

Adolescence and Sexuality in the Context of HIV and AIDS: Views and Concerns of Pupils in a Rural Primary School in Kenya

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Abstract

New HIV infections in Kenya have been mostly among young people 15–24 years of age. The Maasai adolescents are an important group to study as the Maasai have a distinct culture, which in light of current political and socioeconomic changes could be a risk factor for HIV infection. The aim of this study was to explore the views and concerns of school youth on adolescence and sexuality in the context of HIV and AIDS. A qualitative method using self-generated questions was used. The school youth wrote questions on adolescence, sexuality and HIV and AIDS, or those questions they could not ask their parents or other adults for fear or shame. They reported being curious about sex, sexual urge and feelings that they have. They expressed confusion about adolescence and their experiences as adolescents in terms of both physical and emotional changes. They are also subject to prohibitive silence from adults to an extent that they express fear of reporting sexual abuse. Relationship between different sexes was reflected as one that needed to be sanctioned; hence the young people wanted to know how they should relate with each other. They had concerns about condom use that indicated they were exposed to the different discourses on condom use. They showed limited knowledge on HIV and AIDS and STIs and also expressed eagerness to know more about them. In conclusion, communication between parents and their children on issues of sexuality needs to be assessed. Interventions for young people that involve the communities should be encouraged.

Keywords: Maasai, communication, HIV and AIDS, socialisation, youth

In 2007 about 2.7 million people became newly infected with HIV worldwide. About 45% of those were young people 15–24 years of age. Compared to boys, young girls

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are at a higher risk of infection (“Condoms and HIV prevention,” 2009). Data from sentinel surveillance in Kenya indicates that prevalence was 5.1% for adults (15–49 years) at the end of 2006 compared with 10% in 1997/98 (National AIDS Control Council, Kenya Office of the President [NACC], 2008). HIV prevalence for women 15–49 years was 6.7% in 2006, whereas for men in the same age group it was 3.5% (NACC 2008). The Kenya AIDS Indicator Survey report (National AIDS and STI Control Programme, Ministry of Health, Kenya, 2009?) shows that prevalence in Kenya increased to 7.8% in 2007 for the age group 15–49 years. Prevalence numbers in urban areas have stabilised while in rural areas prevalence continues to increase. Approximately 80% of the population in Kenya live in the rural areas (United Nations Children’s Fund, Executive Board [UNICEF], 2009). The UNAIDS progress report for Kenya (NACC, 2008) points out that women 15–24 years of age are 5.5 times more likely to become HIV infected than men in the same age group. Since the advent of HIV over two and a half decades ago, there has been many strategies aimed at reducing risk of infection (Bukuluki, Walakira, & Muasya, 2006). However, in spite of such prevention interventions, new HIV infections are mostly among the young people (Bukuluki, Walakira, & Muasya, 2006). The United Nations General Assembly Special Session (National AIDS Control Council, Kenya Office of the President, 2008) on HIV and AIDS report for Kenya in 2008 reported that previously, Kenya was categorised as a country with a generalised epidemic; hence little attention was given in collecting data on HIV prevalence and behavioural indicators among most at-risk groups. Interventions for treatment and reverse of the HIV and AIDS trends in Kenya has thus been generalised in the past. According to a report by National Aids Control Council (NACC, 2008) the most at-risk groups in Kenya include injecting drug users (IDUs), men who have sex with other men (MSM), truck drivers, female commercial sex workers (CSWs) and the youth.

