

**KNOWLEDGE, ATTITUDES AND PRACTICES ON HIV/AIDS  
IN THE WESTGATE CONSERVANCY COMMUNITY OF  
SAMBURU**

**SAFE KENYA**

**APRIL 2016**

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## **KNOWLEDGE, ATTITUDES AND PRACTICES ON HIV AND AIDS IN WESTGATE, SAMBURU COUNTY**

### **Introduction**

HIV/AIDS remains one of the biggest risks to health and life the world over, especially in Sub-Saharan Africa which continues to have the most serious HIV/AIDS epidemic in the world, with an adult HIV prevalence rate of 4.7% as of 2013. In 2013, an estimated 24.7 million people were living with HIV, accounting for 71% of the global total. In the same year, there were an estimated 1.5 million new HIV infections and 1.1 million AIDS-related deaths in Sub-Saharan Africa alone.

Kenya has the fourth-largest HIV epidemic in the world with 1.6 million people living with HIV/AIDS in 2013. The adult HIV prevalence in 2013 stood at 6%. The first case of HIV in Kenya was detected in 1984, and by the mid-1990s it was one of the major causes of mortality in the country putting huge demands on the healthcare system as well as the economy. HIV prevalence peaked at 10.5% in 1996, and the fall to 6% by 2013 was mainly due to the rapid scaling up of antiretroviral treatment (ART) resulting in a reduction of infection rates.

Samburu County had a total population of 254,997 persons in 2013. As with other counties in Kenya, Samburu is also vulnerable to HIV/AIDS. Samburu County has one of the highest HIV/AIDS prevalence rates currently standing at 5%<sup>1</sup>. Statistics show that by the end of 2013 there were a total of 6,883 people living with HIV in Samburu County of which 13% were children. The HIV prevalence among women in Samburu County stood higher at 7.1% compared to that of men at 4.3% in 2013. Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

A Knowledge, Attitude and Practice (KAP) survey on HIV/AIDS was conducted in the Westgate Conservancy Community of Samburu County to be able to gauge the community's understanding on HIV. The objective of this report is therefore to assess the current levels of knowledge of the people on HIV/AIDS, their attitudes towards people living with HIV/AIDS, and their practices when it comes to protecting themselves from HIV. The survey also investigates where they seek information from, and which misconceptions they hold about ways of HIV transmission.

### **Objectives**

The objective of SAFE Kenya is to understand and analyze this data with regard to knowledge, attitudes and practices of the Westgate community on HIV/AIDS in order to be able to build baseline information on HIV in the community, and design a performance and workshop based intervention to educate this community.

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<sup>1</sup> Kenya HIV County Profiles, 2014

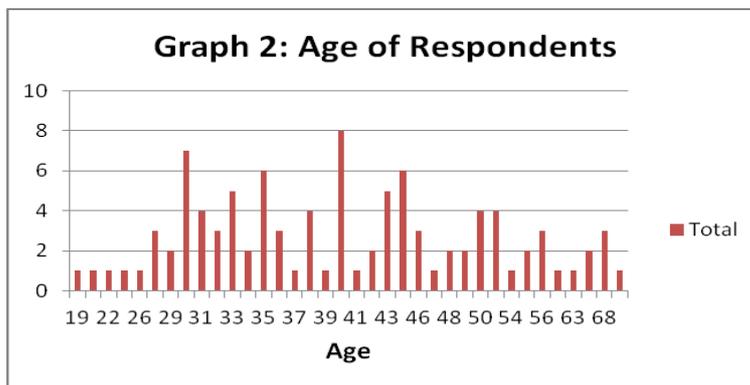
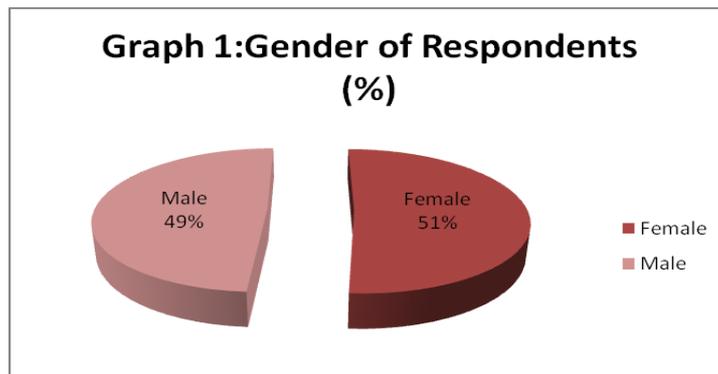
## **Methodology**

### 1) Sampling

Systematic sampling was used to select the persons for the survey. An individual from every second household was sampled.

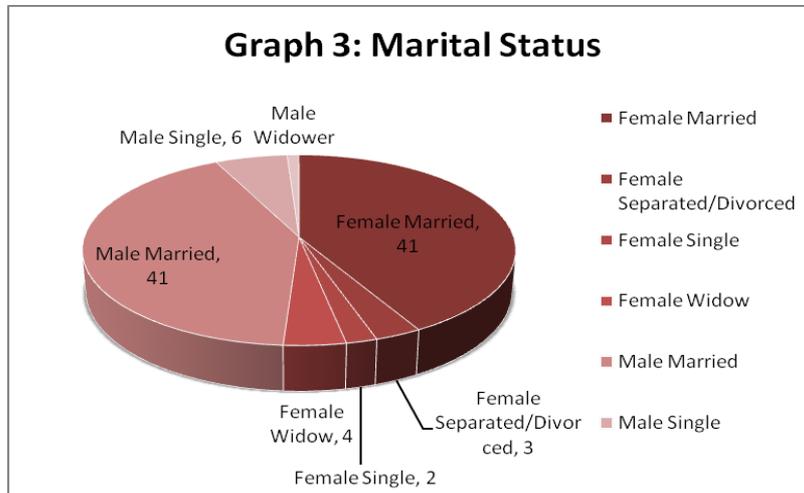
## **General Characteristics**

A total of 98 respondents, 48 male and 50 female; 49 percent and 51 percent respectively (Graph 1), of ages varying between 19 and 72 (Graph 2) from 8 different locations in Westgate Samburu (Table 1) were interviewed.

