

## Responding to HIV&AIDS through Youth Friendly Interventions

By Irene Okello, Elizaphan Ogechi and Pauline Irungu

Results from the 2003 KDHS indicate that young people particularly young women are highly vulnerable to HIV & AIDS infection. Same studies indicate that provision of youth-friendly services on reproductive health are lacking.

It is in upon this backdrop that the project *HIV prevention and care for young people in Kenya* was initiated. The project aims at promoting behaviour change among young people for HIV prevention as well as increasing access to care for those already infected.

The project, which has been dubbed Responding to AIDS among the Youth (RAY), is supported by the Centre for Disease Control and Prevention (CDC)/President's Emergency Plan for AIDS Relief (PEPFAR). The project targets most at risk and vulnerable groups of youth such as those working in agriculture, tourism, transport, construction, slum residents and commercial sex workers.

Currently the project is implemented in Mlolongo, Ongata Rongai, Thika and the SugarBelt area of Kajulu.

As the project takes roots, youths in the established centres in Mlolongo, Kware and Thika have begun leaping



Youths in HIV&AIDS community outreach at Ongata Rongai on 21<sup>st</sup> July 2006

the fruits of the project. The youth centres are committed to help young people to reduce their risk to HIV & AIDS infection by promoting abstinence and faithfulness. These centres serve as points for accessing youth-friendly sexual and reproductive health services including VCT. The centres also help to develop effective referral system for the youth to link them with facilities providing services, including VCT, HIV&AIDS and STIs treatment and

care and encourage formation of post-test clubs for care and support of the infected. The centres are focal points for provision of information to increase literacy on issues related to HIV & AIDS.

RAY project focuses on garnering community support through community outreach programs and social marketing to promote abstinence, delay of sexual debut and faithfulness

*Continued on page 3*

## Mayouths Niaje!

**A**s we welcome you to this informative first edition, we should acknowledge the efforts of the Centres for Disease Control (CDC) prevention for financial and technical support in the design and implementation of the RAY Project.

RAY Project is supported by the Presidential Emergency Plan For Aids Relief (PEPFAR), through the Centers for Disease Control (CDC). It aims at promoting HIV prevention and provision of care for the youth by promoting behavioural change as well as promoting access to care and treatment for those who may be infected. This is done through community mobilisation and social marketing for young people to promote abstinence, delay in sexual debut and faithfulness. It also promotes and distributes behaviour change, communication information to sensitize the youth on prevention of HIV.

Youths all over the world are faced with a number of problems. However, in resource constrained settings like here in Kenya their problems are increasing day by day.

Majority of the youth who are at risk of getting HIV&AIDS have given-up because of the challenges they are facing. Although it is difficult to completely address their problems, there is need to generate some hope to this young generation.

Interventions to provide opportunities to this group will greatly help reverse this trend. Provision of information and encouraging youth support groups is one of the strategic options.

In this issue, views that hinder and predisposes the youth to HIV&AIDS have been tackled. It is hoped that this edition will inform and empower the youth to tackle their problems and take command of their life.

## Editorial Team

### Executive Director:

Allan Ragi, Executive Director KANCO

### Managing Editor:

Pauline Irungu, Information and Documentation Manager

### Editing and Design:

Elizaphan Ogechi

**Contributors:** Jerry Aurah, Bella Warui, Joan Irungu, Ruth Njambi, Milkah Wanjiru, Margaret Mbugua, Eston Nyaga and Rachel Karanja

### Published By:

The Kenya AIDS NGOs Consortium, (KANCO)  
Chaka Road off Argwings Kodhek Road  
P. O. Box 69866 – 00400, Nairobi - Kenya  
Tel +254-20-2717664/ 2715008  
Mobile: 254-722-203344/733333237  
Fax +254-20-2714837  
Email: kenaid@iconnect.co.ke  
**Website: [www.kanco.org](http://www.kanco.org)**

## RAY YOUTH CENTRES

RAY Comprehensive Care Youth Centre,  
Mlolongo – Along Mombasa Road,  
Mlolongo Centre.

RAY Comprehensive Care Youth Centre,  
Wemi Integrated Health Services (WEMIHS)  
Thika Section 3.

RAY Comprehensive Care Youth Centre,  
Kware Ongata Rongai,  
Along Magali Road, Mungano Building,  
next to the Post Office.

*With Financial Support From: PEPFAR  
through CDC*

**Disclaimer:** This publication was supported by Co-operative Agreement No. U62/CCU 024507-01 from Centres for Disease Control and Prevention (CDC) its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC or Kenya AIDS NGOs Consortium (KANCO).

