the strong ties between communities and religion, many of those interviewed called for the church to play a role in teaching young people and playing a significant part in community HIV/AIDS prevention.

And the church should involve itself so that it can teach these children, the youths (Community2_M:120-121).

The pastors can also have a session with these people to discuss HIV/AIDS. (Community3_M:549-550).

The Christian pastors should be given the kind of duty to attend courses given, handouts which may be used to teach the youth., in their churches who will go outside to train other youths outside [of school] to know dangers of AIDS (Teacher12_M:899-893).

...you can also use someone from the church to teach along the biblical line (Teacher19_M:854-856).

The church can do much in this (Teacher2_M:403).

It should be done through the church, because very many people around here attend church services (Teacher3_M:627-628).

At the same time, in some interviews it was claimed that HIV/AIDS education was already being done in and through the churches.

Now what do when we got to the church, the preacher preaches and sings to them about AIDS all the time (Community10_F:376-378).

It is something that is taught even in the church because death is on the increase (Community14_F:817-818).

Churches we have like SDA they have a youth department they also teach about AIDS and they are very active about AIDS (Community16_M:680-682).

...first of all we have a group in the church from the diocese and I am the treasurer. We were taken there to study a bit about it. Then we have this project of walking around in our villages talking to mothers we tell them to sit with their children at the table and tell them about AIDS and the way it has spread (Community28_F:58-63).

There are others you find they go to churches they are told not to play sex that this disease has come (Girls9:109-110).

The churches do not have programs but during their teachings their normal teachings, they include this in their teachings (Teacher9_F:936-939).

Several faith-based organizations were identified which either had been or were currently active in HIV/AIDS education.

That one, in the church when I talk about in the church we also encourage them to wait, like in our church we have an organisation that is called ' true love waits'

it is an organisation within our church. (Community3_M:103-105).

Do you know of any programs connected to AIDS?

Only a cinema, they were shown AIDS movie.

Who brought the cinema?

An old man from Nairobi sent by Anglican Church. It brought it as a project (Community4_F:888-894).

Yes we have been having some even in our churches. We have been getting different people who are concerned coming to our churches (Community20_M:474-475).

Like there is a Mission school here. In fact the Bishop has been organizing those people. They go round the school showing the young people the videos. They have been seeing the dangers of AIDS (Teacher2_M-244-247).

Here we had NGO' s like CARE and PLAN (Teacher22_F:481).

Those interviewed also recognized that the churches did not and should not act alone when it came to HIV/AIDS. This suggested that people recognized the need for churches to cooperate with other groups to deliver appropriate prevention messages.

If the three say this, a good child will know my parents told me, in church I was told and how I' m being told at school he will know this thing is bad (Community1_M:262-267).

Obviously we should have barazas where both male and female youngsters are invited and maybe we encourage our schools, churches and other bodies to develop such meetings to advice them the dangers of the disease (Community23_M:387-390).

There should be openness in schools, churches and in chief baraza' s the openness should be there (Teacher1_F:552-553).

Okay this is collectively, teachers, the community, the pastors, the local Chiefs and the assistant chiefs and everybody at least, even the peer groups. Once, somebody who is informed can do the job and inform the others (Teacher15_M:825-829).

In fact they should be taught in mass especially by the church leaders, by the community leaders, by their parents (Teacher17_F:926-927).

Just a combined approach of the teachers, parents, the churches, the administration and use any forum they have (Teacher18_M:806-808).

It is everybody' s responsibility. Whether a parent, teacher or church leaders, it is time for everyone to teach the young ones (Teacher22_F:738-740).

I think all the stakeholders concerned e.g. schools, chiefs and their assistants in their barazas, pastors should also do the same. So I think all the stakeholders who may be able to meet any person should talk to him about the effects of AIDS (Teacher25_M:486-489).

Given that the quantitative surveys identified 42.3% of teachers who also function as Church Leaders and/or Church/Sunday School Teachers, there is the potential, in some communities, for a more unified message between, at least, the church and the school. Based on the data from the quantitative surveys, this reality could prove either helpful or problematic, depending upon a variety of factors, including the specific issue (attitudes around HIV/AIDS, condoms, or abstinence), as well as the gender, age and/or faith affiliation of the teacher. As a result, it becomes important to pay attention to the voice of faith, particularly as it is expressed by those holding multiple positions of responsibility within the community.

Church Involvement in Sex Education

Of course, the involvement of the churches in the educational process is not limited to HIV/AIDS. In fact, the role churches can and do play in sex education in general was recognized in many of the interviews.

...maybe in churches because we have some churches like SDA (Seventh Day Adventist) they take some time or some lessons which they preserve to teach the two sexes separately especially the youth about sex (Community23_M:264-267).

...some of these things are talked about in church (Teacher1_F:185-186).

For example in church these days everything is taught whether saved or anything, family life everything is touched (Teacher11_F:120-122).

Yes it is the same and it is vigorously taught in the church. Even women organizations teach even chiefs in the barazas teach about sex (Teacher2_M:720-721).

Yet, as with AIDS, those interviewed also recognized that this type of education should come from a variety of sources.

Therefore it is a joint responsibility between the teachers, parents, the church and the government (Community2_M:256-258).

Young people can be taught by their parents, they can be taught in school, they can be taught in church maybe these three factors are the major sources where they can be taught from (Community23_M:179-181).

One through teachers. And two, some parents have come out openly and said that they are telling their children at home and three through the churches,

especially the catholic church and mostly Christians here are Catholics. They have good lessons pertaining to the same (Teacher19_M:491-496).

It would seem that it is this cooperation that helps to educate youth about and reinforce community norms around sexuality.

The chief and the church, the government has a big role, which we have been given as Assistant chiefs to emphasise our expectations about the future of our children (Community2_M:235-238).

The level (of relationships) has not gone up because teachers have tried to caution us, even in church they also preach to us, even parents that is why the level has not gone up so much (Boys6:78-80).

I have said that majority in this community are Christians so I don't think they encourage early sex. Their opinion I know is that their children wait until they are adults to play sex (Teacher6_M:253-255).

The role of the church in regards to sex education seems to permeate the ways that sexuality becomes presented in the classroom. Thus, among the messages that young people are given about sexuality is that it is a holy, sacred, gift from God.

...the importance of sex, how it was given by God freely (Teacher12_M:122).

tell them what God has said about marriage and about sex and this things tend to see that God respects marriage and it is given for those who have reached the age of marriage and sex is apart of life to married people and not to differ what God said (Teacher12_M:495-499).

As I have said, sex is holy according to the Bible (Teacher19_M:363-364).

Abstinence

For most Christian faiths, sexuality is associated with a sense of sacredness and giftedness. This translates directly into the need for sex to remain within the context of a marriage. It is this message that was echoed by the nearly 88% of teachers in the quantitative surveys who agreed strongly with the statement that "Having sex with someone out of marriage is wrong". This includes 95.6% of the Church Leaders who are also teachers, demonstrating that those who are most involved as leaders in their churches are most likely to espouse their church's teachings. In particular, the abstinence message seems to be echoed in many interviews in relation to the ways in which local churches discuss sexuality for young people.

The church teaches that young people should not play sex (Community14_F:589-590).

As I hear the advertisements, in our church you are told, you should just be

friends and not play sex until the day you decide to get married, then you go for the test and can be married (Community18_F:778-781).

Even in church we tell them that playing sex before marriage is breaking Gods law (Community25_F:160-161).

Yes. Like when we go to churches, the churches teach that never play sex until marriage so the expectation is to have sex after marriage (Teacher2_M:279-280).

Let me take an example of my church, in my church the young people In fact are taught to abstain themselves from sex until they get married (Teacher11_F:844-847).

Indeed, there is some suggestion that those interviewed believe that in and through the church is the best place to educate for abstinence.

The best-placed people to deliver this information are the church. We need to create awareness outside and in the church. So if one can wait to play sex until marriage that is good (Community13_M:51-54).

But I think the church, the pastors, those ones who are concerned with the bible, those ones who are handling the Christians should now conduct seminars in there areas and tell them the goodness of being unmarried until that stage Biblically, spiritually (Teacher15_M:436-441).

Furthermore, based on the attitudes presented by many of the subjects, this message has been heard by the communities and has become part of the language used to describe the ideal relationship for young people.

...to help convince them that sex is there but they have to remain virgins until the last days (Community5_F:112-114).

They are taught, mostly about problems of having sex before marriage because if they are Christians may be that community, they are Christians. They have to follow Christianity, so they have to tell their children not to do sex before marriage because that is wrong and against Christianity (Girls5:1940-1945).

It is good because it is written even in the bible...That you must wait and not play sex until you find your rib then have only that one (Boys13:325-329).

The majority of people in this community are Christians and as Christians they have seminars on the same, on moral values, on how their children should grow up morally. They are not against it when we tell them to abstain and wait until they are married. So they expect children to be told on that line I think (Teacher1_F:343-347).

...your partner is waiting for you because it is God who created you, God knows your partner so please wait for your partner to come (Teacher11_F:1089-1092).

Of course, those interviewed also maintained that, even education on abstinence should not be simply the domain of the churches.

I think the first person is the pastor to come in then the parents, then the teachers (Teacher15_M:441-444).

They also recognized that abstinence was only one part of a greater challenge to live a moral life – something else that appears to be stressed through the churches.

They are taught in the church how a person can live, other times they are taught on studying the Bible, how they can protect themselves, how they can stay with his/her husband in a holy manner (Community18_F:538-541).

Like the Adventist church there are seminars organised by pastors who talk to youths and how they are supposed to live in the community and in their Christian live (Community2_M:488-491).

The majority of people in this community are Christians and as Christians they have seminars on the same, on moral values, on how their children should grow up morally (Teacher1_F:343-345).

Issues of Morality

Some of the teachers recognized the constraints of introducing sex education within a faith-based morality framework. Teaching outside such a framework was often seen as leading young people down a path of immorality. Consequently, teachers spoke of opposition to teaching about sex outside of the church.

...some of the churches don' t want that around here...especially these new churches. They say introducing or teaching sex to a child is teaching the child to do the very thing (Teacher2_M:151-153).

There are some staunch Christian families; those ones do not even want to hear about that (Teacher8_F:86-87).

Children from some families don' t even see and don' t listen to music that is not Christian music. Those are the difficult ones. So you just have to talk to them and tell them these are things which are normal (Teacher8_F:213-216).

People are divided. We have Christians and non Christians. So far the Christians, some of them, may oppose teaching their kids this sex (Teacher13_M:472-474).

I think that one [parents opposing sex education] is more common in the Catholic sponsored schools where the church feels we shouldn' t introduce sex in school or in the syllabus (Teacher20_M:213-216).

While teachers and community leaders ascribed to the beliefs and values that were associated with a moral life in their religion, they recognized that not everyone practiced these. Because of this, some teachers questioned the suitability of their fellow teachers for educating children about sexuality. In fact, teachers in 7 of the 16 communities raised the issue of inappropriate relationships between teachers and students

...some parents do not want teachers to talk about sex to their children because they believe that when a teacher starts talking about sex to the child it is as if this teacher has some immoral motive with the child (Teacher4_F:207-210).

The ones who are uncomfortable what makes them uncomfortable is that some of them are immoral, the teachers themselves are immoral so they can feel shy they may be misbehaving with some of the students so they cannot be free enough to talk against what they actually practise (Teacher7_F:80-84).

At times these teachers are involved also with playing sex carelessly, so (laughter) ones they are going to talk and some of us you know I can' t say am very clean here, some of us might be involved in doing immorality with these students so it becomes a problem to talk in front of them again "to stop playing sex" (Teacher15_M:100-106).

...we have learnt of a case where female teachers lure male pupils (Teacher19_M:800-801).

This raised the dilemma of who should be teaching youth about these matters. It was clear that teachers felt being and living a “morally upright” life was necessary. Living such a life made it possible to be a “positive role model” for students. It was also thought that those who lived such a life were likely to be more comfortable in teaching and discussing issues of sexuality within the context of their faith’s teachings since they could speak from their own experience.

...he is supposed to be very morally upright so that from what he is explaining he is seen in it. I think this will make him more comfortable, becomes a role model (Teacher25_M:137-140).

So one the teacher should play role model . While they are telling the pupils to wait the teachers should be majority role models, and two these students should be taught (Teacher19_M:425-429).

The teacher should actually in the first place be a role model to pupils. In the sense that the way he has been conducting himself or herself will actually make the pupils understand what he' s telling them(Teacher26_M:90-93).

You know the teacher should be morally upright (Teacher17_F:174-175).

Difference of Faith

There was a common belief that faith influenced the choices made by young people. Teachers, community members and students all voiced the conviction that individuals with strong faith beliefs were more likely to abstain.

Those who wait, most of them are those who normally frequent our churches. But those who don't attend churches, it is very difficult to get them waiting (Community3_M:202-204).

What may enable them to wait is the word of God. Truly speaking, it is only by the word of God that can protect one from indulging in sinful issues (Community13_M:111-113).

So somebody saved, whether a boy or a girl, he or she knows what to do... (Community16_M:182-184).

The one, who really goes to church and believes that she is a person of God, can do that (Community17_F:198-199).

Those who get/understand and those who come to church know very well that a Godly person shouldn't sin (Community18_F:259-260).

When God unites all of us, and is with the child then he or she waits until they are married (Community22_F:207-208).

Yes that is what I said earlier that most of them are the ones who have received advise and it is that advise of the church, those are the ones who can wait. But the others who do not know the Word of God are the ones who get lost and play sex before marriage (Community26_M:328-332).

Those who go to church they follow that rule [abstain] (Boys7:354).

Not all of them, those who know God are the ones who wait (Girls10:857-858).

Those who come from Christian families they prefer waiting than doing it before marriage because it is against Christianity (Girls5:917-919).

...they will become ones the child has gone to church and he is filling that he is a church member then that child will follow the rules not to commit adultery or such (Teacher31_F:397-401).

In fact, several of the students in the focus group interviews used faith affiliation and beliefs as one way to negotiate getting out of playing sex.

If that girl is in school she tells him let me finish school and again I am a person of God I want to do a wedding. I want to finish my education then I do a wedding. He will give her respect (Girls10:800-803).

Or he can cheat her that he doesn' t do those things he wants to be a Priest (Girls9:1047-1048).

They will just explain the effects of playing sex before marriage and that it is against Christianity. Then the boy will have to change his mind (Girls5:861-864).

Ultimately, there was a basic suggestion that people of faith simply behaved differently and had a different sense of morality.

...if a child has Christianity in him/her, he/she is a different person (Community5_F:444-445)

On the side of the church you can find it is different, that is why I told you earlier that there is a difference in attitude between those who are saved and those who are not (Community14_F:417-420).

Those who don' t follow take alcohol but those who go to church or school understand and listen to their parents (Community18_F:372-373).

Even here in school there are many but anyone who knows God cannot do that (Girls10:171-172).

As a result, people of faith were seen as positive role models so that some of those interviewed suggested that association with people of faith helped young people make better decisions around sexuality.

It depends with the girls they hang out with because sometimes when she hangs around girls who are not interested with sex and maybe those girls are into Gods word so these are the ones she will join and those girls will convince her to forget about those things and she will be able to control herself (Boys12:571-576).

Given that the community is mixture of saved and unsaved youth in these groups, so the saved ones impose upon the others. When one of them wants to get married it is done in a clean way and the church must mobilise the youth and counsel them (Community13_M:208-212).

Consequently, one community leader even suggested that teachers should be more than simply morally upright, they should be saved.

There should be more teachers teaching Gods ways. Most teachers should be saved only then will pupils take them seriously (Community13_M:430-432).

Of course, many of the adults interviewed recognized that they could not completely control the associations, behaviours and/or activities of young people. As a result, prayer became an alternative connection to faith.

It is just prayers that can help (Community4_F:101).

