



MINISTRY OF HEALTH

THE NATIONAL AIDS AND STDS CONTROL PROGRAMME OF KENYA (NAS COP)

2.10 GENDER CHALLENGES

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Women and AIDS

The fact that HIV affects everybody irrespective of sex makes heterosexual transmission an important factor when dealing with women, men and children and HIV because young girls become sexually active at an early age. This is one reason why prevalence rates peak earlier for women than men. Women are more susceptible to heterosexual transmission because of biological factors, illiteracy, ignorance, and lack of skills forcing them to be dependent on men for economic support. Social-cultural influences also play a part in this vulnerability. STD in women are not easily recognised and their presence facilitate HIV transmission. The cultural emphasis on reproduction, submissiveness and child marriages increase the risk of women contracting HIV infection. This situation is worsened by deteriorating economic conditions which make it difficult for women to access health and social services.

With regard to children, the high prevalence rates in men and women of reproductive age implies relatively high prevalence rates among new born infants. Infected infants experience relatively high mortality rates.

The economic demand created by societal needs also makes HIV prevalence in Kenya follow the pattern created by male labour migration. Spousal separation worsened by poverty, nature and conditions of work encourage high risk sexual behaviour among men and women. In addition the gender differences in access to economic opportunities reinforced by cultural practices promote the transmission of HIV/AIDS by creating a situation of high level of dependence of women on men, thus endangering their lives through involvement in unprotected sex.

The predominantly patriarchal Kenyan communities prescribe a high status for men which at times involves risk taking. This, in addition to the male sexual prowess, ego and need to glorify virility, exerts pressure on men forcing them to demonstrate these virtues through sexual experimentation, conquests and multiplicity of sexual relationships. Men and women are also predisposed to HIV infection through excessive intake of alcohol and substance abuse which at times lead to high risk practices. The low status of women in society reduces their capacity for decision making in matters related to sexuality, fertility and their lives in general. The majority of women therefore lack bargaining power and are unable to negotiate desirable and safe relationships. High level of illiteracy, inaccessibility to accurate and reliable information on AIDS prevention, and lack of capacity to use protective measures against HIV are some of the factors that increase women's vulnerability to HIV infection.

The status of the African woman within the society is contingent on child bearing with preference for male off-springs. This affects decisions on family size, fertility and sexuality. Some women will continue bearing children, with the knowledge of HIV positivity. Cultural, biological and personal considerations influence early sexual activity on young girls. They are therefore predisposed to HIV infection through trauma to their immature reproductive systems, thus facilitating entry of HIV. Socialisation of girls in many communities dictates submissiveness thus creating a situation where girls cannot negotiate or reject sexual advances. The low status of women in society brings about a situation where women have no confidence and have low self-esteem. Efforts will be made to empower women to recognize their vulnerability to HIV infection. The empowerment will involve provision of information on HIV, AIDS and STD and access to credit facilities to boost their economic situation. Emphasis will be made on enhancing self-esteem among young girls, decision making at all levels and assertiveness to enable them to handle threatening situations.

Men - AIDS

Men's vulnerability is influenced by factors such as male "ego" which drives men into risk taking in sexual behaviour. Alcohol and substance abuse, labour migration, and social-cultural practices like plural marriages are some of the factors which influence men into high risk practices. Groups such as beach boys, watchmen, soldiers, prisoners and truck drivers may usually establish casual relationships because circumstances separate them from their regular sexual partners for long periods. This makes them more vulnerable to HIV where couples adopt individualistic attitudes. HIV infection may occur because a spouse fails to disclose his/her continued HIV status. Unprotected sex will no doubt put the infected partner at risk of infection.

Efforts will be made to address societal practices that put women, men and children at risk of contracting HIV. Recreation facilities as alternative entertainment will be set up to reduce idleness and exposure to antisocial behaviours both in urban and rural areas. Society will be encouraged to socialize their young ones more positively taking into account the prevalence of HIV/AIDS and the societal customs, values and beliefs. This will enhance confidence and self-esteem among girls and women and direct the male energy in a more positive direction thus reducing the risks of HIV infection.