# Majority of Kenyan Youth do not Know their HIV status, says KDHS

Despite increased knowledge about HIV&AIDS, Kenyans including young men and women do not know their HIV status. The report, *Youth in Kenya: Health&HIV, 2003 Kenya Demographic and Health Survey (KDHS)*, points out that, within the age bracket (15-24) only 7 percent of young women and 6 percent of men were tested and received the results in 2002.

The survey also points that almost 20 percent of young women and 30 percent of young men are having premarital sex. Among these, only a quarter of the women used a condom, the last time they had premarital sex. It also notes that, men were likely to protect themselves than women.

In overall, HIV prevalence is much lower for men than women. Young women are particularly affected by HIV. HIV rates among women within the of age 20-24 are three times higher than men.

For women, the rate of HIV infection is highest among those who began sex at an early age and lowest among those who started sex later. This pattern does not occur

among men.

However, the 16-page booklet has some good news that young people are waiting longer to start having sex than they did five years ago.

These developments are encouraging. Abstinence need to be emphasized, more among the young people. There is also a window for those who are sexually active to change their behaviour and practice secondary virginity to guard themselves against Sexually Transmitted Infection (STI), HIV&AIDS and unwanted pregnancies.

It is also important for youth to be tested that they are aware of their HIV status. Unlike in the past, help is now available as well as treatment which, has been made free by the government. Support groups for youth living with HIV are being established to offer ongoing counseling care to the youth. Such groups also educate these young people on how to avoid reinfection through correct and consistent use of condom. Each one of us must care to care!

## Continued from page 1

among young people. Behaviour change communication is used as a strategy to initiate dialogue with youth to enable them make informed choices about their sex lives and to facilitate youth-parent communication on reproductive health issues.

The project also promotes development of appropriate target-specific behaviour change communication materials to sensitize the youth on behaviour change for HIV infection prevention. The project also enhances peer education and community outreach through building the capacity of youth peer educators.

The project taps into existing structures to reach the youth such as youth groups, schools, churches and other religious groups, sporting clubs and other groups. The project hopes to engage youths as change agents amongst their peers.

This project is implemented through a network-model by six key partners, namely: Kenya AIDS NGOs Consortium (KANCO) which is the principle fund recipient and manager; Kenya Medical Association (KMA), responsible for promoting access to treatment and care for the youth; National Organisation of peer Educators (NOPE), in charge of behaviour change communication; Kibera Community Self Help Program (KICOSHEP) offering voluntary counselling and Testing (VCT) services as well as homebased care for youth by youth; Maendeleo ya Wanawake (MYWO) offering linkages with parents to support youth in behaviour change and HIV care; and Community Capacity Building Initiative (CCBI) responsible for data management and leadership for youth.

## Identification of Youth-Friendly Health Facilities

Youth-friendly health facilities have been identified in each RAY project site across the country.

This marks a climax of one year mapping exercise to identify the capacity of existing youth centres and to implement the activities of the RAY project and to link up the youths to medical facilities for treatment and referrals.

The identified project site are in Kilifi (Bamba and Kilifi), Machakos, Nairobi (Kahawa West/Ruaraka/Githurai; Eastleigh/Ziwani/ Kariakor, City Centre), Thika, Embu, and Kisumu (Maseno South Diocese, Nyando, Karungu, Sare and Oyugis), and Busia.

In identifying these facilities a total of 47 advocacy and mapping visits were made to 13 youth centers. More than 2,204 youths were briefed about the project and recruited for project activities on HIV prevention and care of which 1,320 were male and 884 were female and 53 community leaders.

Recruited youths were trained in BCC, data management and service delivery at community levels.

# Behaviour Change Communication Messages on Youth Produced

By Jerry Aurah

"I want that poster so that I go and put it up outside my door for youth to see." An excited young nineteen year old male in Kisumu declared during a pre-test of a poster on abstinence. The materials pre-test formed part of the climax of a two-month search for the project identification of key abstinence messages that would be accessible to youth in the project sites that spun from Coast, through Nairobi to Western Kenya.

National Organization of Peer Educators (NOPE) working closely with an experienced artist, Dishon Obok was able to conduct a Behavior Change Communication Material Development Workshop in Nairobi for RAY Project partners. Twenty-four representatives from KANCO, MYWO, CCBI, KMA and KICOSHEP attended.

This was the very first activity towards building a strong foundation of communication materials to be produced by the program.

During the workshop a thorough analysis of the message environment was undertaken to critique what is already available in terms of IEC materials on sexuality and particularly abstinence.

Another important deliberation was the assessment of general characteristics that define youth in each of the specific categories.

"While youth aged between ages 14 – 24 years are the core target group, we can't forget that parents and community leaders are also secondary consumers of the messages." Dr. Maurice Odindo of CCBI reminded the participants in his contribution in the one day meeting.

The teams at the training therefore sort for messages that would be supported by secondary targets groups while reaching out to the younger members of the community.