...its very hard but we will pray to God (Community7_F:581-582).

That even we were told in the church, if your daughter or son reaches the adolescence stage kneel down and pray to your God to help you so that this child does not get spoilt (Community10_F:360-363).

At the same time, prayer was also seen as another tool available to adults and youth in their effort to remain within their moral ideal and avoid AIDS.

Something else that should be added is something that they should always pray / worship God (Community14_F:791-792).

But I am praying to God to protect me [from AIDS] (Community8_F:207).

If you pray to God nicely and you praise him and say my God take care of me, I pray you take care of me, stand for me I don' t have the energy, am a small thing in front of you, but take care of me I don' t sleep with a boy. You can' t sleep with a boy (Community32_F:299-303).

And prayer was offered as a way to cope with being forced to have sex.

If this girl likes to go to church and she knows God, that time he is forcing her to sleep with him inside her the girl should continue to pray God to help her he doesn' t spoil her badly (Girls10:1055-1058).

Ultimately, it was the combination of these factors that seemed to lead some to suggest that people of faith would behave in such a way that they would be protected from AIDS.

And some families for those ones who are literate and maybe those ones who are Christians are the ones whom I can say are very serious to see that their children have followed good ways of maybe avoiding to be infected by HIV/AIDS (Community23_M:216-220).

By taking the girls to school, restrain them from early marriage and early sex involvement. They should also attend church and be well mannered. If they do this girls will have no opportunity to get AIDS (Teacher22_F:749-752).

Or that they had, by virtue of their faith, a special protection against AIDS.

I told you madam, those who are faithful, those God has spoken to and they will

get saved again, they will not get that disease (Community10_F:348-351).

The quantitative data however, fall short of substantiating the overall belief that people of faith will behave in a way that reduces their risk of HIV. In fact, 51% of the students who responded “Definitely Yes” to the statement “I think that God plays a big role in my life” also stated that they had already played sex. This compares to the 49% who responded “Definitely No” who had already played sex. Some insight into the divergence between the convictions evidenced in interviews that religious youth refrained from playing sex and the survey responses is provided by responses to survey questions about peers. Specifically, those who responded “Definitely Yes” to the God question (37%) were also more likely to be unsure about the sexual activity of their three best friends than those who had responded “Definitely No” to the God question (28.2%). This may imply that the more religious individuals are simply less likely to discuss sexual behaviours within their groups, thus, fostering the belief that they and their friends are more chaste. Such a silence about sex among the religious may foster the view that they lead a more “moral life,” while the reality may be that their actions differ little from those who are not religious.

Churches and Condoms

It did appear that both churches and the beliefs they inspired had a powerful influence on attitudes, if not behaviour. It also appeared that the churches could be a powerful source of HIV/AIDS related information, including information about prevention. Concomitantly, many of the subjects from the qualitative interviews recognized that the churches could also become a barrier when the issue of condoms is brought forward.

Our church doesn' t allow the use of condom.(Community1_M:412).

Condoms no. That is bad, that is to teach them death, first and foremost the way I am I have never known a condom, I just here, that' s a bad thing to teach young people that is breaking the 6th commandment mostly to Christians (Community32_F:541-544).

As a churchgoers / leader I am opposed to it, we should tell them to protect themselves. They should not use condoms (Community4_F:757-758).

Secondly I told you I' m a Catholic and we do not believe in the use of condoms we do not believe in the condoms at all, so condoms is not the right way about this (Community6_M:394-397).

But in church they refuse those condoms (Boys6:1347).

Because around here the majority of us are Catholics. We discourage the use of condoms, or even the mention of the word condom (Teacher6_M:317-319).

This becomes particularly problematic in Catholic sponsored schools given that it is well known that the Catholic church’s teachings prohibit the use of condoms and any other artificial contraceptives. Of course, given the diversity of religious affiliations within the staff of many of

the Catholic schools, this position is not necessarily universally shared among the teachers.

You know this is a Catholic school and if you bring such an issue, Catholics are very much against the use of condoms (Teacher13_M:600-602).

Yeah! This is a Catholic school. And Catholics they do not want to hear about it, they talk of abstinence only so in our area we try technically to avoid. Because the school is Catholic sponsored (Teacher18_M:766-769).

However, concerns about condoms were raised not only by Catholics. Several questions about condoms were raised by church leaders from various denominations. Those raised included the concern that the condom message would over-ride the abstinence message. Several of the interviews suggested that this message was being delivered by the local churches as well.

Condoms religiously are not encouraged, one is supposed to just abstain (Community30_F:468-469).

I' ve never heard those using condoms because we teach them that it is not true. We hear advertisements over the radio but it is not good it gives them the freedom of having sex. Christianity doesn' t allow that(Community18_F:604-607).

There are some as I told you earlier who have been taught religiously the teachings of the church, you know if they start using these condoms it is like spoiling their bodies, they have started playing sex before marriage...So it means if one is using a condom it means that he is not taking in the church teachings (Community26_M:664-273).

So they know there is something you put and then you go and do bad things, now if you are a Christian you go to tell a kid that is that true isn' t that teaching him prostitution? (Community32_F:186-188).

Because people argue that even the church that when you teach them about condoms you are accepting that they should discourage them to play sex before marriage so there is a conflict (Teacher2_M:335-338).

Another concern raised by church leaders was that, at least to some extent, condoms were unsafe. Again, interviewees also recognized the voice of the local churches in delivering this message.

We advise them that even if they use, like there is a day when the local parish priests come to a funeral here and he found us talking to them because even in funerals, we talk. Now, he said he had also done an experiment. He had put a little warm water into a condom and he hang it somewhere. When he woke up in the morning he found all the water had spilled on the floor (Community11_300-305).

Those who discourage us tell us that even if you use a condom these some like there while can pass AIDS for example one Sunday school teacher told s if you take a condom you take your finger this you cut your finger put paper you wait. Still hear the sour paper there because the sources he bitter passes though the condom (Girls5:1764-1769).

No except when we go to parish even the priest came here and in detail talked against the use of condoms the only safe thing is to avoid sex completely until marriage (Teacher6_M:352-354).

Interview subjects also recognized that these messages could contribute to confusion for the general population since they were different than messages about condoms from other sources.

Most of them are churchgoers and the church is against condoms and the government for it, so you don't know who is telling the truth (Community4_F:753-754).

In most cases some encourage us others discourages about condoms now we don't know who to follow we are still looking for the right answer (Girls5:1755-1757).

Essentially, it is clear from the interviews that condoms have been discussed in the local churches. Unfortunately, what is not clear is the nature of these condom messages.

I've talked to them about condoms, but I have not talked to all of them. I have only talked to those who come to church (Community18_F:784-786).

Yes I have spoken to boys, it is shameful in our community to tell girls to make sure that their partners use condoms when they are playing sex. But through our churches we have tried to tell them so that they can know (Community2_M:423-427).

*Okay, so who else should teach them about condoms?
Pastor because they will teach it like God's word to be heard properly (Boys13:1317-1320).*

Some churches they do teach and tell you [about condoms] (Girls5:1750).

At the same time, it is important to mention that some of the denominations particular to this area – including one of the most prominent, the Seventh Day Adventist church – do have a more liberal approach to condoms. Consequently, there is the possibility that the message delivered by some local churches may be more flexible. One of the focus groups suggested that this was the case for their local pastor.

Pastor Samuel ... He told us that those who are not yet married should not play sex, and if it's a must you play sex you should use a condom (Girls1:798-809).

In further examining the association between faith and behaviour using the quantitative data it is evident that faith does not have a significant impact on whether males choose to use condoms. In fact, even though only 29.8% of male students who responded “Definitely Yes” to the God question stated that they used a condom during their last sexual intercourse, virtually the same number of male students (28%) who responded “Definitely No” to the God question also stated they had used a condom. The numbers for female students using condoms are also essentially the same for those who answered ‘Yes’ (24.7%) and those who answered ‘No’ (25.4%) to the God question. Consequently, prevailing attitudes about condoms from the church may not present a strong barrier to condom usage. However, these attitudes may influence the views that youth hold on condoms. It is noted in the section on Condom Use that those who reported, on surveys, that they had heard about or learned about HIV/AIDS in church were the most likely to produce inconsistent answers to the three knowledge/attitude questions related to condom use. This compared to those who were most likely to have heard about HIV/AIDS on the radio, in magazines or in school and were more likely to consistently endorse condoms as a means of protection when one engages in sexual intercourse. These results suggest that some youth are torn between different messages related to condoms and churches may be playing a role in providing messages that contradict those from other sources.

Summary

There is great trust and strong belief in the relevance of one’s faith to one’s day-to-day life and to providing guidance in dealing with difficult dilemmas of life, such as the dilemma of how to respond to AIDS. This is accompanied by the belief that being religious provides protection against AIDS – either because religious people act differently and keep out of harms way, or because their faith will protect them even when they are faced with harm. As a result, community leaders and teachers alike want churches to play a role in AIDS prevention, and, in fact, many churches are playing such a role.

It *is*, however, recognized that people do not necessarily always act in accordance with the teachings of their faith, i.e., that they do not necessarily act in a morally upright way. Examples of this are provided in interviews, and in survey data where contradictions between beliefs and actions are evident. Recognizing this characteristic of humanity, most of those who were interviewed stressed the need to insure that it was those who *did* behave in a morally upright manner who took the lead in teaching about AIDS and prevention since they were the ones who could lead by example and speak from experience.

Despite the recognition of “human frailty” – i.e., that people do not necessarily act according to their beliefs – most community members struggled with the idea of providing youth with a safety net such as information and endorsement of condom use should they not following the church teachings on abstinence until marriage.

The strength of churches and their teachings and the trust that community members placed in their churches suggests that these teachings and institutions will have a strong influence on what happens in the area of AIDS prevention in these communities.

SEX AND AIDS EDUCATION IN SCHOOLS

The purpose of PSABH is to bring AIDS prevention programming into schools. In self-completion surveys teachers were clear that it was necessary and important that schools take on the responsibility of teaching about AIDS and that, though they anticipated certain difficulties, they were prepared to do such teaching so long as proper training and resources were available.

Readiness of Teachers

Teachers linked HIV prevention programming with teaching about sex. Their willingness to be part of teaching about sex and HIV was seen in survey responses and in their discussions in interviews. 93% said it was necessary to talk more openly about sex with pupils. 76% did not consider teaching about HIV/AIDS in upper primary school to cause more harm than good. In fact, teachers acknowledged that *not* teaching young people about AIDS would cause harm. Teachers, however, often expressed difficulties in talking to students about sexual matters, as well as confusion and conflict about what to say. Despite these difficulties, they felt that they must talk to students or they would be responsible for the consequences.

We feel ashamed [teaching about AIDS] and when we shy off [from teaching] the children also continue to shy off and they remain ignorant. As a result, they do sex before marriage ... and end up getting these diseases and pregnancies (Teacher11_F: 88-100).

While teachers expressed willingness and even a desire to provide AIDS education for their students, they repeatedly expressed a need for training and preparation.

We are so much willing to help these children. But we need to have proper training so that we are confident with what we are saying or doing, so that we get the proper approach and we know how to handle these problems we are meeting (Teacher4_F: 313-317).

If you are not well prepared you cannot be very confident but if you know what you want to talk about very well there is no problem (Teacher7_F: 173-176).

AIDS and Sex Education in Schools

Self-completion surveys documented the presence and form of AIDS programming that already existed in schools prior to the introduction of PSABH. Most schools have the AIDS education syllabus provided by the Ministry of Education (81%) and 56% of teachers reported using this syllabus. In over 3/4s of the schools, teachers reported that AIDS was in the Master Timetable. However, while developing a scheme for teaching AIDS and an infusion plan were the most common first steps reported on surveys, these were reported by only 33% and 32% of teachers respectively, suggesting that AIDS had only begun to be adequately integrated into teaching.

One of the difficulties in integrating AIDS education into the curriculum was the limited time

available for teaching and the need to focus on examinable subjects – which AIDS was not

But with teachers, they have very limited time and when they go for the lessons, they only conduct lessons. (Teacher26_M:248-249)

They [teachers] don' t take it[AIDS] to be a very serious lesson, because it is not examinable (Teacher20_M: 302-304).

A second difficulty that teachers repeatedly raised was an absence of resources and clear direction for teaching about AIDS.

The [AIDS] material is lacking so there might be some aspects, which you don' t know about AIDS so in case such materials can be got it will be very easy (Teacher3_M: 339-341).

There is no proper book, just pamphlets, not a book, its just a pamphlet (Teacher15_M: 414-415).

We don' t have the major syllabus and the student guide book...now it is up to you to go and look for the information which is not readily available (Teacher16_M: 412-416).

The teaching [instruction to teachers] of AIDS in schools is given orally , without specifying what to deal with or what to talk about in particular (Teacher14_M: 285-286).

Some of these teachers are not well informed so those who lack knowledge the ministry has not come out very well [in helping us] (Teacher18_M: 397-399).

We should have films and people coming to talk about it maybe from social services. If we would have such groups chip in I think students will know about it (Teacher30_M: 311-316).

There is a syllabus in the school, but we don't have the relevant books (Teacher 9_F:291).

We don't have enough reference material, apart from the red book which is the syllabus and the green which is the reference book, we don't have enough source (Teacher19_M: 335-339).

We were only given a syllabus. What to teach becomes a major problem (Teacher23_M: 73-79).

Teaching about AIDS necessitated talking about sex, a topic which, as seen in the section on Community Expectations, is not necessarily openly discussed and which is often fraught with taboos about who may speak with whom. While the majority of teachers claimed, both in surveys (62%) and in interviews, that they were comfortable talking to students about sex, they also spoke about sources of discomfort. The absence of resources to guide their teaching, for

example, contributed to their discomfort by leaving teachers struggling with community norms that proscribed communication about sex.

So you know sex is something which is regarded so confidential so people are not usually free talking about male sex (Teacher6_M: 59-63).

As Africans we feel that ... sex should not be talked [about] when someone is hearing. We were brought up to know that sex is only done in the darkness and it should not be talked anywhere except when people are in bed (Teacher11_f: 129-139).

As a result, even words that dealt with sexual matters were difficult to say.

You see when talking about, quoting the actual words we tend to say they are dirty words. Some people were born that they are not able to say these words in the way they should actually be (Teacher23_M:164-168).

And teachers did not know how to handle responses from students.

Some students may ask funny questions. (Teacher9_F: 493)

At times the pressure in the peer groups [to laugh and joke about sex] is so strong that talking to them is not very easy (Teacher21:399-400).

Some teachers specifically raised concerns about teaching about sex in classes that included their biological children, particularly in light of the traditional taboo against communication between parents and children about sex.

Especially at primary level we teach our children. So imagine your son in class and you go talking about sex, yah! (Teacher8_F:45-46)

Due to the cultural background he [father] finds it uncomfortable talking about sex before a daughter who is in that class (Teacher19_M: 67-77).

The seriousness of the AIDS epidemic, however, led many teachers to put aside their traditional silence in order to teach students about sex and AIDS

We have been teaching them and guiding them (Teacher5_F: 197).

As I said it is just tradition. But right now most of us are overcoming that. You become frank. You don't shy out (Teacher2_M: 197-198).

Such teaching, however, was most often done within the context of guidance and counseling rather than the classroom.

We have not been teaching it directly. But [through] guidance and counseling (Teacher 7_F:299).

We talk to them in guidance and counseling (Teacher5_F: 226)

Actually, we don't handle it through the syllabus ... We handle it through our counseling group (teacher18_M:368-369)

Beyond the lack of resources and the difficulties that teachers experienced speaking with children about sex and AIDS, teachers also expressed several specific concerns. They worried that speaking to young people about sex might actually promote sexual activity.