2.11 Children and AIDS

The HIV epidemic has its greatest impact on children because morbidity and mortality is high among them and through the death of their infected parents they become orphans. Children born of HIV positive mothers have little choice when it comes to HIV infection. With current trends in HIV/AIDS prevalence, many children will be orphaned because AIDS has high mortality rates on parents. Children are also affected by decisions of parents who continue child bearing and

breast feeding even when they are aware of their HIV positivity. Women with HIV will be advised to avoid breast-feeding their children and use alternative feeds. Children will require to be protected from situations which predispose them to HIV infection and those infected and affected will be assisted to continue coping throughout life. The current immunisation policy will continue to be relevant to children who are HIV positive. A symptomatic HIV seropositive children will continue to be immunised according to the Kenya Expanded Programme on Immunization schedules. However, all children with symptomatic HIV disease will not be immunized with BCG and oral polio vaccines. Children infected with HIV are prone to frequent and serious infections and frequently need medical care. To fully address the needs of these children, mobilization of all available resources will be done. AIDS orphans, unlike other orphans, suffer from stigma and rejection, and this may lead them to deviant and antisocial behaviour. Other children at risk of HIV infection include street children, those in remedial/correctional institutions, those who have been sexually abused and children growing up in slum areas.

The Government will ensure that children are protected because they are not able to articulate their own needs. Special emphasis will be given to issues of HIV testing, confidentiality and research involving children in such areas as drug and vaccine trials.

Ideally AIDS orphans will be cared for within the framework of the extended family. However, where this is not possible, institutional care will be necessary. Guidelines will be provided to those institutions to ensure that they create an environment where these children can grow up into responsible citizens. Any exploitation, discrimination and violation of the children's human rights will be addressed accordingly. Advocacy on issues that affect children will form part of the interventions to ensure that orphans and other children are not exploited by adults.

2.12 Youth and AIDS

The youth are exposed to HIV/AIDS due to biological, social-cultural and economic factors. The high rates of teenage pregnancies, abortions, school dropouts and sexually transmitted diseases confirm that the youth are engaging in early sexual activities and are increasingly predisposed to HIV/AIDS. Data from the National AIDS Control Programme show that peak ages of AIDS occur at 20-25 years for female and 25-35 years for males. This is of great concern given the fact that 60% of the total Kenyan population is under 20 years of age. Youth issues as they relate to HIV/AIDS will be looked into from various perspectives in society. These will include biological/development and functional issues as they influence sexual behaviour. At the social-cultural level, issues of peer pressure, beliefs, norms, values and attitudes that determine behaviour are critical.

Youth vulnerability is increased by such factors as early exposure to sexual experiences through cultural and economic factors, media and erosion of traditional values which were used as sanctions for regulating expression of sexuality. The problem is made worse by the fact that parents, leaders and teachers have difficulties discussing matters related to sexuality with young people. This has created a vacuum of knowledge. The issue of society's capacity to deal with youth education will be addressed in order to equip youth with adequate knowledge, skills and appropriate attitudes to handle HIV/AIDS effectively.

The diverse cultures in Kenya however pose great challenges in designing uniform education programmes and approach in matters related to sexuality among young people. This is complicated by rapid social-cultural transformations, urbanization, industrialization and exposure to foreign culture. Youth sexuality is determined by knowledge about what is going on. This in turn is influenced by beliefs, attitudes, norms, values, level of self esteem and the background of each individual. The knowledge, behaviour and attitude of youth towards sex is further determined by peer pressure and other environmental influences.

AIDS education for youth will be implemented targeting specific age groups. The goal of AIDS education will be to facilitate and sustain responsible behaviour for continued HIV prevention. The AIDS education programme will be based on culturally acceptable moral values and will be integrated into ongoing school programmes.

AIDS education will focus on assertiveness and skills needed in discussing AIDS prevention with potential sex partners. Building the self-esteem of young people and girls in particular will be emphasized.