The key products of the workshop were message templates. Some of the sample messages were urging youth to postpone sexual debut until they were ready; 'Achieve your goals before engaging in sex.'

Others were specific on the theme of secondary virginity as there was a strong feeling that this will be of great immediacy to many youth especially in urban centers like Mlolongo. '*Hata kama uliteleza kiasi – bado unaweza regain control ya life ukituliza!*'

"Those who have for a reason or the other engaged in sex which they had not prepared to do need an opportunity to try abstaining again instead of being stigmatized." Andrew Weda of KICOSHEP suggested.

After weeks of refinement of the messages and pre-testing in Nairobi, Kisumu, Kilifi, Nairobi and finally Mlolongo three key message tags were developed.

*"Hata kama uliteleza kiasi – bado unaweza regain control ya life ukituliza!"*

They were; *Umenijazz coz umetuliza, wangu ni wa nguvu aliniconvince tutulize, achieve goals zako first, tuliza.*

Already 350 T-shirts have been produced and distributed with the RAY project identity logo and a carrier message which seeks to promote a fashion of abstinence as something admirable.

Posters that promote boy-girl dialogue an endorsement of abstinence in teenage relationship have been printed and circulated.

## Address Drug Abuse Among the Youth

Kenyan Centre for Disease Control and Prevention (HIV&AIDS) implementing partners have been urged to find strategies of combating drug and substance abuse among the youth.

Speaking during a field tour of RAY Comprehensive Care in Ongata Rongai on 21<sup>st</sup> July 2006, the Kenya CDC HIV&AIDS prevention representative, noted that to effectively respond to HIV&AIDS among the youth, issues of drug abuse and their relationship to HIV&AIDS must be addressed.

Youths initiated into the RAY program, in Rongai suggested promotion of their economic bases through Income Generating Activities (IGAS) as one of the ways to address the problem. The youths also suggested the need to develop youth friendly anti-drug messages through posters and music as another workable strategic. Still promotion of sports and increased training of BCC programs were suggested as other effective solution.

The onus now remains to implementing partners to set workable systems and structures to effectively address drug abuse among the young people.

# Jijazie Hybrid Thespians Committed to Youths

By Beatrice Awino

The youth form 70% of the Kenyan population and are the largest population exposed to the threat of HIV&AIDS. With this in mind, a group of youth in Kakamega joined hands with the community to prevent the spread of HIV&AIDS among young people.

Jijazie Hybrid Thespians, a CBO based in Kakamega, is at the forefront in advocacy and creation of awareness on the preventive and coping mechanisms for HIV&AIDS among the youth. The goal of the group is to expand and intensify their work in fighting all vices and creating opportunities, which increase productivity in the community. This group works hand in hand with organizations like Kenya AIDS NGOs Consortium (KANCO), Program for Appropriate Technology in Health (PATH) and Ministry of Health (MOH). The program is sponsored by the U. S. Agency for International Development (USAID) through Family Health International (FHI).

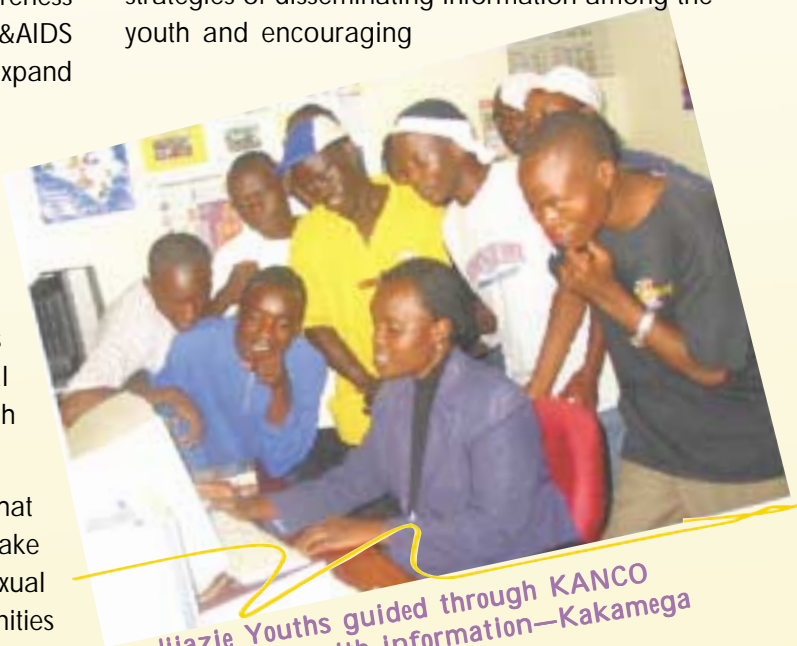
This program was started after it was realized that youth need an environment in which they can make informed and responsible decisions about their sexual behaviours. Youth need information and opportunities to develop skills to avoid risks and negotiate for safer sex and also, access to youth friendly services. Jijaze Thespians use theatre to promote abstinence and behavior change.