We find it difficult because when teaching it is as if we are promoting promiscuity or if I may say prostitution, careless sexual intercourse (Teacher4_F: 289-291).

Teachers felt caught between concern that their teaching might promote sexual activity and their fear that focusing on abstinence, which they felt most prepared and able to do, might not be enough.

Apart from telling them to wait...a method should be devised to [help them] protect [themselves] [this teacher spoke specifically about the female condom] (Teacher17_F: 435-436).

To wait is not bad...[but] is not the final solution (Teacher18_M: 471-473).

Teachers also feared that if they spoke of AIDS and specific prevention techniques they would be seen as talking from personal experience, i.e. that they had AIDS.

We tend not to teach because [students] may think that I am suffering from AIDS (Teacher12_M: 298-302).

Sometimes you might find this teacher might be involved in this kind of sex and shy off [from talking to students about it] (Teacher11_F: 488-489).

Their greatest concern was that despite all their efforts, children would not follow the lessons they were taught.

We may talk about it [sex and HIV], but they may not put it into practice. (Teacher28: 267-268).

Despite these difficulties, many teachers stressed that such teaching was important, particularly with the high prevalence of AIDS in their communities. The dominant message they taught, however, was clearly abstinence. They used many reasons to explain to students why abstinence was the only option.

*Playing sex early leads to disease [especially AIDS]
Early sex spoils young people
Young people are not ready for sex
Sex is sweeter if you marry a virgin
Premarital sex is wrong according to the Bible*

*Early sex ruins your future [cannot pursue education and proper family life]
Premarital sex can lead to pregnancy and then [school] drop out [for girls]*

Teaching about Sex and AIDS

Shy Students

In surveys, 61% of teachers felt that students were too shy to talk about sexual matters. Dealing with shy students was a specific topic of discussion in interviews. Shyness made it difficult for teachers to get students to open up and talk during sex education lessons.

Some of them are very shy. They don' t want to talk about sex(Teacher26_M: 100).

They are very shy, that' s a topic they will not be asking questions about(Teacher8_F: 166-167).

Some teachers, however, spoke of how they helped students overcome their shyness,

I normally tend to build confidence, I remain humble to them, I tell them that ok, this thing you are going to tell me, I shall not tell it to anybody (Teacher13_M: 189-192).

Shy children cannot be assisted without a plan . You should identify them first and then try to take them slowly. Ask them simple questions related to the question (Teacher14_M: 163-166).

and several spoke of particular successes they had with shy students.

I have a student, she is very shy...she is very free she' s one of the victims of sex. She likes playing sex. So when I came here I just picked her [and told her] you are now the school deputy captain. She is now good. This morning she is the one who was at assembly (Teacher15_M: 250-258).

I have a shy student and am trying to encourage [her] orally and in written form. Especially the written work that she does I always write for her that this is good [encourages her to express herself] (Teacher17_F: 230-234).

Gender-Based Needs

Given the differences in gender scripts related to sexuality and the cultural reticence about speaking about things sexual, teachers were asked their views about teaching boys and girls together or separately. While there was general agreement that boys and girls should be taught together, supported by the sentiment that, "AIDS is the same for both," teachers did identify gender specific issues in teaching boys and girls. Boys were uniformly seen as more difficult to teach and to handle than girls.

Boys they come up they laugh a lot they make funny gestures like that (Teacher21_M: 153).

The young boys, I can handle them, though, when it comes to big boys, it needs a man (Teacher24_F: 141-145).

As in survey responses, girls were considered to be shy and to have “difficulty” with the subject.

With girls, mostly they are shy, they are not free especially when it' s being said in public. (Teacher21_M: 151-152).

Especially the girls. When you start speaking ...most of them look offended (Teacher2_M: 77).

Several teachers commented on concerns that were specific to girls that had to be addressed. This included the need to work on self confidence and assertiveness with girls, particularly since the consequences of sex for girls were more dire than for boys.

Yes [they should be taught together], only I still think that girls should be spared more time as compared to boys...naturally girls are weak and easily lured by young men or boys (Teacher19_M: 368-371).

I think so, but stress on the girls because girls...sexual upset interferes with them a lot (Teacher21_M: 341-343).

What Should Be Taught?

Teachers presented a comprehensive list of topics that they felt should be covered with their pupils.

- ‘Reality of AIDS in Kenya’

It has killed many people. (Teacher12:M: 31-34)

They should know...the problem is here with us. (Teacher18_M: 35-38)

- Seriousness of AIDS

It is a killer disease and it is not cured. (Teacher11_F: 67-69).

- Transmission

They should know ways in which AIDS spread so that they may tell other people in the village (Teacher21_M: 43-45).

And [they] will be able to know how to avoid it (Teacher18_M: 44-45).

- Symptoms

They should be aware of symptoms (Teacher13_M: 26-28)

- Social and economic consequences

How AIDS is affecting us both socially and economically (Teacher21_M: 36-37)

- Personal vulnerability

It is not only killing the old people. It is affecting everybody (Teacher10_F: 22-26).

They should also know that even them they can have AIDS. You know, many children think that big people that is the adults are the ones who have it. So they should be told that even them they can have it (Teacher29_F: 193-197).

- Interacting with those with AIDS

How to behave with those who have contracted the disease (Teacher26_M: 34-36).

Prevention

The most important messages to teach were about prevention,

They should know how to prevent themselves from it (Teacher17_F: 31).

and the most important prevention message was that ‘young people should abstain from sex’.

They should know that it is important to avoid sex before marriage (Teacher6_M: 27-28).

The best thing is abstinence because actually they have not reached that age where they are supposed to be thinking of sex in any way (Teacher10_F: 29-31).

For teachers, use of the condom to prevent HIV was always introduced within the context of an abstinence message.

In case they don' t abstain they should use condom (Teacher4_F: 383).

Prevention messages also included cautioning students on the use of unclean needles

Be careful about the needles that they use in the hospitals. They are supposed to use new needles (Teacher7_F: 58-61).

As well as the importance of going for an HIV test before marriage.

Tell them that when they are married is when now they can go for a test to ensure that they have chosen the right partner (Teacher13_M: 41-42).

Parents' Attitudes toward sex education

In surveys, teachers were divided on whether parents were reluctant to have sex and AIDS taught to their children with 46% feeling they were reluctant and 41% that they were not. In interviews, teachers felt most of the parents were well-informed and would not oppose such teaching.

We have a well-informed group of parents. To them, there's no problem about it (Teacher18_m:274-275).

These days with AIDS we don't have many problems [with parents] (Teacher15_M:285-290).

Teachers also volunteered their own views on why some parents might resist. These included lack of knowledge or exposure to ideas,

Some parents are illiterate. But the learned ones who read magazines are a bit co-operative (Teacher1_F: 172-174).

and concern that sexual activity would result (especially for girls),

To them when you teach their kid, especially girls about sexually related matters, they think you are encouraging them (Teacher16_M: 268-271).

and expose their children to greater danger.

Some parents think you are exposing their children to danger. By teaching the child about sex, you are creating awareness and most of the children would like to experiment. So if you teach them about sex most of them will go and experiment (Teacher8_F: 229-234).

Those who adhered to traditional cultural beliefs related to teaching about sex or to particular religious dogma might also object.

The traditional taboos that such things should be left to special people to take care of like the old grandmothers (Teacher17_F: 262-264).

Yes, some parents are against this because of the tradition. You know we have this culture, the same with the B culture, it doesn't allow to tell the children, to talk about sex in public (Teacher27_M: 122-124).

Some parents who are not informed like the religious groups of people who tend not to teach their children about sex, they say you teach about sex you are enlightening their children who are young which may spoil them (Teacher12_M: 222-225).

Dealing with parental concerns was difficult since parents did not bring these to the attention of

the school.

They will not come to us directly in school, but you hear them complaining...You know they act in rumors you just hear teachers complaining that mother so and so is saying this and that (Teacher8_F: 241-244).

The absence of specific complaints from parents left the school without a reason to talk to parents.

First of all I haven' t seen any importance of talking with them since they never opposed. If they had been opposed the thing is when I could now have brought them in (Teacher13_M: 242-244).

As in teachers' comments on teaching sex education, the structure of schools did not encourage teachers to initiate conversations with parents. Teachers cited *lack of time, absence of a set protocol for talking to parents about it, and talking to parents only if their child was a problem* as reasons for not initiating conversations.

When teachers did speak with parents, they spoke of:

- *How to protect their children from AIDS*
- *How to discuss sexual matters with their children*
- *The importance of teaching young people about sex at school and home*
- *The importance of working as a team (parents and teachers)*
- *How AIDS was transmitted*

Despite the apparent barriers to parent-teacher dialogue, the power of such dialogue is seen in the following interview excerpt:

Yes, there was one [parent] who did not want [sex education taught in school]. This person I' m telling you we called and talked to and explained to him why it was introduced and he saw the sense and said then, there is no problem, you can continue because you will be helping me as well (Teacher4_F: 239-243).

School AIDS Prevention Activity

When asked about how AIDS should be taught in the schools or what should be done to prevent HIV transmission among youth, teachers called for a more collaborative approach to HIV prevention.

This issue should be dealt with like a Harammbe now in this case parents, the stakeholder, teachers, pastors should join hands at least to teach the young ones the goodness or badness of having sex before marriage (Teacher11_F: 1052-1056).

They spoke of the additional resources and activities that were needed for an effective programme:

- Seminars and films [on the topic of AIDS]
- Teaching aids [charts, diagrams]
- Financial assistance from donors [money to fund HIV/AIDS prevention activities]
- Guest speakers [from outside the schools]
- More lessons on HIV/AIDS
- Guidance and counseling committee
- More school clubs [e.g. singing, debating, drama]
- Pastoral Ministry within the school
- Environmental changes [make it safer for girls to walk to school without being harassed]
- HIV/AIDS education in all class [the younger the better]
- Provide children with role models [bring in young adults who are abstaining]
- Educate parents
- Monitoring teacher implementation
- Monitoring of student behavior [with sanctions if it violates school rules]
- Field trip to hospitals [meet people living with AIDS]

But, they also spoke of success stories, examples of the successes they had in breaking down barriers and in communicating with students to effect change.

I was telling her [girl student] now you see a problem can happen with you and this boyfriend of yours...and she told me madam in fact that is what happened to me ...So I found that the girl had become free at last, we could discuss freely...when they have become friendly [to teacher] they can be able to tell you the truth (Teacher11_F: 325-346).

I had a case where a student was found somewhere with a boy...I talked [about] what repercussions are in sex before marriage. Then I let this child understand that I was there to help her. So she was very free and talked to me a lot (Teacher19_M: 214-227).

We had a case last year where a boy had [an] STD...We talked to him. He could not accept it easily because [he] was a boy... I approached a male teacher who went to talk to him until he accepted, and after accepting we called the parent and explained the problem (Teacher4_F: 420-432).

Above all, teachers were aware that children are the most promising targets for HIV/AIDS prevention in the midst of the epidemic.

It's important [HIV/AIDS education] because their lives have to be protected...the old generation like us may have AIDS...If I die...I would like my children to carry on with life...That is why...the youth in primary from class three they should be told about prevention...They should be told (Teacher17_F: 446-458).

And the fate that lies ahead for young people if there are no interventions.

The younger generation should replace the older generation..If the older people are all

dead then the young generation are all sick, life is not going to continue. Its going to stop (Teacher17_F: 41-51).

Summary

Teachers are ready to engage in AIDS prevention. Their major need is resources and instruction in how to do this.

QUANTITATIVE AND QUALITATIVE RESULTS IN DIALOGUE

Based on the analysis of survey results, several of the responses to the questions on the self-completion survey were identified as puzzling and in need of explanation. As interview results were analysed, the interpretation of additional survey questions was first called into question and then modified. Although survey administration was accompanied by assurances that there were not necessarily right or wrong answers to the questions and that what was important was that respondents provided answers that reflected their views, beliefs, knowledge and experiences, in at least some cases, survey responses appear to have reflected what some respondents felt were the ‘correct’ answers, rather than their own opinions. This was particularly the case for students, but at times seemed to be present for teachers as well. At other times teachers appeared to be struggling with competing realities or ‘voices’ which led to contradictory or inconsistent responses. This section applies quantitative and qualitative results to several of these puzzling areas in an attempt to piece together a coherent picture.

Are teachers comfortable teaching about sex and AIDS?

In surveys, 62% of teachers disagreed with the statement that they were uncomfortable teaching about sex; suggesting most were teaching about sex. However, as discussed in the section on AIDS Education in the Schools, when interviewed, teachers spoke at length of various forms and reasons for feeling uncomfortable. In addition, while fewer female teachers reported discomfort on surveys, more of them elaborated on what made them feel uncomfortable during interviews. This could be indicative of greater discomfort among female teachers, or of a greater ability or willingness among females as compared to other teachers to articulate areas of discomfort.

Though expressions of comfort were rare in qualitative interviews, the response of one teacher demonstrated the importance of having resources and how these contributed to a teacher’s comfort which probably contributed, in turn, to students’ positive response to the lessons.

We teach it very comfortably, we have the books we have the syllabus, we have the reference book. It' s a lesson they [students] really enjoy, they even want it more, than one lesson per week (Teacher8_F: 367-371).

Results suggest a sizable proportion of teachers are uncomfortable but that adequate preparation and resources can alleviate this discomfort.

How are pupils sorting through information about transmission and prevention?

In survey results, a sizable proportion of pupils answered HIV/AIDS knowledge questions incorrectly. Errors were so common that the mean and median percent of correct answers to a series of knowledge questions were only 38% and 42% respectively. However, when boys and girls talked about HIV transmission and prevention in focus groups, they consistently listed appropriate methods of prevention.

They were clear that medical attention was needed to establish whether one was HIV+ or for

those who were infected:

You should be going to hospitals to be treated there (Girls9: 1249).

And understood the social obligations that resulted with HIV infection:

A man should not go for a second wife (Girls16: 1492).

When pupils offered incorrect information about transmission or prevention, their explanations made it clear that they had carefully thought out or learned reasons behind their answers.

Sharing clothes especially if a victim has a wound and you wear the same clothe like when you too have body sores (Boys11: 782-783).

If I have a wound and my friend also has a wound and he if infected with AIDS then the wounds come in contact that will make me have AIDS (Boys13: 927-929).

Your friend [who has AIDS] buys sugar cane...Now after eating if...some blood comes out and you also bite and the blood gets into your wound you also get AIDS (Girls9_1206-1209).

In the question about circumcision, young people acknowledged this as a transmission route ONLY when it was performed with unsterile razor blades.

When the children are being circumcised [if] they use one razorblade [and] if one [person] has AIDS you all get it (Girls9: 1233-1234).

What these quotations suggest is that young people appear to have actually learned about how HIV is transmitted rather than merely memorizing a list of modes of transmission and prevention. Though some responses were incorrect based on international guidelines, the reasoning that had been applied in producing the answers was well founded. What pupils are missing are knowledge about the fragility of HIV and a sense of degree of risk (i.e. some modes of contact have a theoretical risk, but it is low and no cases have been recorded where this was the mode of transmission, so they are considered to be absent of risk).

Condom Knowledge and Attitude Questions

As already discussed, many students responded to questions tapping knowledge and attitudes toward condoms in a contradictory or inconsistent manner (72%). From interviews it is apparent that youth are receiving contradictory messages about condoms. Additional analyses have begun to identify the factors that contribute to this inconsistency. Based on preliminary analyses, it appears that certain sources of information contribute to greater inconsistency and that students who feel they cannot prevent HIV infection are most likely to provide inconsistent answers.

Personal Agency: Are young people in charge of their sexual lives?