Strategies for prevention of HIV infection have mostly emphasized behaviour change directed at the individual and have paid little attention to the context in which the individual lives (Amuyunzu-Nyamongo, 2001). Pulerwitz et al. (2006) argues that it was assumed that providing information about HIV and AIDS would result in behaviour change. A strategy that has been widely advocated is the promotion of the ABCs, being abstinent or delaying sexual debut, being faithful to one sexual partner or reducing the number of sexual partners, and consistent use of condoms (Pulerwitz et al., 2006). Young peoples’ lives are strongly influenced by the cultural norms, expectations and also by the behaviour of adults around them (Maclean, 2006). Interventions for young people need thus to consider the context in which they live and how they are socialised. Socialisation is the process by which one learns how to live within ones culture. It is in this process that one is able to attach meanings to what they do as being right or wrong (Nyanzi 2007). In this context, sexual socialization is, according to Lerner and Spanier (cited in Moore & Rosenthal, 2007, p. 37), the process of becoming sexual, taking on a gender identity, learning sexual roles, understanding sexual behaviour and generally acquiring the knowledge skills and dispositions that allow a person to function sexually in a given culture. Socialisation of boys and girls therefore is the process through which boys and girls learn what behaviours and roles are appropriate for their respective genders in their communities (Moore & Rosenthal, 2007). Traditionally many societies in Africa had avenues in which young people learnt about the various transitional stages of human life (Adegoke, 2001). According to Adegoke (2001), rites of passage were a process for structuring and giving meaning to the transitional stages. Like many cultures, the

Maasai who are the subject of this study had a well-articulated process for socialising the youth into adulthood.

The Maasai are nomadic pastoralists with distinct traditions that have survived the onslaught of modernisation (Mwangi, 2006). They have an age set system that entails a ritual cycle which recurs every fifteen years (Spencer, 2003a). It involves the communal circumcision of a group of boys who are then referred to as Moran (warriors). Once a new age set has been circumcised, the preceding Moran group become elders. After a Moran is upgraded to elder status, he is allowed to marry (Coast, 2003). Traditionally circumcised young men did not live in the same house as their fathers and were expected to be sexually active although they were not allowed to marry until they became elders (Talle, 1995). Circumcision united the Morans who thereafter shared everything including girlfriends, and when they became elders they also could share wives (Akwaru, Madise, & Hinde, 2003; Lesthaeghe, 1989). Young girls from the age of 10 were sexually active. The circumcision of women was done individually, and they ceased being sexual partners of the Morans after they were circumcised and it sanctioned marriage and childbearing (Talle, 1994). In most African cultures the adolescence stage was recognised as a distinct passage to adulthood (Senderowitz, 1995). Rites of passage were used to give meaning to various transitional stages of human life and also define what was expected of them in the cultural context (Adegoke, 2001). There were thus institutions where adolescents were trained, prepared and initiated into adulthood (Adegoke, 2001). With the political and socioeconomic changes taking place in Africa, adolescence can, according to Adegoke (2001), be a bewildering and eventful time. Initiation ceremonies through which the young people were educated and supported were prohibited by the missionaries, as was the case among the Kikuyu people (Ahlberg, 1994) and the Maasai in Southern Tanzania (Groves, 2002).

The Maasai boys and girls were socialised on matters of sexuality during the initiation ceremony involving their circumcision. Circumcision of girls, today referred to as female genital cutting (FGC), has been outlawed in Kenya ("Kenya: FGM falsely touted," 2009); however, not all communities have accepted to abandon FGC. Hence FGC has continued through the onslaught of modernization. The role of FGC in the sexual socialization of the young people has been interrupted, however, and its role is no longer clear (Mwangi, 2006), especially as it is now practiced in secrecy. Reports still indicate that young girls have been mutilated in the belief that they will be safe from HIV infection ("Kenya: FGM falsely touted," 2009). This seems to suggest that the meaning of FGC remains at the cognitive level, but in practice it is devoid of the cultural socialisation process. Instead this is replaced by a prohibitive silence where sexual intercourse before marriage is prohibited with no further explanation.