KANCO Kakamega resource centre has been ensuring

that relevant information on HIV&AIDS is accessible to the youth through dissemination of accurate and up to date HIV&AIDS information. The centre seeks to provide information in formats that are friendly and preferred by the youth such as CDROMs, internet and video and tapes.

The youth have also been trained to handle some of the STD and HIV&AIDS related issues. The group uses theatre, Behavior change communication, counseling and mobilization skills to tackle STD and HIV&AIDS issues.

Peer educators also play a major role in creating strategies of disseminating information among the youth and encouraging



Jijazie Youths guided through KANCO HIV& AID health information—Kakamega

behavior change. Peer educators are often leaders or role models among their peers as they are more likely to be understood and viewed as credible source of information.

## The Peer Power – Let The Rare Sense Help Out Our Peers

By Joan Irungu- EYAA

It is when we accept our weakness that we are able to deal with them because every problem has in it the seed of its own solution. The youth having been greatly affected by HIV&AIDS, can come up with solutions to solve these problems. Abstinence and faithfulness seem to exist in another world apart from theirs. Is it so hard to abstain? Some will argue out that practice makes perfect but it isn't perfect if it is not right. It is not on the basis of who does what, and how best. If we, the youth will make abstinence and faithfulness our option, then only we, can help each other out. Peer-to-peer approach is the way out since we know what causes what and we alone are best placed to deal with this issues.

With the HIV&AIDS pandemic, abstinence is the only sure way of avoiding HIV infection because, we the Kenya of tomorrow, we need every one of us alive and healthy.

The will to mingle and intermingle is also found among the young people and this brings about the issue of faithfulness. As the Swahili saying goes '*Mtaka yote hukosa yote*', unfaithfulness will only leave us worse being than we were, because the moment you want to get everything for yourself that 'everything' also seems to get away from you. Sticking to one partner and faithfulness is the one in-things now, the era of '*Kuhanya*' has been left to the 'whirl wind', it will blow and only bring down those that were found ungrounded.

# Impressive Response to RAY Peer Communication Activities

By Jerry Aurah and Ruth Njambi, NOPE

Since inception of the RAY Project peer communication program in December 2004 over 7000 youth have been reached with high quality messages on sexuality, abstinence and HIV&AIDS from a dedicated team of trainers.

The project that employs up-to-date participatory skills such as picture codes, role-plays, interactive drama and simulation games has left in its wake a lot of changed lives.

"I am a single man who has been having sexual encounters with multiple partners. From what I heard today, am thinking of changing my behaviour and start abstaining for my own benefit" declared Pius, a participant at a community outreach in Busia.

National Organization of Peer Educators (NOPE) who are responsible for the training of the youth as trainers of peer educators has inducted 50 male and 31 female trainers around six of the project sites during 3 trainings conducted in Kisumu, Kilifi and Nairobi.



They underwent the first phase of five day in the ten-day curriculum and have to conclude the field practicum before the next training.

The trainers will be engaged in the training of peer educators in Mlolongo, Kware, Thika, Sare, Kajulu, Kilifi. Each is earmarked to train and coordinate a minimum of thirty peer educators in five-day sessions in the program sites bringing up the available army of

volunteers to battle AIDS to a whopping 2,430 by the end of 2005.

To ensure that the sessions are lively and very educative, NOPE has formulated two simulation games for the program that have attracted interest even from other programs. The more popular of the two is the 'Egg Match' which explores the topic of abstinence. It is a very interactive yet fun filled methodology. It is a very easy to learn and quite cost-effective to run since it utilizes readily available material at the community level such as oranges and eggs. Being an outdoor activity youths have really liked it.

"It is so much fun and yet so thought provoking. I will try it with a group of youth." Lorina Kagosha, an experienced trainer and currently a program associate with Family Health International at the coast remarked when she saw the game during the closing ceremony of the Kilifi TOT Training in January 2005.

'Abstinence Bridge', which compliments the 'Egg Match' has also been utilized by the trainers in their interaction with the community during their practicum as they await to train youth peer educators.

A mobilization outfit of youth through community outreach programs and social marketing activities was also initiated in Kilifi and Busia to promote abstinence.

House of Talent, a youth theatre group in Kilifi has been performing outreaches on various subtopics on life skills and abstinence related themes such as negotiation skills, facing rejection in an affair, initiating dialogue on sexuality and feelings about taking up VCT services.