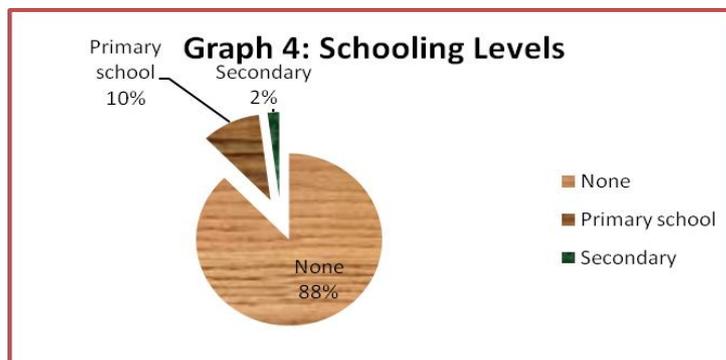


LOCATION	TOTAL
Kiltamany	11
Lempaute	14
Lpusleluai	12
Naisunyai	16
Ngutuk Ongiron	13
Remot	14
Sasaab	9
Sukuroi	9
<b>Grand Total</b>	<b>98</b>

Of the 98 respondents, 82 of them were married; 8 reported being single; 5 reported being widowed and 3 reported being separated/divorced (graph 3).



Samburu county has chronically low levels of school enrolment and literacy. Of the 98 respondents interviewed in Westgate community only 12 percent had some education with 10 percent having attained primary education and a paltry 2 percent secondary education. The remainder of the respondents (88 percent) had no formal education at all (Graph 4).

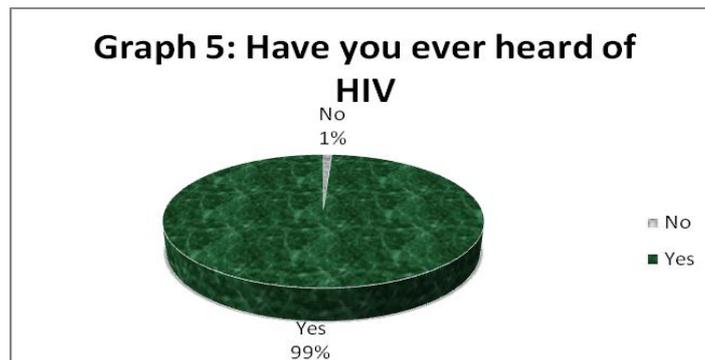


## Results

### General knowledge of HIV/AIDS

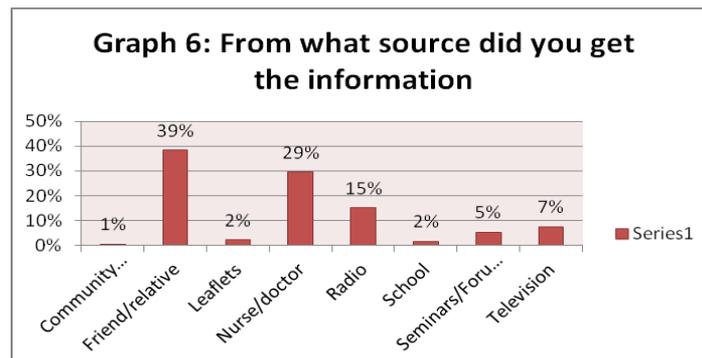
#### 1. Awareness on HIV in the community

99 percent of the respondents interviewed have heard of HIV/AIDS and only 1 percent had not heard of it (Graph 5).



#### 2. Sources of information on HIV/AIDS

Majority of the respondents had got information on HIV/AIDS from relatives and/or friends. The second most important source of HIV/AIDS information in the community were the health facilities where people got to know about HIV from nurses and/or doctors. Other sources of information on HIV in order of importance included radio, television, seminars/forums/workshops, leaflets, school and the least source was the community health workers (Graph 6).



#### 3. What people know about HIV

An open ended question on what the respondents knew about HIV/AIDS was asked. A total of 147 responses were received out of which majority of the respondents (26 percent of the responses) said

they knew HIV had no cure and that it was also a killer disease. A good number of responses also indicated that the respondents knew HIV/AIDS was a dangerous disease.

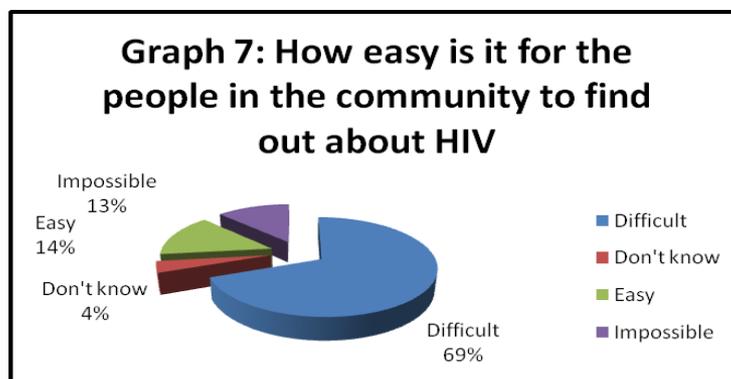
Other responses to what the community knew about HIV/AIDS included:

- HIV is transmitted from one person to another
- HIV is transmitted from one person to another through sexual intercourse
- HIV is a transmitted disease from one person to another through unprotected sexual intercourse
- HIV can be contracted through blood contact
- HIV causes a lot of suffering to infected people before death
- HIV makes people 'thin'
- HIV is transmitted from people from urban areas to rural areas
- HIV is transmitted through sharp objects
- HIV reduces the population of the people
- If my partner does not contract HIV then I cannot contract it
- It may be a chronic disease that turns to AIDS
- HIV is a new disease that is not understood
- It is a contagious disease that brings death

The above responses to what the people knew about HIV indicate that majority of the people in the community have some knowledge about HIV/AIDS especially knowing that it is a dangerous killer disease without cure. However, the majority of the people lack proper knowledge on HIV especially on how it is spread, others have misconceptions about HIV and a few others within the community have heard of HIV but do not know or have any idea what it is which puts them at risk. This calls for concerted efforts in creating awareness on HIV/AIDS in the community so that the people understand it well.