STRATEGIES AND INTERVENTIONS

In drawing preventive strategies and interventions it is important to note that presently there is no cure or vaccine for AIDS. Preventive strategies and interventions are therefore directed towards the modes of transmission as they relate to target populations. Attention is focussed on the underlying factors which make individuals and communities vulnerable to HIV and the consequences of AIDS. Therefore strategies and interventions aim at preventing and protecting people not yet infected with HIV by empowering them to avoid risky behaviour. Preventive strategies will also address those already infected to ensure they do not infect others. This will be done through creating awareness as well as advocacy on the use of barrier methods during sexual contact. Care and support for the infected and affected facilitates their integration into society thus reducing discrimination, stigmatization and isolation. Strategies focusing on blood borne infections will ensure that infection through this mode is curtailed. Interventions dealing with the consequences of the impact of HIV/AIDS disease will focus on documented effects. Mother to child transmission will be

addressed as a special mode of transmission because preventing HIV in women will prevent infection in children. The lying factors behind heterosexual transmission relate to behaviour and traditional practices. The origin of these may be deeply rooted in culture. Community specific interventions coupled with advocacy on social-cultural issues will be emphasized to assist society to rid itself of risky practices which are interwoven in culture. The AIDS epidemic has great impact on the individual, family and the community. Strategies aimed at dealing with effects of AIDS upon the individual, family, community and the society are also addressed.

3.1 Prevent Sexual Transmission

Since the first case of AIDS was identified in Kenya in 1984, concerted efforts have been made to create awareness about AIDS, and a high level of awareness has been achieved. However, despite this high level of awareness, risky sexual behaviour is still rampant. It is therefore important that emphasis be on behaviour change in addition to use of effective barrier methods. Interventions include:

- Prevention and treatment of sexually transmitted infections.
- Targeting information, education and communication with particular emphasis on women, men, youth and high risk groups.
- Advocacy/lobbying for changes or modification of social-cultural practices which facilitate the transmission and spread of HIV/AIDS.
- Training of change agents.
- Promotion and use of condom/barrier methods.
- Support to communities to prevent the spread of AIDS and STDs.
- Establishment of youth and women friendly services.
- Research including clinical trials of drugs and vaccines.

3.2 Prevent mother to child transmission

The main factor influencing transmission of HIV from mother to child is the infection in the mother. Interventions in this regard include:

- Prevention of HIV transmission in women.
- Integration of reproductive health into ongoing programmes and provision of services to include: counselling, education and advocacy for social-cultural practices and other factors which influence infection of women with HIV. Advise pregnant women with HIV infection to avoid breast-feeding of children and make HIV treatment programmes available and accessible.
- Provision of protective materials for mothers and traditional birth attendants to include gloves, disinfectants and gowns.
- Research on factors influencing HIV transmission in children and incorporation of new technological advances proven to reduce mother to child transmission into HIV prevention programmes.

3.3 Prevent blood borne infection

Blood transfusion though not the most common mode of transmission is an efficient method of transmitting HIV. In order to improve Blood Transfusion Services, the following interventions will be pursued:

- Donor recruitment, education, counselling and research.
- Reorganization of blood donor services.
- Provision and maintenance of blood screening facilities including protective materials.
- Training of health workers.
- Establishment of quality control mechanisms in all laboratories.

3.4 Prevent transmission through invasive procedures

Most communities use invasive procedures in their traditional practices such as tooth extraction, circumcision, skin piercing, scarification and blood letting operations. Interventions applied to minimize transmission through these practices include:

- Standard sterilization and disinfection procedures in health care settings, at home, and among traditional medical personnel.
- Application of universal precautions on all types of body fluids.
- Establish infection control procedures in health care settings and the informal traditional medical sector.
- Education and training for health care providers especially traditional practitioners to enhance sterile practices.
- Provision of adequate supplies, materials and equipment to all health facilities.

3.5 Reduce impact of AIDS on society

The AIDS epidemic impacts heavily on individuals, families and society. Intervention to mitigate the impact of HIV/AIDS will be focused at national, district and community levels.