The Amateur Theatre troupe has been doing the outreaches in the suburbs of Busia where they have invited communities to ask questions and comment on topical reproductive health matters. On average, 200 community youth have been taking part in the sessions which are set to be made weekly.

"At first no one wanted us to talk about abstinence since many youth thought that it was not realistic. They too felt that it cannot be sustained for a long period of time, but of late they have been discussing it and sharing ways of making it work." John Sango a facilitator in the Busia theatre troupe remarks.

*Continued on page 5*

# Reaching out to the youth

By Margaret Mbugua

Young people continue to make a significant proportion of new infections with 38% of PLWHAs worldwide now under the age of 25 according to *The Global Impact of HIV&AIDS on Youth*.

In Kenya, youths often encounter significant obstacles to receiving sexual and reproductive health services. There is limited access to effective-modern preventive products among the youth to protect themselves against sexually transmitted infections (STIs), including HIV. Still, a large number of them do not know how to protect themselves from HIV due to significant social and cultural barriers that hinder HIV education for the youth. Some of the youths do not have the guts to go to either a shop or a dispenser to get condoms for fear of being seen. Youth-friendly services remove obstacles to sexual health care. Young people prefer to be tested by another young person who understands their issues and concerns.

Another major obstacle facing the youth is stigma. They are often viewed as a burden and not as an asset, a group to be taught and not to teach, to receive and not to give. Contrary to these perceptions, given opportunity and freedom, youths are eager to learn and put into practice the knowledge they have obtained.

Unemployment remain one of the major challenges among the youth. The youth unemployment rate is approximately 40% with more than a billion youth worldwide lacking productive or sustainable livelihoods. They are often denied opportunities to be self starters to explore their untapped strength and wealth of knowledge. Often young people tend to go to any lengths to learn new technological advances in the market as compared to the old.

Youth involvement at every stage of the project, gives them a strong sense of ownership hence sustainability of the project. Considering that adolescents are reluctant

to seek reproductive health, it is important to find ways to offer care in a manner that they perceive as more welcoming, comfortable, and responsive. In addition, helping young people to develop good health habits and seek regular care at an early age lays the foundation for ensuring the future of their reproductive health.



Plays: - "when NO actually means NO"



*"Youth-friendly services remove obstacles to sexual health care. Young people prefer to be tested by another young person who understands their issues and concerns."*



*Continued from page 6*

A key challenge face is at the communication level, where the community in some instances fail to appreciate the importance of the message on abstinence go side by side with other prevention. For instance in Nairobi, a youth questioned why the communication on abstinence was not sufficient in the earlier days of the HIV&AIDS campaign, remarked.

"Does it mean the other methods failed to work?" He posed.

His concerns and many that are emerging as NOPE continues to work closely with KANCO, CCBI, KMA, MYWO and KICOSHEP will be addressed as the project continues to interact with the youth and communities where they come from.

# Youths Speak

Am 19 years. I joined the RAY late 2005. I have really gained a lot from the centre. The trainings are so educative and they made me face life boldly armed with the facts about HIV&AIDS. The centre is the nest because we get all reading materials we need. It has helped to reduce idleness among the youths in the area. Thank you for creating it. As am writing this, I am another Suzzane with a lot of knowledge gained from the centre.

**Suzzane Makau**

I started coming to RAY project on November 2005 which has changed my life since then. The project is situated along Mombasa road & it well equipped and has very socialised people & since I started attending their workshop I know more about HI-V/AIDS, STI, STD, and also my status, and how to cope with fellow peers. I really thank RAY project and Y.C.T in general. Thanks alot  
 JANE KLABIRI



I am Mercy Akello, 15 years of age I started attending this centre since it was opened late 2005. This is the time I finished my primary school education. Due to lack of school fees I have just stayed at home up to date. Both my mum and dad are jobless. I have others brothers and sisters in High school. They are in school through the help of good Samaritans.

Although I am in problems, with the information and encouragement from the centre I believe that one day I will make it back to school. I am willing to go to ABC Girls Secondary School. I will be so grateful to get help from any good Samaritan to fulfill my dreams in education.

**Mercy Akello  
 Mlologo**

Am A Kenyan citizen aged 18 years old. My official name is Marietta Mwendu Makau. Am proud to be a ray member despite the challenges and ups and down. The project has helped me in various ways. First and foremost by knowing my status. It has helped me to cop with people. It has also given me a chance to improve my talent. Hope you will be a witness when we organise an outreach. By being so friendly and understanding the leaders have cancelled many gaps in my area who never wished to visit any Centre. Also it has promoted knowledge of HIV/AIDS by bringing alot of reading materials in the centre which have cancelled the faith. Thanks for being our coming to our rescue.  
 Marietta Mwendu

# Youths Speak

I am Gildert Ochieng' from Mlolongo and 21 years old. I had adapted myself to risky behaviours that expose one to HIV&AIDS. It is with the availability of the VCT service at the Ray Comprehensive Care Youth Centre in Mlolongo where I got informed. I was scared stiff to go for HIV test but through the counseling by the affectionate staff at the centre, I contemplated and eventually braved it.