There were several questions on the self-completion survey for youth that tapped feelings of personal control and agency both with respect to one's life in general and also with respect to sexual matters. Across most of these questions, the majority of youth answered in such a way as to indicate that they perceived themselves to have agency, control or responsibility for their own lives, including what happened to them sexually. In focus groups, however, the descriptions of typical sexual encounters and young peoples' perceptions of their roles in these encounters consistently portrayed situations where both boys and girls lacked control of what happened to them. The events of their sexual lives were embedded in beliefs, social customs, and obligations over which they had no control. They frequently used words such as *force* and *had to*, and described severe negative consequences if they did not adhere to expected patterns of behavior. Peers, family, and community members all colluded to insure obligations were met and they fully understood and expected the consequences that resulted from these obligations. The discussions among youth in focus groups, together with the descriptions of youthful sexuality by adults, made the research team doubtful that either girls or boys have personal agency in the sexual domain. If this is the case then youth may have difficulty taking action to reduce their own risk of HIV infection, both as youth, or eventually in adulthood, without a change in the social customs and obligations within which sexual activity is embedded. The experience of youthful sexual activity are more fully elaborated in the section on *Sexual Scripts*.

Are sizable proportions of young people really being forced to play sex?

In the questionnaire, 34% of pupils who had played sex indicated that they had, at some time, been forced to play sex. When asked about playing sex and being forced to play sex it was clear that although, for girls, being physically forced to play sex was not uncommon, young people ascribed *force* to a wide array of experiences that did not include being physically forced by another. The association of playing sex with social obligation and compulsory sexual scripts translated into an experience of forced sex in multiple instances that are more fully described in the section on *Sexual Scripts*. The diversity of situations in which sex is experienced as beyond one's control calls the interpretation of responses to the survey question on 'forced sex' into question. While it is valid to conclude that 34% of youth have experienced sex as 'forced,' it is not valid to conclude that such force was either external to the individual or that it constituted something similar to rape. On the other hand, the familiarity of youth with numerous rape scenarios and their treatment of rape as mundane and expected in numerous instances, also calls into question whether 34% is an underestimate of the 'rape' experiences of young girls. Ultimately, focus group discussions call into question whether a single understanding of force can be applied to interpretations of survey results.

Virginity: How can one have played sex and be a virgin?

In the questionnaire, 53% of pupils who had never played sex responded in the affirmative to the statement, *I shall be a virgin when I leave secondary school*. 54% of pupils who had already played sex also answered in the affirmative. The responses of this latter group were quite puzzling. A specific question about the interpretation of virginity was not asked during focus group discussions or interviews. However, views on virginity that were volunteered by community leaders, teachers and pupils offer some insights to the apparent contradiction in survey responses. These contradictions may be explained by one or a combination of the following factors.

- It was clear in focus groups and interviews that a high value was placed on virginity. On several occasions comments were made that indicated that if a girl had played sex, even if not by choice, there was no longer any point in abstaining since she had lost her virginity. This combines with a clear focus on abstinence or celibacy as the only method to prevent HIV. Together these strongly held beliefs can foster denial of loss of virginity.
- A second explanation of the apparently contradictory answers relates to the use of secondary school completion as the reference point in this question. Few youth in this region complete secondary school. A well-acknowledged dictum in survey research suggests that students may have related to the question as asking about something that was unlikely or impossible for them. Some may have read the question as asking about what would be the case (i.e. virginity) if they completed secondary school. The unrealistic scenario contributes to unrealistic answers.
- Finally, as with the inconsistency in answers to the condom questions, what may be happening here is confusion as a result of conflicting messages or, perhaps more likely as a result of the sexual scripts in these communities. Students may have responded to what they saw as an ideal (virginity and secondary completion) but unrealistic situation.

In all likelihood, there is no single explanation that applies to all responses to this question since different students probably had different thoughts when answering. What is clear from focus groups that students are aware that virginity means never having engaged in sexual intercourse and that once virginity is 'lost' it cannot be regained.

Conclusion

The devastation and seriousness of AIDS is well recognized. In many instances however, the enormity of the impact and the seeming impossibility of affecting a change fosters a reluctance to openly acknowledge that the disease is a threat or problem within one's own community. To acknowledge and own the disease may necessitate taking action against it. But, action appears impossible when multiple, conflicting messages impinge upon people's ability to form a single and coherent understanding of, and response to, AIDS.

It is clear that the communities studied herein acknowledge and accept that AIDS has wrought devastation. Beyond this, they also recognize the necessity of doing something to prevent further spread of HIV/AIDS, especially for youth. The fact is, however, that they are torn between multiple influences which render them unable take effective steps toward reducing the spread of HIV/AIDS in their communities. Specifically:

- According to past tradition, marriage ensued soon after the age of puberty. Today however, education has pushed the age of marriage to a later date, often into young adulthood. This leads to a conflict between norms that promote abstinence until marriage and those that promote sexual activity once biological maturity (i.e., puberty) has been reached. Given these conflicting norms, the struggle becomes one of maintaining abstinence until marriage and sexual activity. How are young people supposed to remain virgins until they finish their education?
- According to religious doctrine, abstinence until marriage is required. There are no acceptable alternatives, thus no safety net (i.e. condoms) for those who are not able to abstain. However, cultural beliefs that puberty awakens sexual drives that must be acted on, together with the postponement of marriage to accommodate educational needs, clearly conflict with religious doctrine. This conflict places youth in a situation where they struggle to reconcile religious doctrine with traditional beliefs. The question then becomes one of how to find a common message that satisfies both religious and cultural beliefs?
- Diverse gender expectations place boys and girls into oppositional roles and place sexuality into a discourse of force. Boys are supposed to prove their male virility while girls are supposed to remain chaste. The effect is for both boys and girls to speak of being forced to play sex. This creates a framework within which neither boys nor girls experience agency, power, or control over their sexuality. Both abstinence and condom use require a sense of agency or control over one's sexual choices and actions.
- Poverty, together with norms that obligate girls to provide sex in exchange for gifts place girls in a situation where they are encouraged to use their sexuality to meet their own and their family's material needs. If abstinence were to be enforced, poor girls and their families would lose one of the few avenues they have to meet their material needs. If condoms are not available as a harm reduction strategy, poor girls are placed in an

exceedingly vulnerable situation.

In the face of these multiple and, often times, conflicting messages, teachers are still motivated to teach about sex and AIDS. They struggle, though, with how to deliver a coherent message that does not conflict with the major, yet opposing beliefs and practices. In this, teachers need training, resources and assistance. Also clear, is that youth require a single coherent message which they can integrate into their sexual scripts in such a way as to ensure safer sexual practices. Such a message needs to be consistently and repeatedly delivered to them at school, in church, and within the community.

APPENDIX A: LISTS

These lists are extracted from interviews and were words or descriptions provided in response to specific questions.

NAMES/TERMS USED FOR BOYFRIENDS AND GIRLFRIENDS

Used by both girls and boys:

- Manyanga
- Beshte/Beste/Besty [intimate lover/most beautiful]
- Ebijebisis [lovers]
- Atoti [the most loved/beautiful or lover]
- Sweetheart or sweetie
- Inner friend
- Beloved heart

Terms used by boys for their girlfriends:

- Kibusa [girl]
- Kabeste [girl]
- Manzi [girlfriend]
- Kiosi [beautiful girl]
- Amalaya or rikembe [prostitute]
- Ritinge [barren woman or one who move around with different men]
- Sianda ['butts' meaning ladies give butt]
- Dame
- Chick
- Darling [he wants/loves you]
- Honey
- Pet
- Supu
- Baby
- My person
- My food

Terms used by girls for their boyfriends:

- Daddie
- Sweetie
- Babbie [one who wears baggy clothes]
- Charlie

Terms used by girls for boyfriends who were much older than they:

- Sugar daddie
- Amachuma [metal/big and strong men]

Terms used by boys for girlfriends who were much older than they:

- Mathee [mother]
- Prostitute
- Auntie

TEACHING ABOUT SEX

Reasons why it is difficult to teach students about sex:

- Will encourage young people to play sex
- Shame in talking about sexual topics
- Why to talk to young people: ‘teachers do not want to talk about things they may themselves be practicing’
- Not part of the syllabus
- Not an examinable subject
- Teaching biological children: ‘talking directly to my own children about sex is seen as abnormal’
- Students are too shy
- Students do not understand: ‘they may not understand what is taking place’ or ‘they are too young’
- Lack practical training on the topic: ‘they need to know practical things and not theoretical ones’
- Students do not feel free to talk about these things
- Lack of female teachers to teach girls: ‘handling the subject is a problem because we are all male teachers here’
- Students don’t take the teachings seriously
- Fear of preaching to students about proper behavior when the teacher may be engaging in improper behavior
- Teachers lack training: ‘the programme has not been put well to teachers’
- Students cannot identify with the teaching: ‘Students in the rural areas have not seen the pains created by AIDS’
- Language of instruction: ‘Some of the students cannot take in English’
- Fear that teaching students about body parts will make them go and explore their own bodies
- If teachers talk about AIDS students may think the teacher has the disease
- Teachers lack confidence in and information on relay information to students about sexual organs
- Lack of student participation
- Do not know how to handle students whose lives have been touched by AIDS: ‘It is not comfortable to talk with infected students or those who have lost a parent to AIDS’

CONDOMS

Reasons boys don’t use condoms:

- Lack access
- Itchy
- Reduces physical pleasure: ‘will not have maximum love’ and ‘can’t eat a

- sweet with its wrapper’
- Dirty or used
- Money: ‘do not have the money to buy them’
- Shame: ‘some boys feel ashamed to use them’
- Teased: ‘others will laugh at them’
- Ignorance: ‘they have not been taught about condoms’
- Myths: ‘Imported condoms from donors have been infected with AIDS’
- Friends don’t use condoms
- Shy to use or to have girl see them using
- Fear that partner will think they have AIDS if they use
- Luo belief that ‘two skins must be in contact during sexual intercourse’
- Don’t understand the importance of condoms
- Want their girlfriend to become pregnant
- Usually rushed or secretive sex so no time to use a condom
- Partner will threaten to terminate the relationship if use
- Removing it is difficult
- Condoms are too big for young boys
- Boys do not believe they are at risk
- Makes a unpleasant sound which echoes to other rooms
- Wants to spread disease to girl
- Fear of losing the girl if use condom

Reasons girls don’t use condoms:

- Lack of access
- Are told that condoms are only for adults
- Ignorant of condoms
- Unaware of the consequences of playing sex without a condom
- Think the pill is enough protection and are that condoms only prevent pregnancy
- Influence of others telling them that: ‘can’t eat a sweet with its wrapper on’
- Boys persuade the girls against using condoms
- Decrease pleasure
- Unable to negotiate with boy
- Asking a boy to use a condom is like telling the boy ‘I don’t trust or love you’
- Girls are too shy to tell the boy to use: ‘they don’t have the guts’
- Playing sex happens unexpectedly
- Uncomfortable to use
- They can burst inside the girls stomach or vagina
- Too immature to use
- Partner will threaten to terminate the relationship if use

Reasons boys use condoms:

- Want to test them out
- Have discovered or learned the importance of using them
- Have been taught about them

- Girls refuse to play sex without them
- Girl forces the boy to use
- Avoid getting dirty: 'if girl is on monthly period using a condom will avoid getting dirty'
- If girl brings the condom

Reasons girls use condoms:

- Prevent AIDS
- Prevent pregnancy
- Have been taught how to use
- Was able to convince the boy that condoms should be used
- She buys the condom for the boy

ABSTENTION

Reasons boys do not abstain or why boys shouldn't wait:

- If you wait 'then you are forced to marry one girl while you would prefer another'
- Parents might think a boy is impotent
- If you wait then 'your sperm will be blocked up' and 'will not mature'
- Playing sex builds Kenya
- Playing sex gives a boy status: 'some do it to make people think they are heroes'
- Their body forces them: 'sexual urge is too high' or 'need to release physical tension'
- Friends are not abstaining and 'they just want to do what others are doing'
- Adolescence is 'a state of confusion' and the only way to get out of this state is to play sex
- Males have an aggressive nature and need to explore
- Playing sex satisfies their curiosity: 'Boys need to be able to explore and discover'
- They play sex so when they become adults they will not be scared to play sex
- Imitation: 'they just do what they see others doing' – their parents, siblings, friends, others in the community
- Because they feel lonely: 'I feel lonely so I get a girlfriend'
- Fear of losing the girl
- If he waits then the girl will become ugly
- Cultural norms: 'parents celebrate when boy impregnates a girl'
- Satan gets a hold of them
- Want to impregnate a girl

Reasons girls do not abstain or why girls shouldn't wait:

- Their vaginas will be blocked if they don't have sex by 15
- Poverty – they get money or material goods by playing sex
- Parents did not abstain before marriage and/or they see their parents

- having sex with others.
- Parents expect daughters to find a male
- To get gifts (oil, slippers, etc)
- Friends are not abstaining
- They have no control over boy's sexual advances
- They will be seen as a weakling if they remain virgins
- Will be teased by her girlfriends if she remains a virgin
- Body forces them: 'body temperature is too high'
- A way to make a boy marry her
- A way to get pregnant
- Forced by parents or relatives to engage in sexual acts
- Love potions: 'boys go to medicine man and get a love potion to give to girl'
- If they play sex once, then they no longer can go back to virgin status: 'when one is raped then she starts thinking that there is no need to abstain'
- They are the weaker sex and must give in

Reasons boys abstain or why boys should wait:

- Abstinence prolongs one's life
- The Bible says so
- He will be looked upon favorably in the eyes of God; avoid sin
- Pre-marital sex is immoral
- Taste of a woman is sweeter to a man if both are virgins at marriage
- President Moi says that 'abstaining from sex does not hurt anyone'
- Avoid disease
- No girl will want you if you father a child outside of marriage

Reasons girls abstain or why girls should wait:

- Prolongs one's life
- Avoids pregnancy: 'Pregnancy outside of marriage is a curse'
- Complete education: 'Pregnancy causes girl to drop out of school'
- The Bible says so
- Be looked upon favorably in the eyes of God
- Pre-marital sex is immoral
- Gain respect of self and others
- Makes them blessed (pure) brides
- Avoid disease
- Avoid shame
- Cultural norms: 'girls parents do not celebrate if their daughter gets pregnant'
- They should be tame
- Can stay in school and get a good education
- Will give you time to plan your future family properly
- Will be able to present yourself respectably as a woman
- Choice of marriage partner becomes more limited if they don't wait: 'If you break your chastity then you will be taken to an old man'
- Prevents 'careless love'

- There is a set time: 'Cannot remove maize from a garden until they are ready'
- Punishment: 'we give them punishments if they have boyfriends'

APPENDIX B: Pregnancy Data

This section of the report is based on pregnancy data collected by Zonal Inspectors March, 2002.

There were 487 pregnancies across 159 schools

The majority of pregnancies occur during Standard 7 (n=165).

Notable however, is the high number of pregnancies reported in Standard 6 (n=111).

Pregnancies	Number
Standard 6	111
Standard 7	165
Standard 8	153
Other	58
Total Pregnancies	487

Mean Proportion Pregnant*	
Standard 6	0.05
Standard 7	0.10
Standard 8	0.11
Other	0.00
Total STD 6-8	0.08

* Proportion of pregnancies = # pregnant/total # girls. This accommodates for differences in school size.

The number of pregnancies in each school ranged from 0 to 19. Both the median and modal number was 2. The median proportion of pregnancies for all schools was 0.05.

Total Pregnancies in School	# Schools with this total
0	33
1	21
2	40
3	16
4	13
5	8
6	8
7	4
8	6
9	1
10	3
11	1
12	2
13	1
16	1
19	1

Target and Control Schools

There were no significant differences in the number or proportion of reported pregnancies between target and control groups (target n=246 and control n=241).