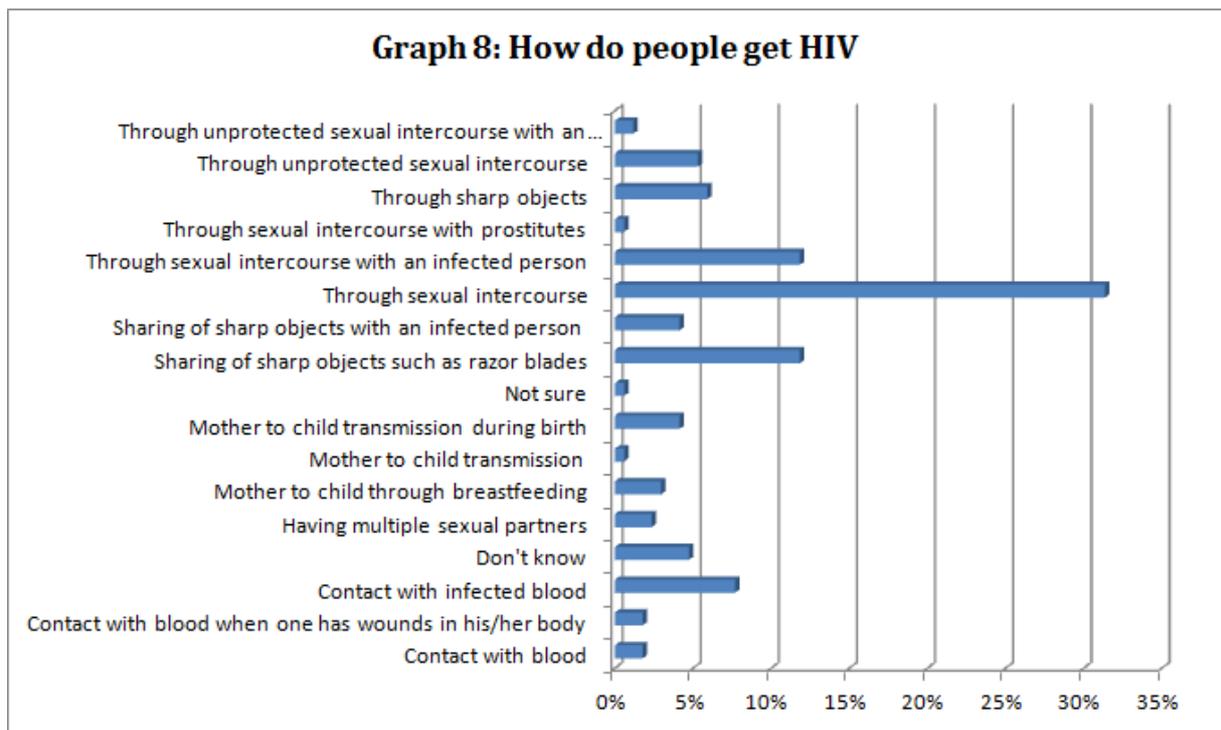
#### 4. Finding out about HIV

Finding out about HIV in the community seems to be a difficult task. Out of the 98 respondents interviewed, 69 percent of them said it was difficult to find out about HIV in the community and 13 percent said it was an impossible task. Just 14 percent said finding out about HIV in the community was an easy task (Graph 7).



## 5. Knowledge on how HIV is transmitted

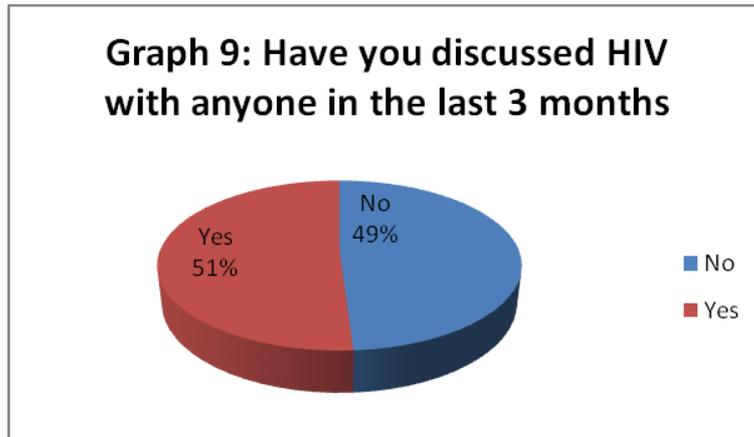
This was an open-ended question that had 169 responses from the 98 respondents interviewed. 31 percent of the responses indicated that HIV was transmitted through sexual intercourse. Transmission of HIV through sexual intercourse with an infected person and sharing of sharp objects such as razor blades had the second most responses of 12 percent each (Graph 8).



There was also a misconception among some of the respondents that HIV could be transmitted through kissing.

## 6. Discussions on HIV

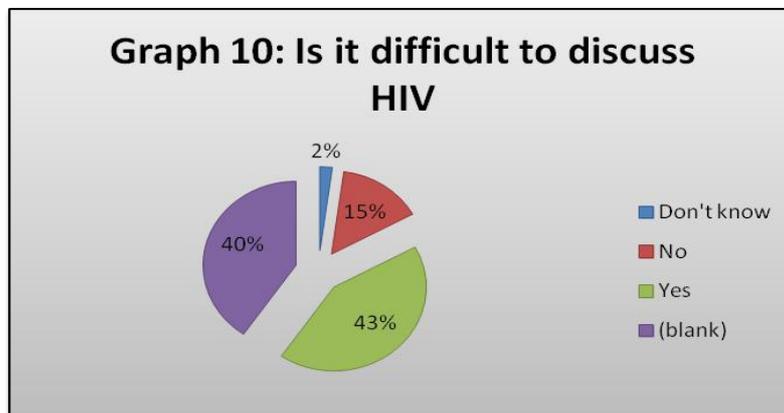
About half of the respondents (50 respondents) had discussed the topic in the 3 months preceding the interviews with friends or relatives (19 respondents), partner (16 respondents), community health workers (7 respondents), nurse/doctor (1 respondent), in a community meeting and seminar (1 respondent respectively) and 5 other respondents did not indicate whom they had discussed with. About another half (48 respondents) had not discussed HIV with anybody the main reason being that they did not want to discuss it (Graph 9).