This has made me establish a concrete wall against HIV&AIDS for my life. I am also acquainted with some training services from the centre which have provided me with new skills and knowledge to start and run a lucrative Income Generating Activity (IGA) in Mlolongo.

I believe with the presence of RAY Centre at Mlolongo will redeem most of the youth from risky behaviour in the community which are likely to STIs and HIV&AIDS.

"I am appealing to all the youths to arm themselves with ABSTINENCE as the only weapon to fight HIV&AIDS."

**Gilbert Ochieng' (CHICHI)  
Mlolongo.**

I'm 21 years of age and I live in Mlolongo. I must be grateful and thankful to whoever set down thought & came up with the idea of starting RAY Project. Not forgetting those who collaborated and will cooperate to make it alive. I can stand & witness what RAY has done to me.

I never had any facts about HIV or even AIDS. For they say "make them when they see you" then I must not forget about the several workshops we had here at Mlolongo RAY Centre opened up my mind & now I think Big on how to live positively with my fellow youths.

Also our centre is helping me utilize my free time/day for its library facilities. Keep me acknowledged and updated on the fight against the HIV/AIDS epidemic.

I'm looking forward to get more knowledge & skills from RAY project.

Peer Educator,  
Mlolongo Ray Comprehensive Care Youth Centre.

I am Josephat Muthiani, aged 25 years, residing in Mlolongo. RAY Comprehensive Care Youth Centre has touched the hearts of many youths since its inception. To me it has been like a saviour because I now feel enlightened by what I have gained through the knowledge especially information about HIV&AIDS and availability of a VCT centre where by knowing your status remains one and only treasures in life.

As I terminate, dear youths my message to you is "make use of this facility for its there for you". Again remember "ABSTINENCE" the key to a bright AIDS free future, for the pleasure of sex lasts for a moment, but consequences are enormous.

Josephat Muthiani  
Mlolongo

Am Daniel Mulli aged 23 years and I live in Mlolongo. I've been very much inspired by RAY Comprehensive Care Youth Centre. They have aided me in acquiring skills on behaviour change communication. This has made me comprehend that every human is conscious to behaviour. Certain behaviours are sweet initially but eventually turns to be bitter herbs. Therefore before you act beware of the reaction.

To sum up I would urge my fellow youths to visit any RAY centre and acquire more skills on life skills and behaviour change communication.

**Daniel Mulli Nzioka  
Mlolongo**

My names are Josephat Muthiani, aged 25 years residing in Mlolongo. RAY Comprehensive Care Youth Centre has touched the hearts of many youths since its inception. To me it has been like a saviour because I now feel enlightened by what I have gained through the knowledge especially information about HIV&AIDS and availability of a VCT centre where by knowing your status remains one and only treasures in life.

As I terminate, dear youths my message to you is "make use of this facility for its there for you". Again remember "ABSTINENCE" the key to a bright AIDS free future, for the pleasure of sex lasts for a moment, but consequences are enormous.

Josephat Muthiani  
Mlolongo

# Why the Youth are Vulnerable

By Milkah Wanjiru

In the generation we are in today employment is a major factor that really affects the youth. Idleness predisposes the youth to engage in risky sexual activities, use of drugs, and drinking habits as a way of keeping themselves busy. Young girls tend to engage themselves in sexual activities in exchange for money due to lack of employment.

Older men and women take advantage of the youth due to the experience they have in sexual matters. Sugar Mummy's and Daddy's approach the youth for sexual favours and convinces the youth that all their problems will be solved. Their trickery and experiences easily lures young boys and girls to their trap.

Peer pressure is another significant determinant on the role of sexual activity among the youth. Most youth nowadays get married at a very early age due to peer pressure, so that they can attract the attention of their peers and prove that they are tough at this tender age. At this point they tend to

●  
—  
●  
“Parents need to take their role in guiding the youth on sexuality more seriously”  
●  
—

have so many problems since they may not be ready financially and emotionally to maintain their young family. Conflicts arise and they end up breaking up thus forcing them to start moving around in search of better partners. This tendency puts

their lives in danger and at high risk of contracting HIV&AIDS.

Lack of guidance on sexual matters from adults also contributes to the problems faced by many youths. Many adults think that youth are young, naïve and innocent on sexual matters, hence, no adult guidance is given on sexuality to this group. My parents for example, would not talk to me about HIV&AIDS because they assume that I know nothing about sex. They forget that I need them for advice and support on how to keep away from risky behaviors and be a role models to my peers.