Little research has been done on HIV prevalence among the Maasai. Available data from some studies in the 1980s show, however, that although prevalence of HIV was low, there has, according to Sindiga (1987), been a high prevalence of other sexually transmitted infections. The speculation was that the Maasai were not having sex with people outside their circles. However, with increased mixing between other communities and the Maasai people, especially young men moving to towns all over the country to work as security guards, HIV prevalence could be high, also considering some cultural values such as the meaning of sperms. Coast (2003) argues that the Maasai consider the semen (sperms) to be beneficial to the women; hence using condoms is referred to as "sperm wasting." One of the named benefits of semen, besides siring of children, is its usefulness to girls, as it will help them develop

physically. Considering that most new HIV infections have been among young people, the question then is: What information do young people get on sexuality and HIV? How does it influence how the young people understand and use the information to prevent being infected? Moreover, in the absence of initiation ceremonies where the adolescents were trained and supported to become adults, and with no new and consistent measures put in place to guide them on what is expected of them, where do they get information? Furthermore, given the growing prohibitive silence, what does it mean for young people, who hear from parents and other institutions only “no sex” before marriage? How are they affected by the multiple and sometimes contradictory discourses about sexuality described by Ahlberg and colleagues (Ahlberg, Kamau, Maina, & Kulane, 2009)?

In an attempt to answer these questions, we found the social ecological model as elucidated by McLeroy, Bibeau, Steckler, and Glanz (1988) relevant. According to this model health choices made by individuals are determined by multiple factors. A person will make health choices based on his knowledge, attitudes, and skills among others. An individual’s relationship with family, friends and other social networks will also play a role in decisions that individual makes as the socialisation process described above indicates. Organisations and social institutions such as schools and churches will also play a role when a person is making health choices. Further, the interactions between the different organisations will influence people’s health choices. Finally the laws of the country and culture have influence on the individuals. Therefore, the social context within which children are socialised and interventions on sexuality are implemented is relevant. The social ecological model is about the complex contexts within which adolescents develop and shape their views on adolescence, sexuality and HIV.

Methodology

Setting

The study was conducted in a rural primary school in Kajiado District, the southern part of the Rift Valley province. The distance from the Nairobi–Arusha highway is 20 kilometres, and on a dry day with a proper guide it takes one hour by car to reach the school. This is an ecologically dry part of Kenya and has poor infrastructure. There are no defined roads to the school. The zone where the school is located has a population of approximately 10,000 inhabitants. The area is the ancestral home of the Maasai people, although people from other parts of the country have bought land and settled there. They mostly speak Maa, which is the language of the Maasai people. Some people in the area also speak Kiswahili and English depending on the level of education. The language of instruction in schools in Kenya is English. Kiswahili is taught as a compulsory subject. The Maasai are pastoralists but they have had to adapt to a sedentary life as land encroachment makes it difficult for them to graze their animals freely. They now own land and homes where the women and children are left when the men move with their livestock in search of pastures and water during the drought periods.

Study participants:

Forty six pupils comprising boys and girls from ages 11 to 16 years in grades 5 and 7 were included (see Table 1).

Table 1
Participant Numbers and Characteristics

Grade	Gender			Age range (years)	Total No. of Classroom Students	No. of Classroom Participants
	Boys	Girls	Unknown			
5	5	10	1	11–15	28	16
7	13	17	0	14–16	30	30

Data Collection

Data for this study was collected in August 2008, a day when the school was hosting a community forum aimed at bringing young people together with other community members and local leaders to share their experiences ranging from school to life issues in general. The young people invited were those who had managed to join secondary schools and were therefore expected to serve as good role models and to mentor current pupils on how to excel in school, get good grades to enter high school and later get a university education. Some of these secondary school students invited had attended primary school in the same school but others had attended surrounding primary schools. This school had been chosen to host the event as it is among the schools that have ranked highest in the Division for the Kenya Certificate of Primary Education (KCPE) exams for a number of years. The KCPE is a national examination for end of primary school education after which those who qualify join secondary schools. The individual schools are also graded depending on the mean performance of their students.