Pregnancies	Target	Control
Standard 6	59	52
Standard 7	88	77
Standard 8	70	83
Other	29	29
Total	246	241
Mean Proportion Pregnant		
Standard 6	0.06	0.04
Standard 7	0.11	0.10
Standard 8	0.11	0.11
Other	0.00	0.01
Total STD 6-8	0.08	0.07

Top versus Bottom Schools

Top schools had slightly more pregnancies than did bottom schools (top n=222 and bottom n=216). This is primarily because top schools tend to be larger than bottom schools. As a result, proportionately more students became pregnant in bottom than top schools.

Pregnancies	Top	Bottom
Standard 6	55	49
Standard 7	78	69
Standard 8	66	72
Other	23	26
Total Pregnancies	222	216
Mean Proportion Pregnancies		
Standard 6	0.02	0.05
Standard 7	0.05	0.11
Standard 8	0.05	0.13
Other	0.00	0.00
Total STD6-8	0.04	0.08

Girls Who Got Pregnant and Their Partners

The majority of students who got pregnant lived with their parents. A smaller, but significant proportion lived with a relative.

Where pupils who got pregnant lived	Total Pregnancies	Number of pupils who lived in this location		
		1	2	>2
Boarder	1	1	0	0
With parents	• 248	21	37	51
With relatives	• 91	35	7	14
Lodging locally	• 5	1	0	1
Unknown	• 9	2	2	1
Alone	• 10	4	0	2
Others	0	0	0	0

Pregnancies most often result from sex with an agetate out of school. Family friends or relatives however, also account for a substantial number of pregnancies, as well as fellow students.

Who is the male 'responsible' for the pregnancy?	Total Pregnancies	Number pregnancies responsible for		
		1	2	>2
Fellow student	• 42	24	6	2
Out-of-school agetate	• 153	37	25	22
Teacher	3	3	0	0
Business trader	20	10	5	0
Family friend or relative	• 57	27	9	4
Other	• 61	24	8	7

With respect to the current living situations of pregnant girls, there is considerable diversity in the scenarios.

For the most part, pregnant girls are most likely to be either unemployed locally, married, or moved away. Interestingly, a significant number of pregnant girls are finishing primary school.

What is the current situation of the pregnant girls?	Total Pregnancies	Number in each situation		
		1	2	>2
Married	• 90	27	15	11
Primary	• 60	32	8	4
Secondary	22	14	4	0
Moved Away	• 86	33	10	11
Employed Locally	• 12	3	3	1
Unemployed Locally	• 107	29	15	16
Empolyed Elsewhere	4	2	1	0
Unemployed Elsewhere	• 37	11	1	8
Unknown	• 47	20	6	5
Others	0	0	0	0

Other Related Programmes in Communities

67 schools reported having had other reproductive health interventions. These interventions included:

Reproductive Health Intervention	Number of Schools with intervention
NGO involved in HIV/AIDS (unspecified)	1
Ministry of Health - Kisumu	5
AIDS Information Centre (AIC)	1
ACE	6
Community based project	2
Community representative	1
Red Cross	1
P&G	4
Maendeleo ya wanawake	1
Church	3
PSABH/CfBT	21
Local hospital	9
Malanametric Surveillance Team	1
CCT	1
FPFK	1
Plan International	1
MAACS	2
Can't recall organization	5
Total	67

APPENDIX C: Community Profile

Profiles of each community are being constructed to facilitate testing of hypotheses that address factors that may influence the uptake and impact of PSABH on a community level. For the 16 communities for which we have qualitative as well as quantitative data, these profiles include a summary of the views and discussions of teachers, community leaders, and students related to several key topics: abstaining from playing sex until marriage, ‘force’ within the context of playing sex, condoms, what programmes and activities are going on in the community related to HIV/AIDS, and a brief religious profile of the community. For all communities a quantitative profile is being developed based on responses to self-completion surveys of students and teachers in the community, pregnancy data for the community, and information from school and community responsiveness surveys.

This appendix contains profiles for the 16 communities that participated in the qualitative component of the research. Names of communities have been removed to maintain confidentiality. Each community has a textual description based on qualitative data and a brief numerical profile based on responses to pre-programme self-completion surveys and pregnancy data. These numerical profiles will be expanded as additional data are collected and analysed.

NOTE: In the community profile tables there are two numbers for # girls in standards 6 and 7 respectively (i.e. 5_24). The first number indicates the number of girls who completed pre-test surveys while the second number indicates the total number of girls in each standard as indicated by zonal inspectors in their collection of pregnancy data.

Community A: Luo, Top, Control

Waiting Until Marriage

- Adults recognized that AIDS was a problem in their community and voiced concern for youth as they knew that they were not abstaining.
- Such concern translated into adults making an effort to talk to youth about prevention, namely, abstinence. According to adults, youth who attended Barazas and church were the only ones who were abstaining.
- Boys agreed with the adults in this community recognizing that some youth were abstaining and some were not.
- 8 out of 25 boys and 14 out of 37 girls had ever played sex. The median age of first sexual activity for those who had played sex was 12. Sexual activity within the last 3 months however, was significantly low with only 1 girl out of 14 boys and girls having done so.

Force

- Adults did not speak about force. In fact, only the assistant chief acknowledged that force occurred but only between adult men and young girls.
- Boys repeatedly described force as deliberate physical actions taken by boys to get girls to play sex. This was substantiated by survey reports where 6 out of 14 girls reported that they had been forced to play sex.

Condoms

- Community leaders thought young people needed to use condoms if they could not abstain. Teachers sided with community leaders but were more reluctant to talk to young people about sex.
- The boys in the focus group said they had received different messages about condoms. Teachers had told them condoms were unsafe while community members had told them that they must use condoms if they cannot abstain. In the end, the boys chose to endorse condoms.
- Contrary to this endorsement, none of the 8 boys who participated in the self-completion survey reported condom use during their last sexual encounter. Girls, on the other hand, were more likely to report condom use [3 out of 14], but this percentage still remained low.

Pregnancy

- Boys in focus groups reportedly knew of 4 girls who had become pregnant in this school. Zonal inspectors reported only 2 of such pregnancies.

Religious Affiliation

- The community leaders interviewed identified their religious affiliation as CCA and CPK while in the surveys the sponsorship of the school was identified as Catholic.

Community A	
Demographics	
Students	
total # boys and girls	62
# girls total	37
# boys total	25
# girls s6	0_45
# boys s6	0
# girls s7	1_54
# boys s7	25
girls \times age s6	0
boys \times age s6	0
girls \times age s7	15.41
boys \times age s7	14.68
student \times SES	15.13
girl \times SES	15.24
boy \times SES	15.05
Student ethnicity	Luo
Teachers	
# teachers	4
proportion female	0.0%
adequacy of staffing	
HT: Prism trained	
HT: years in school	
School SES	
Religion of teacher	1 C: 3 P
Religious sponsorship of school	Catholic
Student SC results	
Knowledge	
\times knowledge score	0.37
use condom when playing sex	78.0%
use condom to protect self	61.7%
condoms prevent HIV infection	63.3%
Behavior	
% ever played sex	35.5%
median age of first intercourse	13.0
% played sex in past 3 months	4.5%
% forced	27.3%
% boys used condoms last intercourse	0.0%
% girls used condoms last intercourse	21.4%
% ever refused	35.9%
% not gone somewhere	29.0%
% report 1+ friends had played sex	38.7%

Teacher SC results	
Knowledge	
\times knowledge score	0.73
condoms prevent HIV infection	100.0%
Attitudes	
HIV infected only self to blame	2.75
HIV God's punishment	4.75
pro/anti teaching score	2.89
teaching condoms • sexual activity	2.00
comfort teaching	3.25
pupils too shy	2.75
teaching HIV does more harm	4.75
Pregnancies	
# s6	0
# s7	1
# s8	1
# 678	2
proportion s6	0.00
proportion s7	0.02
proportion s8	0.02
proportion 678	0.01
agemates school	
# preg responsible for	0
teachers	0
# preg responsible for	0
agemates out school	1
# preg responsible for	1
known business traders	0
# preg responsible for	0
friends or relatives	0
# preg responsible for	0
other	1
# preg responsible for	2

Community B: Luo, Bottom, Control

Waiting Until Marriage

- Adults believed young people, especially girls were not waiting.
- Boys were not able to definitively state whether youth were waiting but were certain that it was impossible for young people to wait. At the same time, they maintained that girls really don't want to play sex but accept anyway, largely because they receive money in exchange for it.
- The quantitative surveys showed that 16 out of 34 boys and 19 out of 29 girls had played sex with 7 of these boys and 7 of these girls having done so in the last three months.
- Median ages of first intercourse for those who had already played sex were 14 for boys and 12 for girls.

Force

- Boys spoke of physical force as if it only applied to girls. They also appeared to value the ability to use force (i.e. beat someone up). Boys who were devoid of this male strength were considered weak and easily overpowered by girls.
- Interestingly, boys (43%) surveyed reported being forced more than girls (26%).

Condoms

- Community members felt condoms provided some (not 100%) protection but not as much as abstinence. They struggled between siding with the church (against condoms) or the government (for condoms). The head teacher felt condoms contradicted the abstinence message.
- Boys provided numerous reasons to mistrust or not use condoms. They felt condoms were not necessary because girls just accept to play sex. They placed responsibility for using condoms upon the girl.
- Although boys appeared unready, 5 (31 out of 16) had used condoms during their last sexual encounter. Girls, were less likely [3 out of 19] to have reported condom use during their last sexual encounter.

Pregnancy

- Pregnancy was an issue of concern that arose across interviews. Focus group participants however, only reported knowing of one pregnancy within their school. Zonal inspector data on the other hand, reported a total of 6 pregnancies.

Religious Affiliation

- Both community leaders stated an affiliation with the Catholic Church, but CPK and AIC churches were also identified as being in the community.
- One of the teachers suggested that the school is Catholic sponsored.

Community B	
Demographics	
Students	
total # boys and girls	63
# girls total	29
# boys total	34
# girls s6	18_21
# boys s6	16
# girls s7	11_12
# boys s7	18
girls \bar{x} age s6	14.17
boys \bar{x} age s6	13.5
girls \bar{x} age s7	14.73
boys \bar{x} age s7	15.33
student \bar{x} SES	14.49
girl \bar{x} SES	14.41
boy \bar{x} SES	14.56
Student ethnicity	Luo
Teachers	
# teachers	3
proportion female	0.0%
adequacy of staffing	
HT: Prism trained	
HT: years in school	
School SES	
Religion of teacher	1 C: 2 P
Religious sponsorship of school	Catholic
Student SC results	
Knowledge	
\bar{x} knowledge score	0.29
use condom when playing sex	52.5%
use condom to protect self	51.9%
condoms prevent HIV infection	57.9%
Behavior	
% ever played sex	55.6%
median age of first intercourse	12.0
% played sex in past 3 months	40.0%
% forced	34.3%
% boys used condoms last intercourse	31.3%
% girls used condom last intercourse	15.8%
% ever refused to play sex	36.5%
% not gone somewhere	39.7%
% report 1+ friends had played sex	31.8%

Teacher SC results	
Knowledge	
\bar{x} knowledge score	0.67
condoms prevent HIV infection	100.0%
Attitudes	
HIV infected only self to blame	3.50
HIV God's punishment	4.00
	3.14
teaching condoms • sexual activity	3.50
comfort teaching	3.67
pupils too shy	3.67
teaching HIV does more harm	4.67
Pregnancies	
# s6	0
# s7	4
# s8	2
# 678	6
proportion s6	0.00
proportion s7	0.33
proportion s8	0.17
proportion 678	0.17
agemates school	0
# preg responsible for	0
teachers	0
# preg responsible for	0
agemates out school	1
# preg responsible for	2
known business traders	0
# preg responsible for	0
friends or relatives	0
# preg responsible for	0
other	0
# preg responsible for	0

Community C: Luo, Bottom, Control

Waiting Until Marriage

- There was consensus within this community that young people were not waiting until marriage to play sex. This was substantiated by quantitative values indicating that 70% had played sex at some point, with 30% of these having done so within the last 3 months.

Force

- Young girls claimed that force did not occur in this community but were able to describe boys who beat up girls that refused to play sex with them. They maintained that girls actually want to play sex at all cost because it provides financial security.
- The subject of force did not appear at all among interviews with either teachers or community representatives.
- The apparent quiescence of force within this community was partially countered by quantitative data where 17 out of 56 students reported that they had been forced to have sex.

Condoms

- The community was divided on the condom issue. The female community leader straddled the line between promoting condoms or abstinence while the assistant chief adamantly opposed the promotion of condoms.
- Teachers endorsed condom use for those who could not abstain. None of the teachers interviewed had spoken to young people about condoms yet.
- Students interpreted messages given by teachers as ones of abstinence and not condom use. Students did cite teachers as being the main source of information on condoms.
- Overall, the community appeared to believe that condoms protected against HIV/AIDS. Perhaps this positive attitude was also adopted by young boys surveyed as 22 (52%) out of 42 reported condom use. Girls however were much less likely [9 (29%) out of 31] to report condom use during their last sexual encounter.

Pregnancy

- Adults in this community recognized that girls in primary schools had conceived and identified this as a problem. Pregnancy data from girls however, suggested more uncertainty as the reported number of pregnancies ranged from 1-9. Actual reports by zonal inspectors indicated a total of 8 pregnancies at this school.

Religious Affiliation

- The community leaders stated they belonged to Catholic and Legio Maria churches. But in the surveys the school was identified as being sponsored by a Protestant church.

Community C	
Demographics	
Students	
total # boys and girls	105
# girls total	47
# boys total	58
# girls s6	21_24
# boys s6	29
# girls s7	26_32
# boys s7	29
girls \bar{x} age s6	14.14
boys \bar{x} age s6	14.83
girls \bar{x} age s7	15.38
boys \bar{x} age s7	16.03
student \bar{x} SES	15.55
girl \bar{x} SES	15.44
boy \bar{x} SES	15.64
Student ethnicity	Luo
Teachers	
# teachers	3
proportion female	0.0%
adequacy of staffing	
HT: Prism trained	
HT: years in school	
School SES	
Religion of teacher	0C: 3P
Religious sponsorship of school	Protestant
Student SC results	
Knowledge	
\bar{x} knowledge score	0.47
use condom when playing sex	63.9%
use condom to protect self	65.9%
condoms prevent HIV infection	64.4%
Behavior	
% ever played sex	69.5%
median age of first intercourse	14.0
% played sex in past 3 months	28.8%
% forced	23.3%
% boys used condoms last intercourse	52.4%
% girls used condom last intercourse	29.0%
% ever refused to play sex	27.6%
% not gone somewhere	25.7%
% report 1+ friends had played sex	21.0%

Teacher SC results	
Knowledge	
\bar{x} knowledge score	0.74
condoms prevent HIV infection	66.7%
Attitudes	
HIV infected only self to blame	4.00
HIV God's punishment	3.67
	3.52
teaching condoms • sexual activity	1.33
comfort teaching	4.00
pupils too shy	4.00
teaching HIV does more harm	4.33
Pregnancies	
# s6	0
# s7	2
# s8	6
# 678	8
proportion s6	0.00
proportion s7	0.06
proportion s8	0.19
proportion 678	0.08
agemates school	
# preg responsible for	0
teachers	0
# preg responsible for	0
agemates out school	1
# preg responsible for	2
known business traders	0
# preg responsible for	0
friends or relatives	0
# preg responsible for	0
other	0
# preg responsible for	0

Community D: Luo, Top, Control

Waiting Until Marriage

- Community leaders were certain that young people were not waiting until marriage to play sex.
- Teachers appeared more concerned with helping young people to avoid playing sex than talking about whether or not they were engaging in it.
- Girls in this community, when asked directly, maintained that young people their age were waiting to play sex. Despite this response, they provided numerous reasons for why it is difficult to wait. It appeared as if the girls placed a high value on remaining abstinent and pursuing an education.
- The quantitative data supported the student's assertions that young people were waiting. Specifically, it was found that only 4 (13%) boys out of 32 and 4 (9%) girls out of 46 had played sex. Nobody reported being sexually active within the last 3 months

Force

- Girls understood what force is and identified rape within their community. In fact, terms related to force came up repeatedly during the focus group discussion.
- Despite girls talking at length about force, the subject did not arise during interviews with either community leaders or teachers.
- Only 8 students chose to answer the question related to force on the self completion survey. Of these, 5 out of 8 reported being forced, 2 girls and 3 boys.