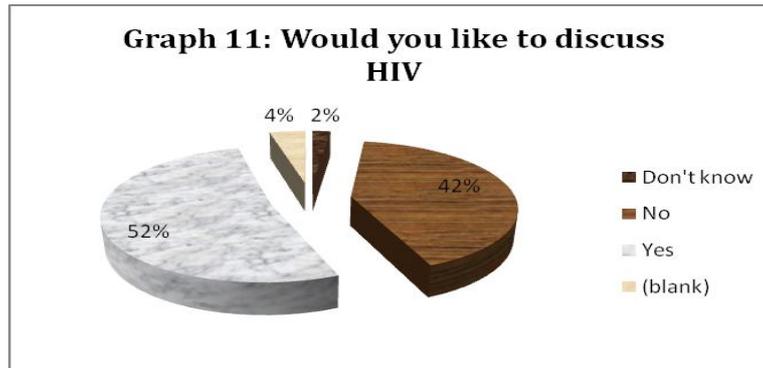
Other reasons for having not discussed HIV included:

- Shameful to discuss HIV
- Very difficult/impossible to discuss or initiate discussions on HIV as people ignore
- Duties and responsibilities such as taking care of animals that make it difficult for one to get time to discuss HIV
- HIV being a dangerous disease that should not be discussed
- Not sure whether it is a true disease
- Some said HIV was not common in the community therefore they were not worried much about it.

The 48 respondents who had not discussed HIV in the past 3 months before the survey were asked whether it was difficult to discuss HIV.



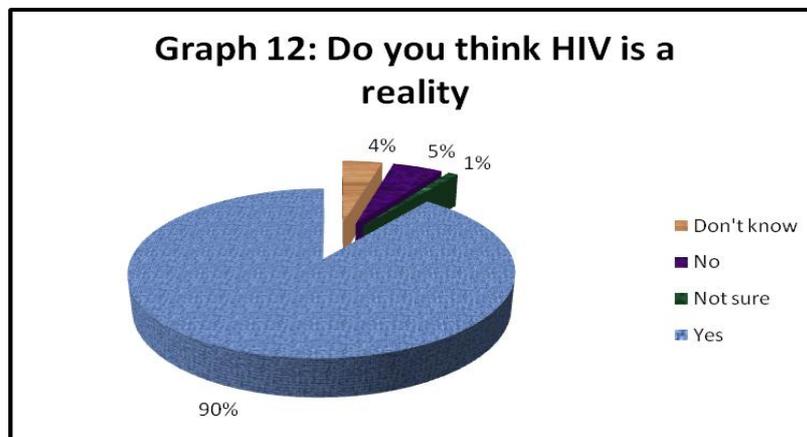
43 percent of those who had not discussed HIV 3 months prior to the survey thought it was difficult to discuss HIV which is why they had not had any discussions on it (Graph 10). However when asked on whether they were willing to discuss it, 52 percent of them gave an affirmative response (Graph 11).



Still 42 percent did not want to discuss HIV.

### 7. HIV as a reality

Majority of the people in the Westgate community know that HIV is a reality (Graph 12).



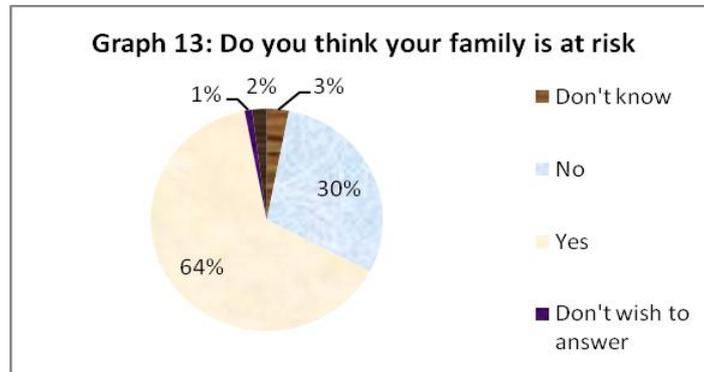
Reasons for believing HIV is a reality included family members/relatives or just other people in the community dying of it; some of the people being taken through lessons/awareness creation on HIV in seminars and forums; or heard people discuss it; majority had either seen people with HIV, seen people they knew die of HIV, seen posters or pictures of HIV positive people; and a few others said there was widespread information about HIV.

For those who did not think HIV was a reality, reasons ranged from not just believing it was a true disease to not having seen or heard of anyone who was positive.

### 8. HIV risk at family level

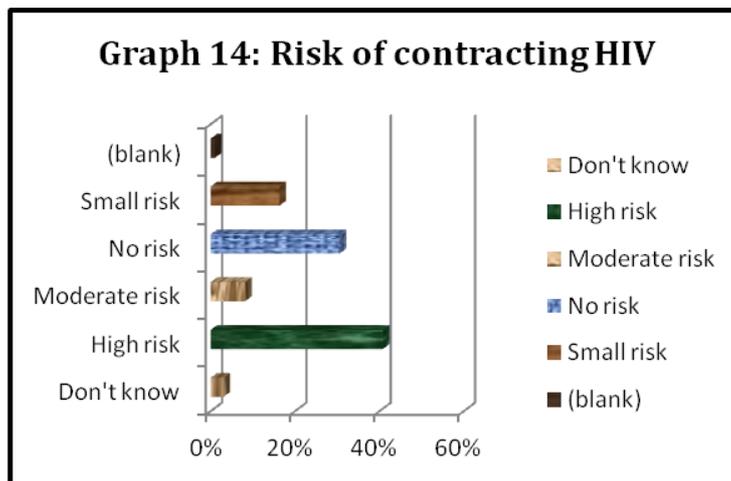
Majority of the respondents interviewed said their families were at risk of HIV (Graph 13). Reasons included the fact that polygamy is allowed in the community and in these polygamous unions, partners especially the younger ones may have other sexual partners which puts the whole family at risk of HIV should one of them contract the disease. Other reasons included the low or no usage of condoms in the community among sexually active 'morans' and girls who 'carelessly' engage in sex with anyone of their choice. Also the fact that HIV is a reality and many people in the community do not know their HIV status also put families at risk.