A qualitative method in the form of self-generated questions was used for data collection. This method has been used in schools in Kenya (Ahlberg, Kiiru, & Krantz, 1999; Ahlberg, Jykas, & Krantz, 2001) and in Zimbabwe (Chikovore, Nystrom, Lindmark, & Ahlberg, 2009) as a way to enable the school youth to express their concerns on matters of sexuality. In this method, instead of asking the young people questions in the conventional ways, the young people are asked to write down, anonymously, questions they may want answers to but cannot ask their parents, teachers or other adults for fear or shame. The questions are then used to identify the concerns of the young people (Ahlberg, Kiiru, & Krantz, 1999).

Grades 5 and 7 pupils were selected for this study so as to identify the variations in the way the youth express their concerns on sexual matters, HIV and AIDS or their experiences of adolescence. The headmaster then asked pupils from grades 5 and 7 who were interested in being part of the study to assemble in a room. The data collection started with grade 7 pupils only. They were asked to sit in a classroom and to write questions on sexuality, adolescence and HIV, which they were too afraid or ashamed to ask their parents, teachers or other adults. They could write the questions anonymously but were asked to include their gender and age. The pupils could also use the language in which they felt most comfortable to express themselves. To avoid feeling intimidated, the teachers were asked to leave the classroom. The researcher, however, remained in the classroom to address any questions and clarifications that the pupils may have. After writing the questions, they deposited the written papers in a bucket at the back of the classroom. The same process was repeated with the grade 5 pupils, whose data was collected in a separate bucket. There was no contact between the grade 5 and 7 pupils until they had all written down the questions. The idea of having the two classes was to see the variation in the way they expressed their concerns. This method had been used earlier to gather information from the pupils in the same school in an earlier research on

prevention of HIV and AIDS (Bukuluki et al. 2006). In this way, the current study was a kind of follow-up to see whether there was any change in the way they expressed themselves.

In March 2009 we presented questions raised by the pupils to the parents, teachers and other adults that may have contact with the children. From a follow-up discussion with parents and the head teacher of the school in March 2009, they said that they were trying to talk to their children more about growing up and were more open to answering their questions, but they also admitted that some parents were still a bit shy.

Data Analysis

The questions were typed into a word document by the first author just as the pupils had written them. Translation was unnecessary as all the questions were in English, which is the literary language. The questions were then read several times by the first author to identify issues that the pupils were concerned about. The raw and analysed data were then presented to the research team members, who also read the questions several times. Issues identified were then grouped into different themes and carefully and systematically examined and re-analysed using thematic and content analysis (Braun & Clarke, 2006). Through this process the themes presented in this paper were developed. Data reliability was established by the researcher remaining in the room to ensure that the pupils wrote down the questions individually without discussing them with others. The two groups of pupils that participated did not meet until they had all written down their questions; this way we ensured that they did not discuss what they would write before participating.

Ethical Considerations

As this research project was carried out within a larger ongoing project, the same ethical approval from the National Council of Science and Technology for the larger project was used. Anonymity and respect for the participants were also emphasised. All participants were informed it is voluntary to be part of the study, and they were free to withdraw at any moment with no repercussions. Being under age, permission had also been sought from their parents.

Findings

In this section we present the five themes emerging from the analysis: curiosity about sex, sexual urge and feelings; confusion about adolescence; girl-boy relationships; communication and information with adults; and limited knowledge on HIV and AIDS and sexually transmitted infections (see Table 2). The questions they asked provide an idea of what their concerns are. The questions suggest the range of issues on sexual matters the young people in both grades 5 and 7 are warned against. The way they phrase their questions also suggest there are lots of restrictions and a major concern for them is how to abide by the restrictions.

Table 2
Number of Questions by Theme

Theme	Grade 5			Grade 7		Total
	Boys	Girls	Unknown	Boys	Girls	
Curiosity about sex, sexual urge and feelings	0	8	1	6	16	31
Confusion about adolescence	4	12	3	16	24	59
Girl-Boy relationships	1	3	2	18	14	38
Communication and information with adults	1	0	0	9	4	14
Limited knowledge on HIV, AIDS and STIs	2	14	2	13	44	75

Curiosity About Sex, Sexual Urge and Feelings

Pupils from both grade 5 and 7 asked very basic questions about sex but were also curious about the meaning of and reason for having sex. The context in which people have sex was of concern to them. Some associated sex with pleasure but also with negative outcomes, as the following questions and statements from grade 5 girls suggest:

What is sex intercourse?