National level

- Strengthening the national capacity to respond to AIDS epidemic and its consequences by:
 - Enhancing the co-ordination of AIDS multi-sectoral prevention and control programmes.
- National level advocacy and networking.
- Mobilisation of resources from all potential sources.
- Research, training, treatment of HIV and opportunistic infections.
- Monitoring the trends of AIDS epidemic.

District level

- At district level strategies will be directed to the communities to stimulate them for action. Strategies in this regard will include:
 - Mobilisation of society will to recognise their strengths and weaknesses in handling AIDS related concerns.
 - Stimulate communities to identify and to participate in community based programmes.
 - Encourage establishment of community based programmes.

- Support of community based organizations including support groups.
- Peer education and counselling.
- Community home based care.
- Advocacy and networking.

Community level

- Interventions at this level will focus on the general public who comprise the majority and will include:
 - Mobilisation of community resources.
 - Integration of AIDS into ongoing programmes such as family planning, women/youth group activities, Bamako initiatives, etc.
 - Community awareness and counselling.
 - Care and support for people infected and affected.

POLICY ON AIDS

These Policy statements are made on the understanding that the Government's commitment will go beyond the development of this Sessional Paper on AIDS. The Government will continue to play its leadership role and will create an environment where AIDS related strategies will be translated into meaningful action to reduce the magnitude of the epidemic, to prevent further spread and to address the impact of AIDS on society. Previous programmes were hampered by lack of clear policy on controversial issues resulting in confusion and unnecessary conflicts among groups with special interests over those targeted for intervention. This Chapter describes the policy stand on critical issues.

4.1 AIDS Situation

Because of the magnitude of the AIDS epidemic and its impact on society, the Government will continue to play its leadership role and will create an environment where AIDS related strategies shall be translated into action through:

- Continued monitoring of the prevalence and trends of the epidemic.
- Strengthening surveillance systems.
- Drawing strategic plans to address critical areas in AIDS related activities.
- Mandating relevant institutions to collect data on AIDS and factors that influence its spread.
- Ensuring that research findings are accessible to the users at all levels.

4.2 Economic Impact

The economic impact of AIDS calls for mobilisation of resources from various sources which include individuals, communities, the exchequer and donor agencies. The Government will therefore:

- Consider development of new strategies for resource mobilisation for AIDS/STDs prevention and care activities.
- Within the framework of Universal Primary Education, offer free educational and social support to orphans.
- Encourage the private sector to invest in local manufacture of commodities such as gloves, condoms, reagents and drugs.
- Ensure proper co-ordination of research on AIDS/STD.
- Integrate funding of AIDS related activities into the Government budgetary cycle on a multisectoral basis.
- Reform the National Hospital Insurance Fund (NHIF) to accommodate the increasing health burden on the contributors.

4.3 Social-cultural issues

The social-cultural practices have a major role to play in HIV transmission, its containment and in the support of the infected and the affected. The Government will:

- Advocate for a National Social Policy which addresses social-cultural factors that influence transmission of HIV or its containment.
- Harmonise the role of socialization agents in order to prevent HIV/AIDS throughout life.
- Facilitate research on social and cultural issues that contribute to the vulnerability of women, men, youth and children and the coping strategies used at community level.
- Collaborate with other agencies to extend and intensify counselling services at community level to address family problems, enhance behaviour change and provide psychological support for people infected and affected communities.

4.4 Legal and ethical issues

There are valid and contentious statutes that relate to HIV/AIDS activities and the rights of individuals in society. Noting all these, the Government will:

- Ensure voluntary testing for individuals.
- Enhance enforcement of ethical codes as they pertain to confidentiality in relation to AIDS.
- Ensure legal provisions regulating circumstances in which partner notification for those at risk of HIV infection may be made without the consent of the infected person in the interest of public health.
- Develop codes for counselling that have the force of law, taking into account the requirements for voluntary testing and confidentiality as they relate to home/community based care of HIV infected persons and people living with AIDS.
- Institute legislation to deal with isolation and discrimination of HIV infected persons and people living with AIDS.
- Regulate the conduct of Biomedical research involving human subjects and provide penalties for those engaging in unethical research.
- Ensure drug trials are regulated by clear legal provisions and sanctions provided against those peddling cutting up for sale and advertising substances which have no proven curative value against HIV.
- Ensure that Insurers do not decline compensation to those insured who

- were not infected prior to the issuance of insurance policies.
- Ensure provisions for the protection of children orphaned by AIDS and people infected with HIV.
- Uphold criminal sanctions against those who deliberately infect others.