Others believed that their families were not at risk of HIV; reasons included being faithful to their partners, abstaining from sex, aware of HIV, aged, not sharing razors during circumcision and not having seen anyone infected with HIV in the community.



**9. HIV risk at individual level**

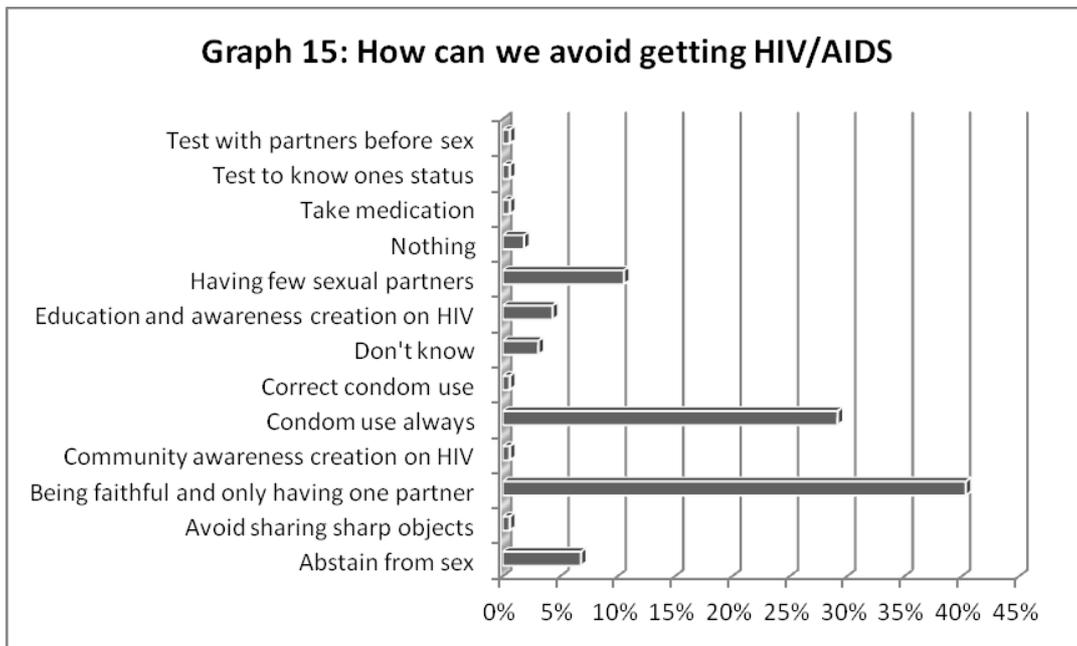
About 49 percent of the respondents interviewed think they are at moderate to high risk of getting HIV (Graph 14). The main reason being the fact that they have multiple partners who are most likely to be having other partners as well. Another reason is that condoms are not or not often used during sexual intercourse. About 47 percent of the respondents think they are at a small to no risk of contracting HIV. The main reasons for this is that they are faithful to their partners, use condoms, know about HIV and how to protect themselves, practice self-control and some abstain from sex for fear of contracting the disease. Some respondents also indicated that they are old and past the age of engaging in sex therefore at low or no risk of getting HIV. Other reasons include some people in the community having a mindset that HIV does not exist, people not speaking about HIV and the fact that it is not easy to tell who has HIV in the community.



**10. How people can avoid getting HIV in the community**

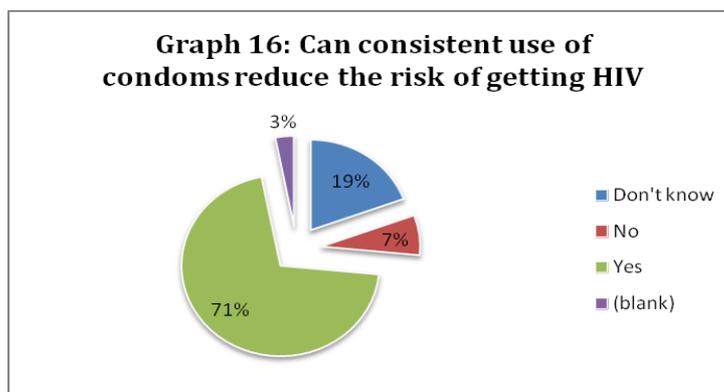
On the question on how people in the community can avoid getting HIV/AIDS, a total number of 161 responses were received from the 98 respondents interviewed. 40 percent of the responses indicated that people can avoid HIV/AIDS by having only one partner and being faithful to them (Graph 15). This is

an interesting observation in a community where polygamy is rampant and partners have other partners. The second most reported way of avoiding HIV, almost 30%, is by always using condoms during sexual intercourse. 10 percent of the responses indicated that having few sexual partners was a way of avoiding getting HIV/AIDS. 3 percent of the responses indicated that people did not know how to avoid contracting the virus.



**11. Reducing the risk of HIV through consistent condom use**

The risk of getting HIV can be reduced by the consistent use of condoms (Graph 16). Over the years, there have been misconceptions amongst the Samburu that using condoms could actually give one HIV. However that misconception seemed to have changed with time and the community is now appreciating that condom use can reduce the risk of getting HIV. A few still disagree that condoms cannot reduce the risk of getting HIV and a considerable percentage do not know whether condom use can reduce the risk of getting HIV.