Is it a must for boys and girls to do sex?

Why do people have sex before marriage?

What I know about sex is very bad when you are in school because it can cause you to drop out of school. So many students drop out of school just because of sweetness [pleasure].

However, other questions suggest that these pupils, particularly the boys, could be sexually active but perhaps wanted to know how they could avoid the sexual urge, whereas others expressed concern on how to get intimate with their partners.

When we are in class am just thinking about sex. So how can I avoid sex? (Grade 5 boy)

When you like doing sex with your girlfriend what will you do to stop it? (Grade 7 boy)

When you have a girlfriend and you want to have sex with her what would you do? (Grade 7 boy)

The question by a grade 7 girl, however, suggests there was concern to know when it was time to have sex.

How do you know you are ready to have sex with a man?

The questions also suggest there is little space for the youth to express their sexual feelings or why they have them and how they should deal with them. Given such lack of space as a result of the prohibitive silence mentioned above, the questions suggest just how they silently struggle with emotions and sexual feelings, as indicated below:

Why is it that when adolescence occurs boys and girls are attracted to each other? (Grade 7 boy)

Why do boys at adolescent stage want to have some relationship with girls, a boy feels like sleeping with a girl and when you are not at that

stage you feel nothing? If you are around that stage you feel many problems about sexuality. (Grade 7 boy)

How can you overcome the feelings that the opposite sex may cause you to do or how can you overcome the feelings of having a boyfriend or how can you stop it? (Grade 7 Girl)

Concern was raised by only girls about pregnancy. There were, however, slight differences between the grades. Whereas the girls in grade 5 were concerned about the context in which one gets pregnant, those in grade 7 seemed to relate the pregnancy outcome with the duration and frequency of sexual intercourse. Grade 7 pupils, moreover, expressed concern over how one could avoid getting pregnant or how to know if they were pregnant.

How does someone get pregnant while at school? (Grade 5 girl)

Will a woman become pregnant by doing sex in a minute? (Grade 7 girl)

Which is the best way to avoid pregnancy? (Grade 7 girl)

If you have sex as many times as possible, what signs show you are pregnant? (Grade 7 girl)

Confusion About Adolescence

Questions asked suggest that pupils had little knowledge about adolescence. They wanted adolescence/puberty defined in terms of what it means and when one becomes an adolescent. The questions also suggested the need for clarification between being an adolescent itself and issues related to adolescence, for example, menstruating, as stated in the questions below:

What is adolescence and puberty and what is the difference between the two? (Grade 7 girl)

In which time do you become an adolescent, from how many years and will it end and in how many years and how many days per month? (Grade 5 girl)

Which changes take place during adolescence? (Grade 7 boy)

Although there was an indication that the pupils were aware of some physical changes that take place for both boys and girls, they still expressed the wish to know why these changes occur. Some of the questions raised seemed to suggest that some changes are experienced as a problem, and they wanted to know how to cope or deal with the changes, as illustrated below:

Why do girls have periods every month? Why in both boys and girls pimples appear? (Grade 5 girl)

Some of us have a problem of monthly period. If it is your first day to see monthly period do you have to tell your friend? (Grade 5 girl)

I have wet dreams and I don't know what to do. What will I do? (Grade 7 boy)

Problems that girls get include when they reach adolescence and when they start menstruation. (Grade 7 girl)

The questions also suggest that the school youth wanted to be supported to deal with the changes and challenges they experienced. They expressed uncertainty regarding how to deal with being an adolescent or how to behave.

What is supposed to help you when you undergo adolescence? (Grade 7 boy)

What can I give to a person who is undergoing the change? How can your parents support you? (Grade 7 girl)

How should someone behave during adolescence? (Grade 7 Boy)

Girl-Boy Relationships

The grade 5 pupils asked questions that suggested they were quite confused about how to relate to each other. Among the girls, there was a hint of mistrust of the boys. The questions suggested that some pupils may be sexually active, but they were not happy about it. They have strong sexual urges and want to know how to deal with it if they cannot have sex.