Condoms

- One female community leader noted the benefits of using condoms, but was more convinced that the only solution was abstinence. The assistant chief, on the other hand, was completely opposed to condoms.
- Teachers were against condoms. They could not discuss them in school and felt they were not 100% effective.
- Girls had both good and bad things to say about condoms and ultimately felt that young people should not be engaging in sex at all. They saw condoms as fit to use only after the age of 18.
- In the quantitative surveys, 3 out of 8 students reported using a condom during last sexual intercourse.

Pregnancy

- Those interviewed spoke about the negative consequences of pregnancy for girls
- The number pregnancies reported by both focus group participants and zonal inspectors were low with girls reporting a range from 0-1 and zonal inspectors reporting no pregnancies for this school.

Religious Affiliation

- Community leaders identified a relationship with CPK and Catholic churches, while one teacher suggested the school is sponsored by the Catholic church.

Community D	
Demographics	
Students	
total # boys and girls	78
# girls total	46
# boys total	32
# girls s6	0_46
# boys s6	19
# girls s7	25_36
# boys s7	13
girls \times age s6	12.1
boys \times age s6	12
girls \times age s7	13.08
boys \times age s7	13.08
student \times SES	7.90
girl \times SES	7.85
boy \times SES	7.88
Student ethnicity	Luo
Teachers	
# teachers	3
proportion female	33.3%
adequacy of staffing	
HT: Prism trained	
HT: years in school	
School SES	
Religion of teacher	OC: 3P
Religious sponsorship of school	Mixed
Student SC results	
Knowledge	
\bar{x} knowledge score	0.46
use condom when playing sex	81.4%
use condom to protect self	89.2%
condoms prevent HIV infection	75.7%
Behavior	
% ever played sex	10.3%
median age of first intercourse	9.0
% played sex in past 3 months	0.0%
% forced	62.5%
% boys used condoms last intercourse	50.0%
% girls used condom last intercourse	0.0%
% ever refused to play sex	17.9%
% not gone somewhere	18.0%
% report 1+ friends had played sex	11.5%

Teacher SC results	
Knowledge	
\bar{x} knowledge score	0.77
condoms prevent HIV infection	66.7%
Attitudes	
HIV infected only self to blame	3.67
HIV God's punishment	4.67
pro/anti teaching score	1.81
teaching condoms • sexual activity	1.00
com fort teaching	1.67
pupils too shy	1.00
teaching HIV does more harm	3.00
Pregnancies	
# s6	0
# s7	0
# s8	1
# 678	1
proportion s6	0.00
proportion s7	0.00
proportion s8	0.03
proportion 678	0.01
agimates school	
# preg responsible for	0
teachers	0
# preg responsible for	0
agimates out school	
# preg responsible for	1
known business traders	0
# preg responsible for	0
friends or relatives	0
# preg responsible for	0
other	0
# preg responsible for	0

Community E: Kisii, Top, Control

Waiting Until Marriage

- Those interviewed knew premarital sex was on the rise, but also knew of young people who were waiting.
- The stress in interviews that young people were waiting coincided with the quantitative data, which showed reportedly low rates (8 out of 43 girls) of having ever played sex. In addition, no girls reported engaging in sexual activity in the past 3 months.

Force

- Community leaders and teachers did not refer to force at all. On the other hand, young girls were able to speak at length about and give clear, realistic examples of force.
- There was reason to listen to what young girls have to say as 4 out of 8 girls surveyed reported being forced to play sex. In addition, a large proportion of girls admitted that they had either rejected opportunities for sex (18 out of 43) or avoided situations likely to lead to sex (20 out of 43).

Condoms

- Community members voiced extreme opposition to the use of condoms by either adults or young people in their community. They maintained that condoms both unsafe and against religious doctrine.
- Teachers agreed that young people should know about condoms, but did not want to take it upon themselves to teach them as it was seen as permitting them to engage in sex.
- Young people also voiced mistrust of condoms. Overall, students expressed confusion as to whether or not they should be using condoms.
- In terms of actual condom use, the quantitative survey results suggested that only 2 out of 10 girls reported condom use during their last sexual encounter.

Pregnancy

- Quantitative data from zonal inspectors indicated 0 pregnancies for this community. The qualitative interviews however, found numerous references to pregnancy. In fact, the number of pregnancies as indicated by focus group participants ranged from 0-4. Even community members provided actual examples of cases where pregnancy had occurred among school girls.

Religious Affiliation

- Both community leaders identified an affiliation with the Catholic church. This was consistent with the sponsorship identified in the surveys.

Community E	
Demographics	
Students	
total # boys and girls	43
# girls total	43
# boys total	0
# girls s6	21_24
# boys s6	0
# girls s7	22:25
# boys s7	0
girls \times age s6	12
boys \times age s6	
girls \times age s7	13.05
boys \times age s7	
student \times SES	8.86
girl \times SES	8.86
boy \times SES	
Student ethnicity	Kisii
Teachers	
# teachers	3
proportion female	33.3%
adequacy of staffing	
HT: Prism trained	
HT: years in school	
School SES	
Religion of teacher	2C: 1P
Religious sponsorship of school	Catholic
Student SC results	
Knowledge	
\times knowledge score	0.43
use condom when playing sex	51.4%
use condom to protect self	41.0%
condoms prevent HIV infection	20.5%
Behavior	
% ever played sex	18.6%
median age of first intercourse	9.5
% played sex in past 3 months	0.0%
% forced	50.0%
% boys used condoms last intercourse	
% girls used condom last intercourse	25.0%
% ever refused to play sex	41.9%
% not gone somewhere	46.5%

Teacher SC results	
Knowledge	
\times knowledge score	0.77
condoms prevent HIV infection	100.0%
Attitudes	
HIV infected only self to blame	4.67
HIV God's punishment	4.00
	2.57
teaching condoms • sexual activity	1.33
comfort teaching	2.67
pupils too shy	2.33
teaching HIV does more harm	5.00
Pregnancies	
# s6	0
# s7	0
# s8	0
# 678	0
proportion s6	0.00
proportion s7	0.00
proportion s8	0.00
proportion 678	0.00
agemates school	0
# preg responsible for	0
teachers	0
# preg responsible for	0
agemates out school	0
# preg responsible for	0
known business traders	0
# preg responsible for	0
friends or relatives	0
# preg responsible for	0
other	0
# preg responsible for	0

Community F: Kisii, Top, Target

Waiting Until Marriage

- Within this community, there was the perception that young people, especially boys, were not waiting. Students in this community confirmed the perception that young people were not waiting.
- According to the quantitative data, 28 (37%) out of 76 boys reported that they had played sex in the past. Only 4 out of 23 boys, however, reported doing so in the last 3 months.

Force

- There was no mention of force in interviews with adults.
- Boys were able to describe force but when asked whether it was common in this community said that they had never witnessed a girl being forced.
- Low levels of reported force within this community were supported by quantitative data where only 3 out of 25 boys reported being forced to play sex.

Condoms

- Community members were divided on the issue of condoms. The female community leader was opposed to young people using them while the assistant chief was more willing to and had advised youth to use them.
- Young people reported receiving mixed messages about condoms. Young boys felt they should be taught about condoms but not how to use them.
- Not surprisingly, condom use was low wherein only 3 out of 27 boys in this community reported using a condom the last time they played sex.

Pregnancy

- Although this school was an all boys' school, boys reported knowing of pregnancies within this school, the range given being 0-9. Zonal inspectors however, reported 0 pregnancies within this school. It was possible that boys misinterpreted the question [i.e. how many girls do you know of (not just within this school) that were pregnant] as it would be impossible for an all boys' school to have female pupils.

Religious Affiliation

- Both community leaders identified an affiliation with the PAG church. This is consistent with the sponsorship of the school as identified by one of the teachers.

Commity F	
Demographics	
Students	
total # boys and girls	76
# girls total	10
# boys total	66
# girls s6	4_0
# boys s6	36
# girls s7	6_0
# boys s7	30
girls \bar{x} age s6	
boys \bar{x} age s6	13.31
girls \bar{x} age s7	
boys \bar{x} age s7	13.7
student \bar{x} SES	10.46
girl \bar{x} SES	
boy \bar{x} SES	10.38
Student ethnicity	Kisii
Teachers	
# teachers	3
proportion female	0.0%
adequacy of staffing	
HT: Prism trained	
HT: years in school	
School SES	
Religion of teacher	0C: 3P
Religious sponsorship of school	Protestant
Student SC results	
Knowledge	
\bar{x} knowledge score	0.1
use condom when playing sex	57.8%
use condom to protect self	45.2%
condoms prevent HIV infection	42.5%
Behavior	
% ever played sex	36.8%
median age of first intercourse	9.0
% played sex in past 3 months	14.3%
% forced	10.7%
% boys used condoms last intercourse	11.1%
% girls used condom last intercourse	0.0%
% ever refused to play sex	38.2%
% not gone somewhere	30.3%
% report 1+ friends had played sex	26.3%

Teacher SC results	
Knowledge	
\bar{x} knowledge score	0.79
condoms prevent HIV infection	100.0%
Attitudes	
HIV infected only self to blame	1.00
HIV God's punishment	1.00
pro/anti teaching score	3.29
teaching condoms • sexual activity	3.67
comfort teaching	5.00
pupils too shy	5.00
teaching HIV does more harm	5.00
Pregnancies	
# s6	0
# s7	0
# s8	0
# 678	0
proportion s6	0.00
proportion s7	0.00
proportion s8	0.00
proportion 678	0.00
agimates school	
# preg responsible for	0
teachers	0
# preg responsible for	0
agimates out school	
# preg responsible for	0
known business traders	0
# preg responsible for	0
friends or relatives	0
# preg responsible for	0
other	0
# preg responsible for	0

Community G: Kisii, Bottom, Control

Waiting Until Marriage

- Community members and teachers felt that young people were not waiting until marriage to play sex.
- Young boys believed that the right thing to do was to wait, but provided numerous reasons for why this was nearly impossible to do. They were less certain of the reasons why girls were not waiting. Consequently, they offered a number of reasons why girls cannot wait. These ranged from being cheated and forced to the inability to control their sexual urges.
- Within this school the analyses performed on the quantitative data found that a larger proportion of girls [7 out of 18 or 58%] had ever played sex compared to boys [1 out of 11 (36%)]. Relatively few boys (9%) had played sex in the last 3 months. However, nearly 40% of girls had done so.

Force

- No references to force were made by either community leaders or teachers. There was an underlying and sometimes stated assertion that girls want to and were playing sex. Boys, on the other hand, were able to provide vivid examples of sexual force. When directly asked whether girls were forced by boys to play sex they answered affirmatively that this was not the case.
- According to the quantitative data only 2 out of 11 boys and 3 out of 18 girls reported being forced to play sex.

Condoms

- Community leaders mistrusted condoms and feared that telling young people about them would only give them permission to indulge in sexual activity. Teachers, for the most part, agreed with community members, although they were more inclined to recognize the benefits of condoms.
- Boys upon first response felt that condoms were a good protective method though later on in the discussion avowed that condoms were either against the church or strictly for older people.
- Only 3 out of 11 boys reported condom use during their last sexual encounter and 3 out of 18 girls reported partner using a condoms during last sexual encounter

Pregnancy

- Few references were made to pregnancy in this community. Those who did mention pregnancy did so in the context of the negative consequences, which resulted when one became pregnant out of wedlock. The relative silence on the topic of pregnancy contradicted quantitative results, which suggested that this community has among the highest pregnancy rates (10 pregnancies) of all 160 PSABH schools. Surprisingly, focus group participants reported knowing of relatively few girls who were pregnant at this school, the range being 0-4.

Religious Affiliation

- Both community leaders stated an affiliation with the SDA church while the survey identified a Catholic sponsorship for the school.

Community G	
Demographics	
Students	
total # boys and girls	62
# girls total	31
# boys total	31
# girls s6	18_28
# boys s6	20
# girls s7	13_10
# boys s7	11
girls \times age s6	14.28
boys \times age s6	14.2
girls \times age s7	15.23
boys \times age s7	15.36
student \times SES	14.81
girl \times SES	14.66
boy \times SES	14.97
Student ethnicity	Kisii
Teachers	
# teachers	3
proportion female	0.0%
adequacy of staffing	
HT: Prism trained	
HT: years in school	
School SES	
Religion of teacher	1C: 2P
Religious sponsorship of school	Catholic
Student SC results	
Knowledge	
\times knowledge score	0.31
use condom when playing sex	63.3%
use condom to protect self	45.8%
condoms prevent HIV infection	46.6%
Behavior	
% ever played sex	46.8%
median age of first intercourse	12.0
% played sex in past 3 months	27.6%
% forced	17.4%
% boys used condoms last intercourse	27.3%
% girls used condom last intercourse	16.7%
% ever refused to play sex	33.9%
% not gone somewhere	46.8%
% report 1+ friends had played sex	37.1%

Teacher SC results	
Knowledge	
\times knowledge score	0.82
condoms prevent HIV infection	66.7%
Attitudes	
HIV infected only self to blame	3.67
HIV God's punishment	2.33
	2.90
teaching condoms • sexual activity	1.33
comfort teaching	5.00
pupils too shy	1.00
teaching HIV does more harm	3.67
Pregnancies	
# s6	4
# s7	3
# s8	3
# 678	10
proportion s6	0.14
proportion s7	0.30
proportion s8	0.30
proportion 678	0.25
agemates school	0
# preg responsible for	0
teachers	0
# preg responsible for	0
agemates out school	1
# preg responsible for	3+
known business traders	1
# preg responsible for	2
friends or relatives	0
# preg responsible for	0
other	0
# preg responsible for	0

Community H: Kisii, Bottom, Target

Waiting Until Marriage

- Community members were confident that young people were not waiting until marriage to play sex. Although not directly asked, teachers felt that it was very difficult for young people to wait these days. Students provided mixed responses when asked whether or not young people were waiting until marriage to play sex.
- Ultimately, the quantitative results found that 17 out of 48 students surveyed reported ever playing sex. Only 4 of these 17 had played sex within the last three months.

Force

- According to boys, girls being forced to play sex was common in this community. In fact, boys were quick to provide a variety of examples of this.
- Even teachers described instances of rape within the community. There was no mention of force on the part of community leaders.
- Despite boys talking at length about force, quantitative data found that only a small proportion of students (5 out of 17) reported being forced.

Condoms

- Both community member began their interviews with statements against condom use for young people, however, they became more accepting of them as the interview progressed. Teachers felt that young people should be told about condoms, but were not comfortable being the conduits of such information.
- Students offered a mix of both positive and negative attitudes towards condoms. They were also aware of the conflicting messages they were receiving from both community members (use condoms) and the church (don't use condoms).
- Despite the apparent contradictions with respect to condoms, 6 out of the 11 boys who reported having played sex also reported to have used a condom. The rate of condom use was much lower among females, with only 1 out of 6 respondents saying that their partner had used a condom during their last sexual encounter.

Pregnancy

- Pregnancy was something to be feared according to community members, teachers, and students, however, it did not arise frequently in discussion and nobody admitted that it was a problem in this community. Focus group participants reflected a range of pregnancy estimates (1-7). Zonal inspectors however, reported only one pregnancy in this school.