### **12. Where condoms can be obtained/purchased in the community**

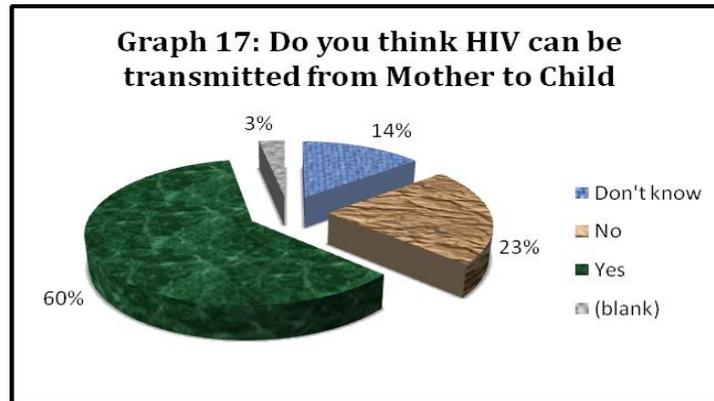
Government hospitals are the places that the community can access condoms the most. 69 out of the 187 responses received from the respondents indicated that condoms can be obtained from government hospitals. The other common places for buying or obtaining condoms include shops and VCT centres. People can also buy or obtain condoms from pharmacies and NGOs.

<b>Table 2: Where condoms can be bought/obtained</b>	
Bars	3
Clinics	1
Don't know	8
Don't need to use condoms	1
Government hospitals	69
Kiosks	8
Lodgings	2
NGOs	10
Pharmacies	16
Police station	1
Public washrooms	1
Seminars/workshops/trainings on HIV	4
Shops	33
VCT centres	30
<b>Total responses</b>	<b>187</b>

### **13. Mother to child transmission**

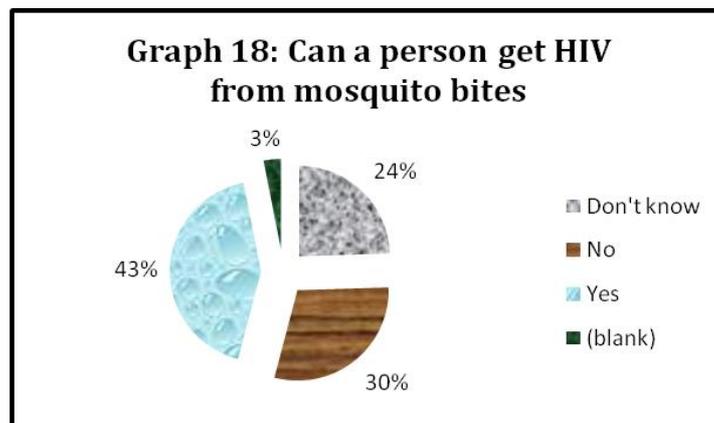
The transmission of HIV from an HIV-positive mother to her child during pregnancy, labour, delivery or breastfeeding is called mother-to-child transmission.

The community living in Westgate Samburu knows that HIV can be transmitted from mother-to-child as indicated by a massive response of 60 percent of the respondents interviewed. A significant minority in the community think that HIV cannot be transmitted from mother-to-child as indicated by 23 percent of the respondents. A few others about do not know whether mother-to-child transmission can happen.



#### **14. Transmission of HIV through mosquito bites**

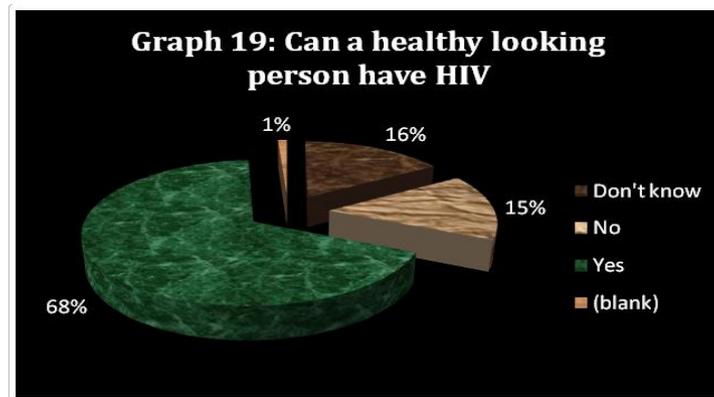
Mosquitoes through their bites cannot transmit HIV. However, it is interesting to note the misconception/misinformation in the Westgate community among majority of the people that mosquitoes can actually transmit HIV through their itchy bites (Graph 18). When asked the question on whether mosquito bites can transmit HIV, 43 percent of the respondents were affirmative. 30 percent of the respondents did not think so and about 24 percent had no idea whether or not mosquito bites could transmit the virus.



#### **15. Healthy looking people and HIV**

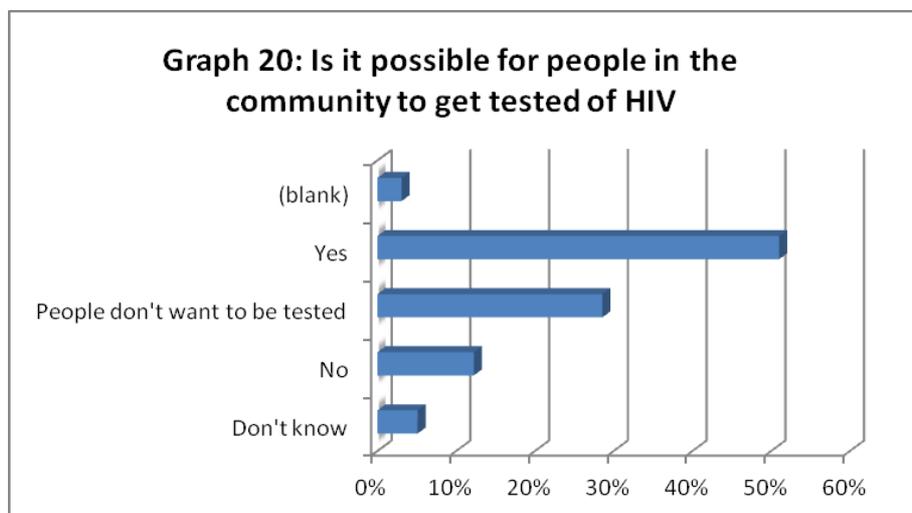
People with HIV can look and feel healthy for many years. The person can continue to contribute to society and work and lead a normal life. It is not possible to know if someone has HIV/AIDS by looking at him or her. In fact, HIV often presents no physical symptoms. A person who is infected with HIV may thus not know that he or she has been infected. The only way to know if you have HIV is by having a blood test.