My problem is that my relationship between me and a girl is about sex.

In my mind I always dream about sex. When we are in class am just thinking about sex. So how can I avoid sex (Grade 5 boy)

Questions from pupils in grade 7 brought out the aspect of confusion regarding meanings of words that they may have read or heard of. The words asked about were opposite sex, boyfriend/girlfriend and peer pressure.

What is opposite sex? (Grade 7 boy)

Who is a boyfriend or girlfriend? (Grade 7 girl)

What is peer pressure? (Grade 7 boy, Grade 7 girl)

It appears that they are concerned about how they (boys and girls) should relate to each other. The questions show an atmosphere where the boys and girls do not feel free to interact with each other, and unsurprisingly so because the discourse all around warns them to wait to have a girl/boyfriend until marriage or when they are through with schooling. There seems to be a standard on how they should relate but they are not sure what it is. They are also not sure what topics or subjects would be appropriate to discuss when they are together. Some girls asked questions that suggested they do not trust the boys' actions and motives, as illustrated below:

Is it good to have a boyfriend? Why? (Grade 7 girl)

What can I do to avoid making friendship with someone with whom we play and even study together? Is it right for me to help someone of the opposite sex in anything like questions about HIV and adolescence? (Grade 7 boy)

What can I do to avoid making friendship with a girl that can lead to sexual contact? (Grade 7 boy)

If a boy asks to buy you a drink, should you say yes or no? If my boyfriend bought me some good things, how will I refuse to take them? (Grade 7 girl)

Communication and Information with Adults

Communication between the young people and adults was portrayed as problematic. There are times when pupils want to communicate with adults (parents and teachers), but they are not comfortable. Others expressed the difficulty in communication specifically on matters of sexuality and HIV and AIDS as described below:

Why are adolescents very shy to their parents and to their teachers?
(Grade 7 boy)

Sometimes in class a teacher may ask a question about sexuality and HIV and AIDS and I feel ashamed when answering the questions because when I look at my classmates they laugh so I feel ashamed as they laugh at me (Grade 7 boy)

Some questions from grade 7 pupils suggested that there was sexual abuse going on, and concern was expressed for being at risk of being sexually abused. The concern was expressed by both boys and girls. The main problem seems to be who to inform or what to do in such a situation, as illustrated below:

What should I do when I meet a person who wants to rape me, should I run away to do something else? (Grade 7 boy)

If I am walking to school and then a stranger chases me and happens to rape me, that is forced sex and I fear to report to my parents and teachers, what is the best thing to do? (Grade 7 girl)

There was an indication that some pupils knew or had heard about condoms, but they also expressed being unsure about the advantages of using condoms. There was an indication that they knew condoms are good for avoiding pregnancy but indicated that cultural beliefs about the importance of sperms and public discourse on the safety of condoms confused them as indicated below:

Is a condom the best to use? How does a condom protect a person from AIDS? When you have sex with a person with HIV and you use a condom will you get HIV because people say that using condoms is not 100% sure why and when you have sex and you use a condom you will not get pregnant? Does a condom stop the spread of HIV/AIDS?
(Grade 7 girls)

If you do sex with an infected woman using a condom would you also be infected? (Grade 5 boy)

When a boy do sex with a condom, how will he produce sperms?
(Grade 5 boy)

Limited Knowledge on HIV, AIDS and Sexually Transmitted Infections

The grade 5 pupils had questions on facts, definitions and how to identify symptoms of HIV. Both grades wanted to know the modes of transmission and were curious to know who was more susceptible, boys or girls. However, at the same time, some statements by grade 5 girls suggested that the girls were considered to be more vulnerable, as indicated below:

What is the meaning of HIV and AIDS? Would a person get AIDS through shaking hands? Does this virus get into a woman faster or a man, a girl or a boy? Girls they have a big problem because if someone comes to tell her I want you and that person has HIV and AIDS and they have sex with that boy they will be in disease and that girl will be pregnant.