Religious Affiliation

- Both community leaders stated an affiliation with the SDA church. One of the teachers also suggested that there were Catholics present in the school. According to the survey, the school is sponsored by a Protestant church.

Community H	
Demographics	
Students	
total # boys and girls	48
# girls total	18
# boys total	30
# girls s6	8_11
# boys s6	16
# girls s7	10_9
# boys s7	14
girls \bar{x} age s6	13.5
boys \bar{x} age s6	14.44
girls \bar{x} age s7	14.2
boys \bar{x} age s7	14.93
student \bar{x} SES	13.90
girl \bar{x} SES	12.17
boy \bar{x} SES	14.93
Student ethnicity	Kisii
Teachers	
# teachers	3
proportion female	66.7%
adequacy of staffing	
HT: Prism trained	
HT: years in school	
School SES	
Religion of teacher	0C: 3P
Religious sponsorship of school	Protestant
Student SC results	
Knowledge	
\bar{x} knowledge score	0.18
use condom when playing sex	68.6%
use condom to protect self	64.1%
condoms prevent HIV infection	56.4%
Behavior	
% ever played sex	35.4%
median age of first intercourse	12.0
% played sex in past 3 months	23.5%
% forced	29.4%
% boys used condoms last intercourse	54.5%
% girls used condom last intercourse	16.7%
% ever refused to play sex	25.0%
% not gone somewhere	20.8%
% report 1+ friends had played sex	14.6%

Teacher SC results	
Knowledge	
\bar{x} knowledge score	0.77
condoms prevent HIV infection	100.0%
Attitudes	
HIV infected only self to blame	3.67
HIV God's punishment	4.33
	3.33
teaching condoms • sexual activity	2.33
com fort teaching	4.00
pupils too shy	4.00
teaching HIV does more harm	5.00
Pregnancies	
# s6	0
# s7	1
# s8	0
# 678	1
proportion s6	0.00
proportion s7	0.11
proportion s8	0.00
proportion 678	0.04
Responsible for pregnancies	
agemates school	0
# preg responsible for	0
teachers	0
# preg responsible for	0
agemates out school	1
# preg responsible for	1
known business traders	0
# preg responsible for	0
friends or relatives	0
# preg responsible for	0
other	0
# preg responsible for	0

Community I: Kisii, Top, Control

Waiting Until Marriage

- Community leaders and teachers were convinced that young people were not waiting until marriage to play sex. Boys were more reluctant to admit that this was the case.
- Quantitative reports of sexual activity more closely resembled reports given by focus group participants in that 9 out of 16 boys had ever played sex 13 out of 26 girls had ever played sex. Reported rates of sexual activity within the last 3 months were low.

Force

- Boys were able to speak about force as a way to deal with rejection. But, when asked directly about force they denied that it existed within this community. Boys were convinced that they could not be forced by a girl to play sex.
- Despite the relative silence on force within this community, quantitative data suggested that it did exist: 4 out of 9 boys and 4 out of 13 girls reported that they had been forced to play sex

Condoms

- Community leaders were divided on the condom issue. The community chief held a positive attitude towards condoms. The female community leader, on the other hand, displayed suspicion and fear of condoms, vehemently opposing their use.
- Teachers were even more apprehensive about condoms and opposed teaching about them. Teachers did suggest that condoms might provide a means of protection. They were more comfortable with the abstinence message
- Young boys held a number of misconceptions about condoms. This left them unable to decide whether they should or should not use condoms. For the most part, the views expressed by boys mirrored conflicting messages they had heard about condoms from adults.
- Overall, condoms were not looked upon favourably in this community. Despite being aware that condoms serve some sort of protective measure adults believed that abstinence was the best method of prevention. Boys sided with what adults said on this. Thus, it was not surprising to find that both girls and boys admitted that they had never used condoms before.

Pregnancy

- Pregnancy was only brought up twice in all of the interviews conducted in this community. These references spoke of how boys avoided condom use in order to impregnate a girl. Girls themselves reported no pregnancies. The silence on pregnancy in this community was contradicted by data suggesting a total of 5 pregnancies.

Religious Affiliation

- Both community leaders stated an affiliation with the SDA church although no religious sponsorship of the school was identified in the surveys.

Community I	
Demographics	
Students	
total # boys and girls	42
# girls total	26
# boys total	16
# girls s6	11_23
# boys s6	8
# girls s7	15_22
# boys s7	8
girls \bar{x} age s6	14.27
boys \bar{x} age s6	12.88
girls \bar{x} age s7	14.4
boys \bar{x} age s7	14.5
student \bar{x} SES	14.86
girl \bar{x} SES	14.85
boy \bar{x} SES	14.88
Student ethnicity	Kisii
Teachers	
# teachers	2
proportion female	0.0%
adequacy of staffing	
HT: Prism trained	
HT: years in school	
School SES	
Religion of teacher	OC: 2P
Religious sponsorship of school	NS
Student SC results	
Knowledge	
\bar{x} knowledge score	0.26
use condom when playing sex	42.5%
use condom to protect self	47.6%
condoms prevent HIV infection	52.4%
Behavior	
% ever played sex	52.4%
median age of first intercourse	12.5
% played sex in past 3 months	9.1%
% forced	36.4%
% boys used condoms last intercourse	0.0%
% girls used condom last intercourse	0.0%
% ever refused to play sex	50.0%
% not gone somewhere	14.3%
% report 1+ friends had played sex	31.0%

Teacher SC results	
Knowledge	
\bar{x} knowledge score	0.62
condoms prevent HIV infection	50.0%
Attitudes	
HIV infected only self to blame	5.00
HIV God's punishment	4.00
	3.64
teaching condoms • sexual activity	1.00
comfort teaching	5.00
pupils too shy	5.00
teaching HIV does more harm	5.00
Pregnancies	
# s6	0
# s7	2
# s8	3
# 678	5
proportion s6	0.00
proportion s7	0.09
proportion s8	0.14
proportion 678	0.08
Teachers	
agemates school	0
# preg responsible for	0
teachers	0
# preg responsible for	0
agemates out school	1
# preg responsible for	3+
known business traders	0
# preg responsible for	0
friends or relatives	0
# preg responsible for	0
other	0
# preg responsible for	0

Community J: Kisii, Bottom, Control

Waiting Until Marriage

- Community members felt that only the boys and girls who were involved in the activities of both the community and church were waiting until marriage.
- Teachers gave numerous reasons for why young people couldn't wait.
- Girls were very quiet on the matter and only once offered the view that "not all young people were playing sex".
- It was difficult to get a sense of the degree to which sexual activity was common among young people in this community. However, 11 out of 27 of boys and 25 out of 36 girls reported on self completion surveys that they had played sex.

Force

- Community leaders were silent on the issue of force. Girls clearly understood the concept describing it as physical pressure by a boy to play sex. They were also able to describe actual situations in which young girls in their community had been physically forced by boys to play sex.
- Despite the fact that girls could vividly describe instances of force, when asked directly about force, they denied that it occurred in their community. This was countered by self completion survey responses where 13 out of 25 girls and 4 out of 11 boys reported that they had been forced.

Condoms

- Community members were divided on the condom, the community leader firmly against them and the assistant chief in support of them. Teachers also struggled. On the one hand, they believed that the best protection was abstinence. But, realizing how difficult this was they accepted condoms as the next best thing.
- Young people acknowledged the chief as the only adult who had spoken to them about condoms (use them). But, also feared using condoms because they had heard negative things about them.
- Overall, the community appeared to be against the use of condoms. Thus, it was not surprising that 1 (9%) out of 11 boys and 9 (35%) of girls reported condom use during last sexual encounter
-

Pregnancy

- Neither community leaders nor teachers, however, recognized pregnancy as being a problem in their community. Girls knew that playing sex could lead to pregnancy, but did not speak of the consequences of such a state.
- Girls in focus groups reported knowing of between 2-6 girls who were pregnant. Zonal inspectors reported 3 primary school pregnancies.

Religious Affiliation

- Community leaders stated an affiliation with the PAG and Catholic churches. According to one the teachers interviewed, the school is sponsored by a Catholic church.

Community J	
Demographics	
Students	
total # boys and girls	63
# girls total	36
# boys total	27
# girls s6	16_30
# boys s6	9
# girls s7	20_40
# boys s7	18
girls \bar{x} age s6	13.25
boys \bar{x} age s6	13.78
girls \bar{x} age s7	14.8
boys \bar{x} age s7	15.28
student \bar{x} SES	14.27
girl \bar{x} SES	14.14
boy \bar{x} SES	14.44
Student ethnicity	Kisii
Teachers	
# teachers	3
proportion female	0.0%
adequacy of staffing	
HT: Prism trained	
HT: years in school	
School SES	
Religion of teacher	1C: 1P: 1NR
Religious sponsorship of school	Catholic
Student SC results	
Knowledge	
\bar{x} knowledge score	0.36
use condom when playing sex	46.2%
use condom to protect self	34.4%
condoms prevent HIV infection	51.7%
Behavior	
% ever played sex	57.1%
median age of first intercourse	12.0
% played sex in past 3 months	38.8%
% forced	47.2%
% boys used condoms last intercourse	9.1%
% girls used condom last intercourse	36.0%
% ever refused to play sex	20.6%
% not gone somewhere	25.4%
% report 1+ friends had played sex	38.1%

Teacher SC results	
Knowledge	
\bar{x} knowledge score	0.69
condoms prevent HIV infection	100.0%
Attitudes	
HIV infected only self to blame	1.67
HIV God's punishment	4.33
	2.52
teaching condoms • sexual activity	1.00
com fort teaching	3.33
pupils too shy	2.33
teaching HIV does more harm	4.33
Pregnancies	
# s6	1
# s7	2
# s8	0
# 678	3
proportion s6	0.03
proportion s7	0.05
proportion s8	0.00
proportion 678	0.03
Responsible for	
agemates school	1
# preg responsible for	1
teachers	0
# preg responsible for	0
agemates out school	1
# preg responsible for	1
known business traders	0
# preg responsible for	0
friends or relatives	1
# preg responsible for	1
other	0
# preg responsible for	0

Community K: Kisii, Top, Target

Waiting Until Marriage

- Community members were of the opinion that some young people were waiting while others were not. Teachers also felt that it was very difficult for young people to wait. Young girls thought that sex was something that most young people wanted to do and actually did.
- There was evidence that young people had engaged in sex more boys (12 out of 19) doing so compared to girls (17 out of 35). This was especially true within the last three months.

Force

- Community members acknowledged the existence of coercion by sugar daddies.
- Teachers did not make reference to force. Students however, spoke at length of the ways in which girls in their community could be forced by a boy to play sex. They maintained however, that boys were not forced by girls to play sex.
- 8 of the 19 boys reported being forced to play sex, while only 6 out of 17 girls reported being forced. Such findings contradict the interview data, which suggested that girls were commonly forced but that boys could not be forced by a girl.

Condoms

- Community members agreed that condoms provided some kind of protection if used properly. However, they felt the best form of protection for young people was abstinence. Teachers were clearly delivering mixed messages about condoms to young people.
- Young people appeared both misinformed and confused about condoms. In fact, their knowledge about and views towards condoms were identical to both teachers and community members. Compared to both teachers and community members however, young people were more convinced that condoms were ineffective.
- Overall, a negative attitude towards condom use for youth prevailed. This translated into a low percentage of females (23%) reporting condom use at last intercourse. This was not the case for boys however, as nearly half, 6 (50%) out of 12 reported condom use at last intercourse.

Pregnancy

- Community members spoke of the negative consequences of pregnancy for girls (i.e. have to drop out of school).
- One teacher openly acknowledged that pregnancy existed in this school.
- Girls also feared pregnancy, but did not refer to its existence in their school.
- Zonal inspectors reported 1 pregnancy in this school during the last school year.

Religious Affiliation

- The community leaders identified an affiliation with PAG and SDA churches. There was no religious sponsorship of the school identified in the surveys.

Community K	
Demographics	
Students	
total # boys and girls	54
# girls total	35
# boys total	19
# girls s6	16_19
# boys s6	10
# girls s7	19_14
# boys s7	9
girls \times age s6	13.75
boys \times age s6	15.2
girls \times age s7	14.42
boys \times age s7	15.44
student \times SES	14.54
girl \times SES	14.00
boy \times SES	15.53
Student ethnicity	Kisii
Teachers	
# teachers	1
proportion female	0.0%
adequacy of staffing	
HT: Prism trained	
HT: years in school	
School SES	
Religion of teacher	1C: 0P
Religious sponsorship of school	NS
Student SC results	
Knowledge	
\times knowledge score	0.35
use condom when playing sex	36.6%
use condom to protect self	34.0%
condoms prevent HIV infection	36.0%
Behavior	
% ever played sex	53.7%
median age of first intercourse	12.0
% played sex in past 3 months	41.4%
% forced	48.3%
% boys used condoms last intercourse	50.0%
% girls used condom last intercourse	23.5%
% ever refused to play sex	22.2%
% not gone somewhere	22.2%
% report 1+ friends had played sex	35.2%

Teacher SC results	
Knowledge	
\times knowledge score	0.46
condoms prevent HIV infection	100.0%
Attitudes	
HIV infected only self to blame	4.00
HIV God's punishment	5.00
	2.86
teaching condoms • sexual activity	1.00
comfort teaching	5.00
pupils too shy	2.00
teaching HIV does more harm	4.00
Pregnancies	
# s6	0
# s7	0
# s8	1
# 678	1
proportion s6	0.00
proportion s7	0.00
proportion s8	0.07
proportion 678	0.02
agemates school	
# preg responsible for	0
teachers	0
# preg responsible for	0
agemates out school	0
# preg responsible for	0
known business traders	0
# preg responsible for	0
friends or relatives	1
# preg responsible for	1
other	0
# preg responsible for	0

Community L: Luo, Bottom, Target

Waiting Until Marriage

- Community members were uncertain whether young people were waiting until marriage. They either mistrusted what young people told them or were ignorant of their affairs. One community member reasoned that because of the high death rate in the community, young people must not be waiting.
- Teachers were more confident that young people were not waiting and were quick to point out how difficult it was to do so.
- Young boys provided numerous reasons why they couldn't wait until marriage to play sex. They also offered the same reasons for girls.
- The quantitative data supported both students and teachers observation that young people were not waiting until marriage to play sex. In fact, the data indicated that a significant proportion of young people in this community were sexually active (35 out of 47 boys and 35 out of 46 girls).

Force

- There was no mention of force on the part of either community leaders or teachers. Boys however, did speak at length about force, mainly how they were forced by biological and social circumstances. They only provided one example of a situation in which a girl was forced.
- Despite the fact that boys spoke at length about being forced to play sex, surveys found that only 5 out of 35 boys reported being forced. A larger proportion of girls (12 out of 35) however, reported being forced to play sex.

Condoms

- Community members appeared strongly opposed to condoms, however, spread throughout their responses were hints of contradiction (i.e. condoms were bad but we should tell them the goodness of condoms).
- Teachers struggled considerably on the issue of condoms. The head teacher took a positive stance towards condom use but chided himself for sending students mixed messages (abstain and use condoms). The senior teacher also expressed considerable ambivalence and numerous times, contradictory views on condoms.
- Boys in this community for the most part, held negative opinions of condoms. Such opinions were largely based on incorrect knowledge. Quite evidently, boys did not believe that condoms could protect.
- 10 out of 70 students reported condom use at last sexual intercourse.

Pregnancy

- Girls in focus groups reported one pregnancy. Zonal inspectors reported no pregnancies

Religious Affiliation

- Community leaders identified an affiliation with the SDA and AIC churches with one suggesting that the AIC church sponsors the school and the homes for the teachers. There is also a Catholic mission school nearby.