Most parents think that such topics related to reproductive health and HIV&AIDS should be communicated to the youth by their teachers and counselors failing to understand that “Charity begins at home”. It is the high time that parents learnt to take up their responsibilities early enough before extending it to teachers and the rest of the community members.

Some parents also believe that talking about sexual issues at home implies approval of sexual activities. Parents need to take their role seriously since studies reveals that the family plays a key role in influencing safe sex behaviors.

Homosexuality and lesbianism are other issues that greatly contributes to the spread of HIV&AIDS. Majority of young people became sexually active while still in schools. Although we may not have clear statistics about them, these practices are rife in boarding schools. For instance, in girls or boys schools incidents of lesbianism and homosexuality are common. Western influence is making many youths to copy these vices.

Imitation of role models often

mislead majority of the youth. For instance musicians really mislead most youths through songs and dances. Their way of dressing and use of vulgar language greatly influence the youth. Many youths turn to use drugs as a way of imitating their “celebrities”. This destroys them and leading to high risks of getting infected with HIV&AIDS.

It is important therefore to address this critical issues that face the youth in designing and implementation of programs that will give young people a voice and an open dialogue. This can be done through extending opportunities for expression and exchange of ideas among the youth.

One of the ways is through inviting young people to public outreaches, such as road shows. When participating in such activities they will be able to learn and improve on other skills such as to say **No** to premarital sex. Interviewing youths in the field to get their views and providing them with forums for expression and learning. It is important to identify positive role models to use media to enable them reach the youth.

Other critical methods include offering youth friendly services like youth to youth counseling; youth centers with structured activities; youth outreach programmes such as sports and entertainment with positive youth development messages.

Design and print youth-friendly messages that target young as well as older youths through posters, T-shirts, caps and brochures. Youths are a key resource in their own behaviour change.

# St. John's Ambulance's Experience in Working with Youth

By Eston Nyaga

St. John's Ambulance Kenya has initiated a youth programme for behaviour change communication in the *Miraa* growing areas of Embu District, where the youth are not only exposed to drug/substance abuse but also risky sexual behaviour. *Miraa* is a new crop in Embu. Its growth and use is rapidly increasing as a major source of income especially for the majority of the unemployed youth. The youth are involved in not only chewing but also working in *Miraa* plantations before they go to school. This has resulted to increased drop out rates in both primary and secondary school. Current statistics show that the boy child is endangered with more girls being enrolled in school than boys. The greatest dilemma remains " *Is Miraa growing a blessing or a curse to our community?*"

To date St. John has trained 112 youth Peer educators who have played a major role in providing relevant factual information among the youths. It has also facilitated parents-youth dialogue forums

As a result, youths, parents and the community at large openly share information about their reproductive health, medical care and other problems affecting them.

There has been increased demand for parents to take

their roles more seriously as one observed:

"It is true to say that parents, teachers, religious and opinion leaders have not played the noble duty of training the young people about reproductive sexual relationships. Most parents and guardians are shy, uncomfortable or unsure of their own knowledge about sex. Accurate information is the foundation for responsible sexual behaviour, which is lacking today".

Peer educators developed and adopted a slogan, "chill ukijua hali yako" (abstain once you know your status) as a way of mobilizing use of available VCT services in the area. Use of condoms and other HIV preventive methods has been emphasized through behaviour change communication forums.

Teachers and pupils have been involved through HIV&AIDS questions and answer sessions in several schools in the area. It is hoped that established youth committee will mobilize the community to shun retrogressive practices associated with *Miraa* and illicit brews in the area.

*"Is Miraa growing a blessing or a curse to our community?"*

## Peer To Peer State of Art

By Bella Warui Muriuki- Programme Coordinator (EYCAA)

It's definite that behavior change is a greatest universal challenge. Saving life is more of a call and to change peoples characters, one has to reach out to the hearts of the people.

In behaviour change dealing with the youth is our primary focus. As much as we have traditions and culture within us, HIV&AIDS still remains a threat in our society and especially to the youth owing to the fact that they are easily influenced by anything that comes their way be it bad or good in the spirit of adventure.

Peer to peer approach has done magic and worked with us because we have dived into the unseen world of what cannot be dealt with in a round family table.

Pulling together the synergy of the youth organizations has brought a common platform of promoting abstinence and faithfulness in one standard in this

essence, identifying the core problems and coming up with a strategic plan and approach of dealing with challenges and giving an upper hand to our peers.

The bigger responsibility is to convey the message and make it sink, in the language that the youth understand that the best way to stay in "fashion" and fulfill their dreams is by ABSTAINING till marriage does the parting and not death.