The people living in the Westgate community know the above fact well as indicated by 68 percent of the respondents interviewed (Graph 19).



**16. HIV testing in the community**

The only way to know if one is infected with HIV is through a blood test. It is possible for people in the community to get tested as indicated by majority of the responses from the respondents interviewed. When asked on whether it was possible for people to get tested for HIV in the community, more than half or about 51 percent of the respondents were affirmative that it was (Graph 20). 29 percent of the respondents indicated that some people were also sceptical of being tested therefore did not want to get tested of HIV. Only 12 percent think it is not possible for people to get tested in community and about 5 percent do not know if people in the community can get tested of HIV.



People in the community can go for testing in mobile clinics, government hospitals, Voluntary Counseling and Testing (VCT) centres and private hospitals. Others responded that testing can be done by community health workers. A few others do not know where HIV testing can be done.

## **Attitudes and Beliefs towards HIV**

### **1. Community myths/beliefs about HIV**

Majority of the respondents hold a myth that HIV originated from baboons and others have a belief that HIV originated from white people. Other myths include:

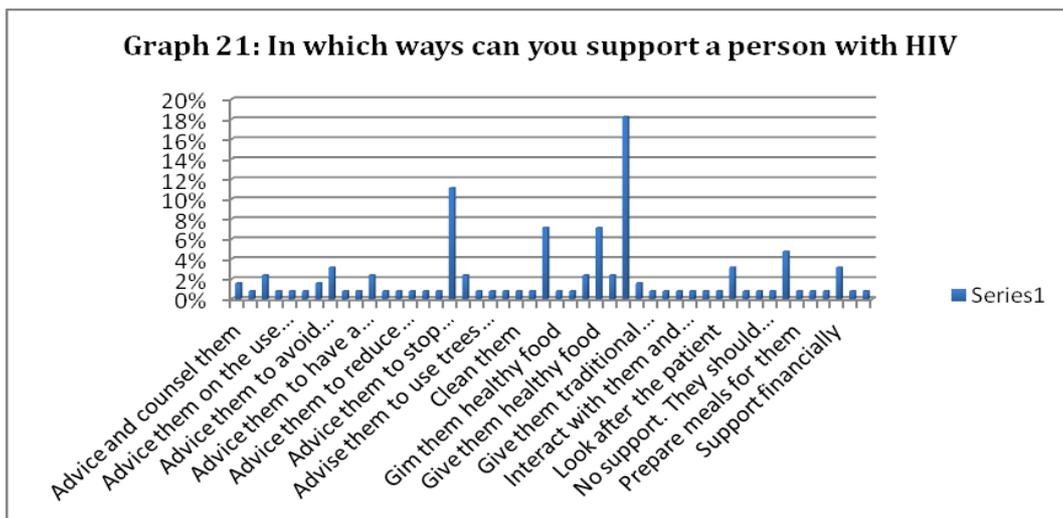
- HIV can be transmitted through shaking of hands
- HIV can be cured by a local traditional herb called 'Imakutikuti'
- HIV comes from people in towns and prostitutes

### **2. How HIV people can take care of themselves**

The respondents also think that HIV positive people can do several things to take care of themselves. This includes eating healthy food, taking medication, avoiding alcohol and smoking, using condoms whenever having sex, refraining from sex, having a positive attitude and exercising. Others also think HIV people should inform the community and other people of their status and seek help from the community. Others suggest taking of traditional herbs to 'cure' the disease. A few others think HIV positive people should simply keep their status a secret.

### **3. Supporting HIV positive people**

Majority of the respondents would support people with HIV by giving them traditional herbs. When asked on how they can support people with HIV, 18 percent of the respondents indicated that they would give them traditional herbs. The second way of supporting HIV positive people with 11 percent of the responses would be to ask/advise them to take medication. Another way HIV positive people would be supported (7 percent of the responses) would be by giving them healthy food (Graph 21).



Other responses include:

- Advising them to go to hospital and get help
- Advise them to have a positive attitude
- Advise them to avoid alcohol and smoking
- Support them financially
- Taking them to be given medication
- Advise them to stop having sex with others

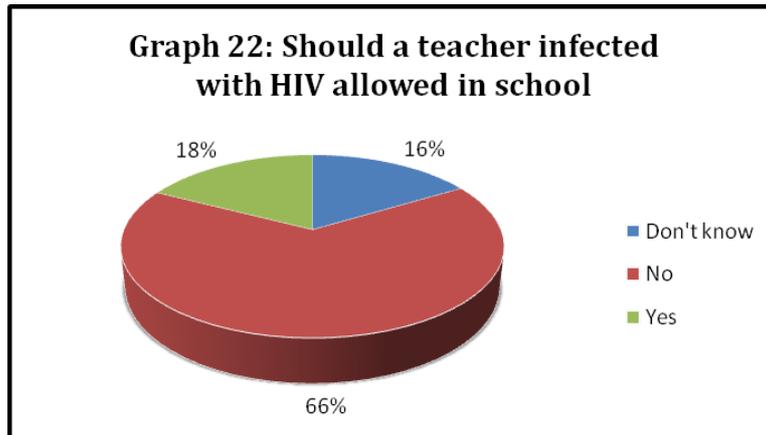
However, other community members are not willing to support or associate with people with HIV (11 percent of the responses). They think HIV positive people should not be supported in any way other than being left to die alone. At worst, some respondents (1 percent) think HIV positive people should instead be stoned to death rather than supporting them.