Community L	
Demographics	
Students	
total # boys and girls	93
# girls total	46
# boys total	47
# girls s6	11_13
# boys s6	18
# girls s7	35_10
# boys s7	29
girls \bar{x} age s6	14.36
boys \bar{x} age s6	14.94
girls \bar{x} age s7	15.09
boys \bar{x} age s7	14.9
student \bar{x} SES	13.73
girl \bar{x} SES	14.37
boy \bar{x} SES	13.11
Student ethnicity	Luo
Teachers	
# teachers	3
proportion female	33.3%
adequacy of staffing	
HT: Prism trained	
HT: years in school	
School SES	
Religion of teacher	OC: 3P
Religious sponsorship of school	Protestant
Student SC results	
Knowledge	
\bar{x} knowledge score	0.46
use condom when playing sex	82.1%
use condom to protect self	64.0%
condoms prevent HIV infection	47.7%
Behavior	
% ever played sex	75.3%
median age of first intercourse	12.0
% played sex in past 3 months	25.7%
% forced	24.3%
% boys used condoms last intercourse	14.3%
% girls used condom last intercourse	14.3%
% ever refused to play sex	59.1%
% not gone somewhere	47.3%
% report 1+ friends had played sex	63.4%

Teacher SC results	
Knowledge	
\bar{x} knowledge score	0.79
condoms prevent HIV infection	100.0%
Attitudes	
HIV infected only self to blame	3.67
HIV God's punishment	2.33
	2.00
teaching condoms • sexual activity	1.33
comfort teaching	5.00
pupils too shy	1.33
teaching HIV does more harm	3.67
Pregnancies	
# s6	0
# s7	0
# s8	0
# 678	0
proportion s6	0.00
proportion s7	0.00
proportion s8	0.00
proportion 678	0.00
agmates school	
	0
# preg responsible for	0
teachers	
	0
# preg responsible for	0
agmates out school	
	0
# preg responsible for	0
known business traders	
	0
# preg responsible for	0
friends or relatives	
	0
# preg responsible for	0
other	
	0
# preg responsible for	0

Community M: Luo, Bottom, Target

Waiting Until Marriage

- Both community members and teachers perceived that young people did not listen to adult advice about waiting and behaved in opposition to their authority. Instead, they played sex at their leisure.
- Girls, on the other hand, were reluctant to admit that all young people in this community were not waiting until marriage to play sex and noted that some were able to abstain.
- More in line with girls' qualitative reports, the quantitative surveys found that 40% of young people had played sex, 18% of whom had done so within the last 3 months.

Force

- Force was commonly described by teachers and students. Community members however, were less likely to have spoken about force.
- Recognition of force within the community was supported by quantitative data, which found that 11 out of 22 students reported being forced. Additionally, a large proportion (51%) of young people felt that they could not refuse to play sex.

Condoms

- The community leaders appeared divided on the condom issue, the female leader advocating condoms for youth and the assistant chief sanctioning them for youth.
- Teachers uniformly held more negative attitudes towards condoms. Although they maintained that condoms protected young people from AIDS they also provided a long list of situations in which they were known to fail.
- Students cited their pastor's advice: he had told them first to abstain, but in case they could not do so, to use a condom.
- 29% of boys and 25% of girls reported condom use during their last sexual encounter

Pregnancy

- People in this community recognized that pregnancy was a problem among young girls and talked about the negative consequences of this for both the girl and the community as a whole.
- Although the term pregnancy or any derivative of it did not arise during the focus group discussion, focus group participants reported between 0-4 pregnancies.
- Zonal inspectors reported only one pregnancy in this community

Religious Affiliation

- The community leaders identified an affiliation with the Pentecostal and Catholic churches. The surveys suggest that the school is sponsored by the Catholic Church.

Community M	
Demographics	
Students	
total # boys and girls	55
# girls total	26
# boys total	29
# girls s6	16_11
# boys s6	13
# girls s7	10
# boys s7	16
girls \bar{x} age s6	14.13
boys \bar{x} age s6	14.31
girls \bar{x} age s7	14.6
boys \bar{x} age s7	15.12
student \bar{x} SES	14.93
girl \bar{x} SES	15.54
boy \bar{x} SES	14.38
Student ethnicity	Luo
Teachers	
# teachers	3
proportion female	33.3%
adequacy of staffing	
HT: Prism trained	
HT: years in school	
School SES	
Religion of teacher	2C: 1P
Religious sponsorship of school	Catholic
Student SC results	
Knowledge	
\bar{x} knowledge score	0.26
use condom when playing sex	74.5%
use condom to protect self	69.1%
condoms prevent HIV infection	60.0%
Behavior	
% ever played sex	40.0%
median age of first intercourse	12.0
% played sex in past 3 months	18.2%
% forced	50.0%
% boys used condoms last intercourse	28.6%
% girls used condom last intercourse	25.0%
% ever refused to play sex	38.2%
% not gone somewhere	40.0%
% report 1+ friends had played sex	38.2%

Teacher SC results	
Knowledge	
\bar{x} knowledge score	0.87
condoms prevent HIV infection	100.0%
Attitudes	
HIV infected only self to blame	5.00
HIV God's punishment	3.67
	2.24
teaching condoms • sexual activity	1.00
comfort teaching	3.67
pupils too shy	1.33
teaching HIV does more harm	3.67
Pregnancies	
# s6	0
# s7	1
# s8	0
# 678	1
proportion s6	0.00
proportion s7	0.10
proportion s8	0.00
proportion 678	0.03
agemates school	0
# preg responsible for	0
teachers	0
# preg responsible for	1
agemates out school	1
# preg responsible for	1
known business traders	0
# preg responsible for	0
friends or relatives	0
# preg responsible for	0
other	0
# preg responsible for	0

Community N: Kisii, Bottom, Target

Waiting Until Marriage

- Adults provided little insight into the sexual behaviour of young people. While girls did maintain that young people wanted to play sex, like adults, they were reluctant to admit that this was actually the case.
- 4 out of 22 boys and 3 out of 34 girls reported they had played sex on self completion surveys. Further, only 1 of these students reported having played sex within the last 3 months

Force

- The term force or terms closely related to it (i.e. rape, cheated) did not surface during any of the adult interviews. Girls identified force as an outcome of refusing to play sex with a boy. When asked whether force was common, they replied that it was.
- Despite the fact that girls perceived force to be common, none of the students who reported having played sex reported being forced.

Condoms

- The majority of adults interviewed were outwardly opposed to teaching young people about condoms. In fact, only the assistant chief felt that young people needed to be given a means of protection should they be unable to abstain.
- Girls held numerous misconceptions about condoms. These led to their belief that condoms could not be trusted.
- Condom use was relatively high in this community (75% for boys and 33% for girls).

Pregnancy

- References to pregnancy were made by community leaders, teachers, and students.
- The number of pregnancies given by focus group participants ranged from 3-11. This was countered by zonal inspector data reporting a total of 2 pregnancies.

Religious Affiliation

- The community leaders identified an affiliation with the Catholic and SDA churches. The name suggests the school is sponsored by the SDA church.

Community N	
Demographics	
Students	
total # boys and girls	57
# girls total	34
# boys total	23
# girls s6	23_30
# boys s6	10
# girls s7	11_3
# boys s7	13
girls \bar{x} age s6	14.22
boys \bar{x} age s6	14.6
girls \bar{x} age s7	15.36
boys \bar{x} age s7	15.15
student \bar{x} SES	14.65
girl \bar{x} SES	14.18
boy \bar{x} SES	15.35
Student ethnicity	Kisii
Teachers	
# teachers	3
proportion female	33.3%
adequacy of staffing	
HT: Prism trained	
HT: years in school	
School SES	
Religion of teacher	0C: 3P
Religious sponsorship of school	Protestant
Student SC results	
Knowledge	
\bar{x} knowledge score	0.34
use condom when playing sex	25.0%
use condom to protect self	28.6%
condoms prevent HIV infection	23.6%
Behavior	
% ever played sex	12.3%
median age of first intercourse	13.0
% played sex in past 3 months	14.3%
% forced	0.0%
% boys used condoms last intercourse	75.0%
% girls used condom last intercourse	33.3%
% ever refused to play sex	22.8%
% not gone somewhere	24.6%
% report 1+ friends had played sex	35.1%

Teacher SC results	
Knowledge	
\bar{x} knowledge score	0.64
condoms prevent HIV infection	33.0%
Attitudes	
HIV infected only self to blame	3.00
HIV God's punishment	2.67
	3.10
teaching condoms • sexual activity	1.00
com fort teaching	3.67
pupils too shy	2.67
teaching HIV does more harm	4.33
Pregnancies	
# s6	0
# s7	1
# s8	0
# 678	1
proportion s6	0.00
proportion s7	0.33
proportion s8	0.00
proportion 678	0.11
Teachers responsible for pregnancies	
agemates school	0
# preg responsible for	0
teachers	0
# preg responsible for	0
agemates out school	1
# preg responsible for	2
known business traders	0
# preg responsible for	0
friends or relatives	0
# preg responsible for	0
other	0
# preg responsible for	0

Community O: Luo, Top, Target

Waiting Until Marriage

- Both teachers and community members perceived young people as sexually active and unable to wait until marriage to play sex. One community member however, maintained that because of AIDS young people were now starting to change their sexual behaviour. Students were more uncertain as to how many young people were waiting. They tended to provide an evenly balanced figure between numbers waiting and not waiting.
- The quantitative survey data suggested that the majority of students had **not** (63%) played sex. Those who had played sex however, were more likely to have done so within the last 3 months [6 out of 11].

Force

- There was only one mention of force among all community and teacher interviews in this community. Girls, on the other hand, talked at length about the extent to which force was common in their community. They also provided examples of force, which occurred in the community.
- Survey results found that 41% reported they had been forced. More girls reported being forced (2 out of 4) compared to boys (5 out of 13).

Condoms

- Adults felt that condoms provided protection but were ambivalent about teaching young people about condoms. They were also less confident that young people could understand about and use condoms. Young people reported being told mainly positive things about condoms by adults (i.e. *they prevent disease and pregnancy*). At the same time, they recognized most was that adults feared talking to them about condoms.
- It appeared that the positive messages given to youth about condoms supported their use of condoms. This was supported by the quantitative data where 7 out of 13 boys and 2 out of 4 girls reported condom use during their last sexual encounter.

Pregnancy

- Community members acknowledged teen pregnancy within their community
- Teachers mentioned it as being a matter of concern
- Girls were aware of and spoke about the negative consequences of pregnancy.
- Data from focus group participants on number of pregnancies ranged from 0-10.
- Overall, only one pregnancy was recorded for this community by zonal inspectors

Religious Affiliation

- The community leaders identified an affiliation with the Anglican and Catholic churches. According to the survey the school is Catholic sponsored.

Community O	
Demographics	
Students	
total # boys and girls	46
# girls total	25
# boys total	21
# girls s6	8 and 29
# boys s6	8
# girls s7	17 and 29
# boys s7	13
girls \bar{x} age s6	13
boys \bar{x} age s6	14.63
girls \bar{x} age s7	14.94
boys \bar{x} age s7	16.54
student \bar{x} SES	14.24
girl \bar{x} SES	13.36
boy \bar{x} SES	15.29
Student ethnicity	Luo
Teachers	
# teachers	3
proportion female	33.3%
adequacy of staffing	
HT: Prism trained	
HT: years in school	
School SES	
Religion of teacher	1C: 2P
Religious sponsorship of school	Catholic
Student SC results	
Knowledge	
\bar{x} knowledge score	0.25
use condom when playing sex	87.2%
use condom to protect self	80.4%
condoms prevent HIV infection	39.1%
Behavior	
% ever played sex	37.0%
median age of first intercourse	13.0
% played sex in past 3 months	35.3%
% forced	41.2%
% boys used condoms last intercourse	53.8%
% girls used condom last intercourse	50.0%
% ever refused to play sex	54.3%
% not gone somewhere	47.8%
% report 1+ friends had played sex	28.3%

Teacher SC results	
Knowledge	
\bar{x} knowledge score	0.69
condoms prevent HIV infection	100.0%
Attitudes	
HIV infected only self to blame	4.33
HIV God's punishment	2.33
	3.05
teaching condoms • sexual activity	1.33
com fort teaching	4.67
pupils too shy	3.33
teaching HIV does more harm	4.67
Pregnancies	
# s6	0
# s7	1
# s8	0
# 678	1
proportion s6	0.00
proportion s7	0.03
proportion s8	0.00
proportion 678	0.01
agemates school	0
# preg responsible for	0
teachers	0
# preg responsible for	0
agemates out school	0
# preg responsible for	0
known business traders	1
# preg responsible for	1
friends or relatives	0
# preg responsible for	0
other	1
# preg responsible for	1

Community P: Luo, Top, Target

Waiting Until Marriage

- Both community members and teachers didn't feel that young people were waiting until marriage to play sex.
- Boys maintained that young people could not possibly abstain. Their observations were supported, as the quantitative data found that 16 out of 20 girls and 22 out of 34 boys had ever played sex.

Force

- One community leader believed that it was impossible for a boy to force a girl to play sex maintaining that girls were able to control the act.
- Boys thought differently, maintaining that girls were forced if they refused to play sex. Further, they maintained that girls enjoyed being forced. Boys were more likely to speak of being biologically forced.
- Descriptions of force by boys suggested that force was prevalent in this community.
- This was supported by quantitative data, which found that 8 out of 16 girls reported being forced. 6 boys out of 22 reported being forced to play sex.

Condoms

- Community leaders believed that condoms provided protection and advocated that young people be taught how to use them. They did struggle with how to teach abstinence and condom use at the same time.
- Teachers could not see just cause to introduce condoms to young people.
- Boys provided ample justification for not using condoms. And ultimately, had decided against doing so.
- Quantitative results suggested low condom use among young people (23% for boys and 19% for girls).

Pregnancy

- Pregnancy was a matter raised by community leaders and teachers. In fact, teachers specifically indicated that student pregnancy had occurred
- Boys in focus groups reported knowing of a number of pregnant girls within their school (number of pregnant girls ranged from 6-10).
- It appeared as if premarital pregnancy was more accepted in this community.
- 12 pregnancies were reported by zonal inspectors in this community.

Religious Affiliation

- The community leaders identified an affiliation with the SDA and Catholic churches. The surveys suggested that the school is Catholic sponsored.

Community P		
Demographics		
Students		
Teacher SC results		
total # boys and girls	54	
Knowledge		
# girls total	20	
# boys total	34	0.77
# girls s6	11 and 26	100.0%
Attitudes		
# boys s6	13	
# girls s7	9 and 21	3.33
# boys s7	21	3.33
girls s age s6	15.36	3.38
teaching condoms + sexual activity	14.54	1.00
boys s age s6	14.33	5.00
comfort teaching	14.33	2.67
girls s6 s shy	14.48	5.00
teaching HIV does more harm	15.41	
student x SES	14.60	
Pregnancies		
# s6	5.88	1
boy s SES		8
Student ethnicity	Luo	1
Teachers		
# teachers	3	10
proportion s6	33.3%	0.04
adequacy staffing		0.38
HP proportion s6		0.05
HP proportion s7		0.16
School SES		
age of teacher	10: 2P	0
Religious sponsorship of school	Catholic	0
teachers		0
Student SC results	# preg responsible for	0
age mates out school		1
Knowledge		
x knowledge score	# preg responsible for	0.2 3+
use condom when playing sex	76.5%	0
use condom to protect self	# preg responsible for	73.1% 0
condoms prevent HIV infection	48.1%	0
Behavior		
friends or relatives	# preg responsible for	0
% ever played sex	70.4%	0
median age of first intercourse	# preg responsible for	12.0 0
% played sex in past 3 months	13.2%	
% forced	36.8%	
% boys used condoms last intercourse	22.7%	
% girls used condom last intercourse	18.8%	
% ever refused to play sex	50.0%	
% not gone somewhere	44.4%	
% report 1+ friends had played sex	24.1%	