4.5 Women and Men

Women have a significant role in society. However, this role is jeopardised by their vulnerability to HIV as they perform these roles. Their vulnerability is influenced by factors internal and external to them including the social-cultural environment. The Government will work with community agencies to persuade society to modify these practices and to empower women and society generally. The government will therefore:

- Provide basic education on human sexuality and specific information about HIV and sexually transmitted infections and their prevention to men, women and society in general or sexually active members.
- Endeavour to develop recreational centres as alternative entertainment for both men, women and youth thus reducing their predisposition to antisocial behaviour which puts them at risk of contracting HIV/AIDS.
- Harmonise age of consent, marriage and maturity to 18 years.
- Encourage voluntary HIV testing to all women and men of reproductive age in order to enhance their capacity for decision making regarding their fertility and sexuality.
- Support advocacy for issues pertaining to sexual abuse, harassment of women.
- "Productive rights and reproductive health."
- Encourage employers to provide adequate housing for employees consider family cohesion in their deployment programmes.
- Empower Women on matters pertaining to access to economic information and enhance social-cultural recognition.

4.6 Children

The number of children infected and affected by HIV/AIDS continue, to a capacity to cope is rise yet the institutional and the extended of may in frustrated by the socioeconomic situations and the demands by the large numbers of people needing care and support. The Government will:

- Provide guidelines on HIV and breast feeding for mothers.
- Offer free medical treatment and education to orphans of children infected with HIV.
- Provide adequate diagnostic facilities in order to detect HIV/AIDS in children early.
- Advocate for care for HIV positive children and social support for orphans in institutions and in the community.
- Integrate AIDS into reproductive health programme

4.7 Refugees

The influx of refugees from the different countries in the region impact negatively on the country. The need to collaborate with other agencies is critical. The Government will collaborate with UNHCR to mount Preventive education programmes and Provide health and social support to those infected with HIV.

4.8 Strategies and Interventions

The Strategic Plans are based on the dynamics of the major modes HIV transmission, the trends in the Prevalence of HIV/AIDS and the factors which influence the spread. The government will:

- Strengthen information education and communication strategy.
- Strengthen the infrastructure for management of sexually transmitted infections and treatment of opportunistic infections including provision and promotion of preventive barrier methods.
- Enhance effective implementation of health delivery services.
- Provide safe blood through reorganization and effective management of blood transfusion services.
- Enhance collaboration with the traditional health systems through, organization and provision of regulatory framework to enhance the capacity to provide health care.
- Strengthen the community based health care system through involvement of individuals, families and communities and support groups.
- Encourage private funds and other private companies to increase their participation in HIV/AIDS activities.
- Manage and co-ordinate AIDS related programmes for efficiency and effectiveness using a multisectoral approach.

4.9 Health Care

Because of the severity of the AIDS disease and its magnitude, the government will:

- Continue to pursue the Global Strategy of Health for All by the year 2000 and beyond.
- Strengthen institutional capacity to handle AIDS related matters to include palliative care management of opportunistic infections, and treatment of HIV infection.
- Provide facilities for management, treatment and prevention of sexually transmitted infections including follow up.
- Support such initiatives as Community Home Based Care, counselling, care of the terminally ill and social support.
- Ensure care providers safety in the health care setting and at home.
- Support for the care providers in the institutions and at home.
- Continue pursuing health sector reforms in the areas of policy, financing and procurement of commodities to ensure accessibility, availability and affordability of health services.