#### **4. Attitude towards HIV positive teachers**

A teacher infected with HIV should not be allowed in school according to 66 percent of the respondents interviewed (Graph 22). The major reason why they should not be allowed in school according to majority of the respondents is because they might transmit the virus to children. A few others actually think the transmission of HIV from the teacher to children can happen through the teacher having sex with girls, sharing nail cutter with children, blood contact or the teacher finding ways of injecting pupils with infected blood. Some respondents think the teacher might actually die in class. Others think the HIV positive teacher has no business being in class where he might not concentrate other than being outside seeking medication. Worse, a few others say HIV positive teachers should be chased away to go and die alone.

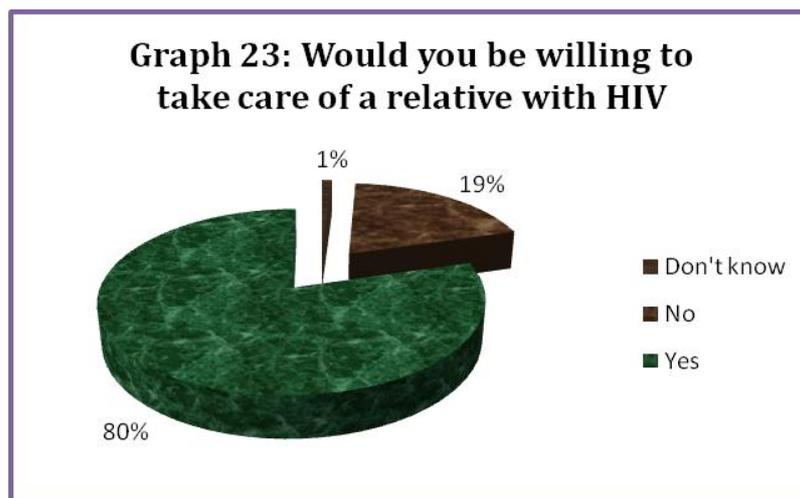
A few people in the community think that an HIV positive teacher should still be allowed to continue teaching in school as demonstrated by a paltry 18 percent affirmative response from the respondents interviewed. Reasons for this include the following:

- HIV does not limit people from performing their normal duties
- Children will be advised that their teacher is sick so that they avoid him
- As long as the HIV positive teacher does not engage in sex with other people
- To show them an attitude of love and to demonstrate to them that they are still worthy
- They will prepare traditional herbs and soup for the HIV positive teacher



**5. Taking care of HIV relatives**

People in Westgate community are willing to take care of their relatives infected with HIV. 80 percent of the respondents interviewed showed a willingness to take care of HIV positive relatives. But 19 percent, nearly one in five, of the respondents are not willing to take care of their HIV relatives.



Reasons for being willing to take care of HIV positive relatives included being able to advise them on getting medication to help them live longer, or just advice and encouraging them to live positively so that they reduce stress. Some would actually take them for treatment. Others would take care of the HIV relatives because they do not want them to die early. Some respondents would take care of their relatives by giving them traditional medicine. Still others would take care of their HIV relatives to show them love and care. A few respondents are also willing to financially support their HIV positive relatives.

On the other hand, those who are not willing to support their relatives fear the virus being transmitted to them or to other people, while others think HIV positive relatives should be left to die alone. A few others are not willing to take care of their HIV infected relatives but would advise them to get medication and avoid stress or just give them healthy food.

#### **6. Making public the status of HIV positive relatives**

Majority of the people living in Westgate community of Samburu would not want the status of a relative who gets infected with HIV to remain a secret. 78 percent of the 96 respondents who answered this question indicated that if a family member got infected with HIV, they would not want it to remain a secret. Main reasons for not wanting to keep it a secret is so that other people can know and avoid the HIV person as well as to prevent transmission and spread of the virus to many other people in the community.

However, a few others would keep the status of their HIV positive relative a secret. 14 percent of the 96 respondents who answered the question would keep it a secret. Reasons for doing so included avoiding the HIV positive person being considered an outcast by the rest of the community and risk being chased away, so that people do not know them and become afraid of or neglect them and also to avoid the people becoming stressed and eventually dying or even committing suicide.

## **Conclusions and Recommendations**

Although majority (99 percent) of the respondents interviewed had heard of HIV from different sources mentioned in the report and had some knowledge about it, in-depth knowledge on HIV especially its transmission was however low. In as much as majority of the people in the community know the HIV transmission modes, the findings point to lack of in-depth and comprehensive knowledge about HIV transmission and continued existence of some misconceptions on HIV and AIDS. Some people in the community believe HIV can be transmitted through kissing or shaking of hands or through mosquito bites. There is also still a misconception especially among the uneducated who deeply believe that HIV just like any other malady can be healed by traditional herbs.

Key informative messages on HIV and its transmission modes need to be designed and tailored more so for the uneducated to improve their knowledge.

Majority of the people in the community still engage in behaviors that predispose them to HIV infection. In the Samburu community polygamy is rampant and partners may have other partners with whom they can engage in unprotected sex since condom use is still low due to the misconception over years that using condoms could actually give one HIV.

There is need to educate the community on the importance of only having one sexual partner and the consistent use of condoms to prevent contracting or transmitting HIV as well as other Sexually Transmitted Diseases (STIs).

Stigmatization attitudes towards people with HIV still exist in the community. According to 66 percent of the respondents interviewed, a teacher infected with HIV should not be allowed in school for fear that he/she might transmit the virus to the children. Interestingly, 80 percent of the respondents interviewed are willing to care of their HIV positive relatives. However, 78 percent of the respondents would not keep the status of their HIV positive relatives a secret “so that other people can know and avoid the HIV person as well as to prevent transmission and spread of the virus to many other people in the community”. Majority of the respondents by saying the above are displaying a stigmatizing attitude as people in the community will stigmatize the HIV positive person by avoiding them or talking badly about them once their HIV status is made public.

Efforts to encourage acceptance of persons with HIV and AIDS should continue, especially in terms of embracing an attitude of openness and disclosure about a relative’s HIV status.

Other programs used by SAFE on HIV education and awareness creation such as the program to normalize condom use in the community in Loita can also be replicated in the Westgate community. The community can also be sensitized to start having discussions among the community members on HIV/AIDS.