The pupils in grade 7 were not only interested in knowing more about HIV but also about other sexually transmitted infections (STIs). They wanted to know the signs and symptoms, transmission, prevention and cure of STIs. Some questions suggested that

they do not know where to seek care in case of an STI. The questions also indicate that they could have STIs.

What are the signs and symptoms of STIs? (Grade 7 girl)

How does STI spread? (Grade 7 girl)

Which is the best way to stop STI disease? (Grade 7 boy)

Are STIs curable? (Grade 7 girl)

Sometimes when I go to the toilet I feel pain such that I cannot urinate.

What can I do? (Grade 7 boy)

Prevention of HIV infection was a major concern for the young people. They asked about possible ways of infection and also wanted to know how they would interact with people that are HIV-positive and still remain safe. There was some awareness regarding how HIV is transmitted, but questions were asked in a way indicating they needed clarification. Prevention of HIV transmission from mother to child was also raised.

Does a HIV+ person spread HIV to other people when they have sex?
(Grade 7 girl)

If a boy who is undergoing adolescence tells you to have sex with him in which ways will you protect yourself from STI or HIV? When a pregnant woman who has HIV gives birth to a child who is HIV negative, what should she do to protect the child from being infected?
(Grade 7 girl)

When you have sex with a person who is HIV positive and you get pregnant will the baby get HIV? (Grade 7 girl)

The questions raised indicate the pupils were concerned with how to deal with people infected with HIV. The questions suggested that they want to avoid getting infected as well as support those that are infected. They, however, do not know how to achieve this, as expressed below in questions by grade 7 girls:

How do you put yourself away from infected people? If I am HIV negative and my boyfriend is HIV positive, which is the best thing for me to do to him? If someone already has AIDS and he or she visited the VCT and he or she is HIV positive, which is the best advice he is supposed to be given?

The questions suggest that the school youth are informed to some extent about HIV in that they know about some stages in the HIV infection cycle. Of interest was their view on how one could live long after being infected with HIV.

If I am infected with the HIV virus what can I do so that I can live for many years? (Grade 7 boy)

When you have sex with a person who is HIV positive in his first stage will you get HIV and do we call the stage window stage? (Grade 7 girl).

Discussion

The questions asked suggest that the young people want to understand themselves as adolescents, as sexual beings and as part of the community in which they are a part. In line with that, Lerner and Spanier's definition of sexual socialisation (cited in Moore & Rosenthal, 2007, p. 37) is relevant here: It is the process of becoming sexual, taking

on a gender identity, learning sex roles, understanding sexual behaviour and generally acquiring the knowledge skills and dispositions that allow a person to function sexually in a given culture. The data suggests that the young people are confused when it comes to the process of sexual socialisation. Although some questions indicate that the pupils are subject to prohibitive silence from the adult world, where they are told no sex and no boyfriends, other questions express another possible youth discourse acknowledging positive aspects of sexuality with no socially set boundaries. Other questions suggested confusion about words that they have read or heard, such as *opposite sex*, *girlfriend*, and *boyfriend*. If the pupils do not know what the words mean, it would be difficult for them to apply the information intended in the context where these words were used. According to IRIN News Service (“Keeping Kenyan girls in school,” 2008) and Duflo, Dupas, Kremer, and Sinei (2006) sexual and HIV education is part of the syllabus in primary and secondary schools in Kenya, but no specific classroom time is set aside for it in school. Individual teachers and schools have discretion on whether to teach sexual and HIV education. The curriculum covers basic medical facts about AIDS, transmission of HIV and care for infected people.