4.10 Youth

Young people comprise the majority of AIDS cases as reported from various hospitals. The youth become infected through environmental, social, cultural, psychological

and biological factors. To protect young people against HIV/STD infections, the Government will:

- Provide direction in designing culturally, morally and scientifically acceptable AIDS education programmes for youth in and out of school.
- Advocate for Protection of youth against antisocial behaviours such as Pre-marital sex, drug abuse, teenage pregnancy and school drop out.
- Strengthen the capacity of teachers, parents, leaders and Communities in general to enable them, to lead and educate young People about HIV/AIDS and Provide role models for the youth.
- Enforce the liquor licensing act in order to stamp out the current practice where bars, lodges and other social amenities are located in residential areas thus giving young people negative experiences.
- Address the issues of poverty, unemployment and productivity in line with Social Dimensions of Development and the initiative for Youth Action.

4.11 Institutional Framework

Recognising the need for a Multi-sectoral approach to AIDS prevention and control and the importance of effective mobilization and the coordination of activities and resources from the various agencies, the Government will establish National AIDS Council.

CHAPTER 5
ESTABLISHMENT OF NATIONAL AIDS COUNCIL

The need for a multi-sectoral strategy was foreseen at the inception of the National AIDS Control Programme in 1987. However, appropriate framework for full realisation of this strategy has been lacking. NASCOP as a department in the Ministry of Health is not able to marshal other sectors involved in AIDS prevention and control. Lengthy and complicated bureaucratic procedures at the Ministry of Health headquarters inhibit the smooth flow of funds for initiatives at the provincial and district levels. Effective district inter-sectoral AIDS committees are few and where they exist lack capacity to implement an effective HIV prevention programme. NASCOP cannot receive donor funds directly and has to rely on the slow disbursement of funds through the Ministry of Health. Most donors have expressed preference to direct disbursement of funds to NASCOP if the programme is to respond quickly to the epidemic. The establishment of National AIDS Council will enable the Government to overcome most of these constraints.

Rationale
National AIDS Council will expedite HIV prevention and control activities through formulation of appropriate policies, establishment of appropriate institutional framework for a multi-sectoral AIDS control programme, strengthening of institutional capacity at all levels, leadership in resource mobilisation for AIDS control including care of people affected and coordination of all actors which include Government departments, Non-Governmental Organisations, Community Based Organisations, Religious Organisations, private sector, and donors among others.

5.1 National AIDS Council Secretariat
National AIDS Council (NAC) will operate within a reasonable degree of autonomy. It will receive and account for funds from the Government, private sector, and international donor agencies. NAC will operate a Special account where such funds shall be deposited. NAC will be headed by a Chairman with relevant qualifications and experience appointed by the President of the Republic of Kenya. The Council will be served by a fifth term Secretariat headed by a Director assisted by two Deputy Directors.

The Director shall be a medical doctor with postgraduate training in public health, community health or social sciences. The Secretariat will recruit specialists in Information, Public Relations, Public Health, Epidemiology, Programme development, Policy, Sociology, Procurement, Law, Economics, Finance and Administration. The day to day activities of NAC will be carried out by the Secretariat which will provide administrative support, and liaison with other agencies and organisations. Government Ministries, Parastatals, NGOs, and the private sector, will create focal points and line budgets for AIDS control within their organisations. These focal points will work in partnership with the Secretariat and network among themselves. NAC will be based in the Ministry of Health. The Director and officers of the Secretariat will be employees of the NAC. The Council will have technical advisory committees.

5.2 Terms of reference for National AIDS Council

- NAC will operate at national, provincial, district and community levels. In particular it will:
 - Develop and articulate policies relevant to prevention and control of AIDS.
 - Mobilise resources for AIDS control and provide funding to implementing agencies.
 - Co-ordinate and supervise implementation of AIDS programmes in the country through a multi-sectoral, multi-disciplinary approach.
 - Mobilise Government ministries and institutions, NGOs, research bodies, and universities to participate in AIDS control.
 - Develop strategies to deal with various aspects of the AIDS epidemic.
 - Develop management information systems for AIDS control.
 - Identify training needs and devise appropriate manpower development strategies.
 - Collaborate with local and international agencies that work in AIDS control.
 - Develop appropriate mechanisms for monitoring and evaluation of AIDS and STD programmes; and
 - Take leadership role in advocacy and public relations for AIDS control.

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