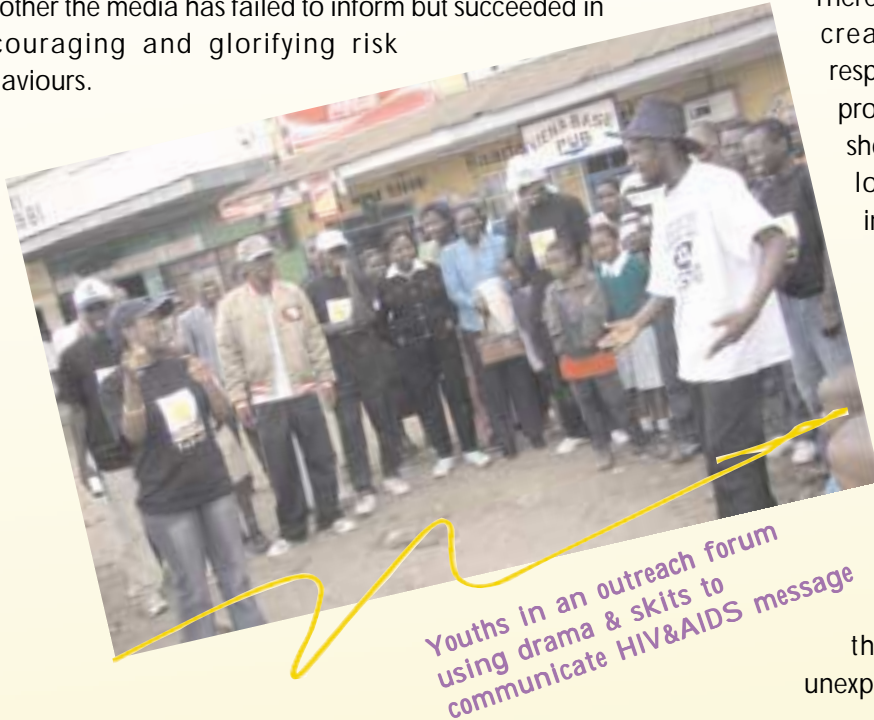
Networking has helped us to advocate and bring the impact to the fellow youth. "*fimbo ya karibu huua nyoka*". Meaning that, it will not literally take the donors to come in to our villages and bail us out of these issues.

Through a coalition we have managed to spread our wings into urban and rural areas despite the back ground and the civilization. Peer to peer approach has the power in terms of language and life experience because we know where the shoe hurts most.

# Young People Media and HIV&AIDS

By Rachel Karanja

The media is said to be progressive, but the nature of progression is relative. There are those who may think that the media has grown to become more informative, but the truth is that it has played a major role in the increase in the number of youth who are and have suffered from the HIV&AIDS pandemic. In one way or the other the media has failed to inform but succeeded in encouraging and glorifying risk behaviours.



Youths in an outreach forum using drama & skits to communicate HIV&AIDS message

Media is meant to be a form of entertainment as well as an educative channel. However, this has not been achieved.

Today, majority of the youth spend a large portion of their time watching television, listening to music, and visiting websites that contain explicit materials. This has increased the rate of immorality among the youth.

There should be emphasis on shows that create HIV&AIDS awareness, and responsible sexual behaviour. Laws that protect the youth from explicit materials should be enacted. This will protect the local youth from Western culture influence and immorality.

In order to protect the youth from the western influence, the local media industry should introduce local shows, plays, drama, that will engage the youth. This will not only act as a form of employment, but also as a way of reducing the idleness among them. This is one opportunity to identify and capture the talents of those who have unexploited talents.

## What Is the Way Forward?

How can we help young people finish school, find jobs and remain free of unplanned pregnancy and HIV infection? The Adolescent Reproductive Health and Development Policy launched in May 2003 provides a strong framework and guidelines for helping today's young adults.

The Policy recommends several actions to safeguard the reproductive health of Kenyan youth:

- All youth should have access to accurate and complete reproductive health information so that they make responsible decisions about their sexuality: to delay sex, to be faithful to one uninfected partner or to use condoms in every sexual act.
- All youth should know the dangers of alcohol, its association with higher sexual risk behaviour, and where to get help if drinking is interfering with their life goals.

- All youth should be free from sexual harassment, early and forced marriages, teenage pregnancy, poverty and harmful traditional practices such as female genital mutilation.
- All youth should have access to life skills training to help them build their self-esteem and make responsible decisions for their lives.
- All youth should know how to avoid HIV&AIDS; how to get HIV testing through VCT centers; and how to prevent mother-to-child transmission of HIV.
- All youth should have access to youth friendly reproductive health service with providers trained to deal with youth.

These guidelines should inform youth programmes as a means of addressing their plight.

Adapted from *Youth in Kenya: Health&HIV, 2003 Kenya Demographic and Health Survey (KDHS)*.