With little sexual socialisation, as discussed above, and in the context of prohibitive silence, the young people are going through changes both physical and emotional and struggle to understand why this is happening to them. They are struggling with emotions and sexual urge which makes them break the “moral social codes.” The questions suggest that the school youths could be having sex but are struggling to stop their sexual activities in spite of strong emotions and sexual urge because that is what stakeholders and institutions may say today. The young people ask questions that indicate they are living in an environment that has multiple discourses on sexuality. Despite the prohibitive language or because of it, the boys who have maturing bodies want to know how they can get closer to the girls. The data also revealed that girls asked more questions than boys. This could have been because more girls (27) compared to boys (18) participated in the study. However, further investigation on gender differences in the views and concerns of adolescents should be looked into.

The study suggests the young people have not escaped the various discourses on condom use. They show confusion on the effectiveness of condoms. Research has shown that condom use reduces the spread of HIV and other STIs (Kazembe, Chipeta, Kafulatula, Kalengamaliro, & Kumbani, 2000; United Nations Population Fund [UNFPA], n.d.). A position statement by UNFPA, WHO and UNAIDS (“Condoms and HIV prevention,” 2009) emphasizes that condom use will remain as a key preventive measure for many years as other preventive measures such as vaccines make progress. At the same time others argue that condom use has no primary role in declining HIV infection, especially in countries with generalized epidemics (Potts, et al., 2008). There are also other rationalities and reasoning for not using condoms (Jackson, Raj, & Raj, 2007) and in the context of the Maasai the meaning of sperms could hinder condom use, as it may be viewed as sperm wasting. Sperms are viewed as being beneficial to the woman in that they will give her a child (Coast, 2003). A question asked by a boy in grade five, “when a boy do sex with a condom, how will he produce sperms?” did not make much sense at first but further reading about the Maasai traditions and beliefs suggest that the young people might still be exposed to some traditional beliefs (Coast, 2003). The Catholic church discourages use of contraceptives, including condoms, claiming that it will promote sexual promiscuity (Kamerow, 2009). Other churches in Kenya also discourage the use of condoms

before marriage. In 1996 the Catholic church in Kenya publicly burned condoms and other AIDS awareness and sexual education materials (Wanyeki, 1996). What option do adolescents who already engage in sex have to prevent them from being infected with HIV in such contexts?

From this study, effective HIV and AIDS interventions and prevention measures should emphasize cultural awareness and engagement of local communities (Inter-Agency Task Team on HIV and Young People, 2008). There is an urgent need to forge ways in which to bridge the communication gap between the adults and the children. The children need more than the negative statements about sex. The fear instilled may make them afraid of discussing important issues such as how to deal with matters of sexual abuse and other issues that may involve sex. Prohibitive silence is thus a risk factor rather than protective factor for the young people when it comes to prevention of HIV infection.

The shortcoming of the question-and-answer method is that sometimes the questions are not clear and there is no way of clarifying. Most of the scripts with the questions did not have the age and others did not have the gender. We were, however, able to get the age range for the grade 5 and 7 pupils from the school register. Interviews would have been more informative if the pupils had been comfortable enough and willing to participate in interviews. Interviews would also have been prohibitive, however, as the pupils would probably have held back information for fear of being identified as sexually active. The question-and-answer method was therefore appropriate to use in this setting. It is a fast and efficient way to collect data among participants that might feel shy to discuss matters relating to sex.

The results may not be generalised to the whole of Kenya as the study was done in only one rural division; hence the results are relevant to the community in which the study was done. However the same method could be used in a community with similar characteristics.

Conclusion

There has been a lot of information on prevention of HIV infection in Kenya and worldwide. However the questions from the children tell a different story, that they still lack necessary information. There is still a need to find acceptable ways in which the parents and educators can communicate about sex, sexuality, and HIV and AIDS with the young people. The methods should be acceptable to the community and also in that the young people get clear information and not half-truths just to scare them away from relationships and sex.

There is a need to further investigate how young people are socialised today considering changes in initiation ceremonies. This information could assist in formulation of appropriate interventions for HIV prevention. Interventions for HIV prevention among young people that involve young people and the communities they live in coming up with acceptable measures should be encouraged.

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