

Fall 2009

Kibera Community Unconscious of the Silent Disease: STI

Sindhya Rajeev
SIT Study Abroad

Follow this and additional works at: https://digitalcollections.sit.edu/isp_collection



Part of the [Community Health and Preventive Medicine Commons](#)

Recommended Citation

Rajeev, Sindhya, "Kibera Community Unconscious of the Silent Disease: STI" (2009). *Independent Study Project (ISP) Collection*. 742.
https://digitalcollections.sit.edu/isp_collection/742

This Unpublished Paper is brought to you for free and open access by the SIT Study Abroad at SIT Digital Collections. It has been accepted for inclusion in Independent Study Project (ISP) Collection by an authorized administrator of SIT Digital Collections. For more information, please contact digitalcollections@sit.edu.

SILENT DISEASE: STI

Kibera Community Unconscious of the Silent Disease: STI

Sindhya Rajeev

World Learning: School for International Training

Kenya: Development, Health and Society – Fall 2009

Academic Directors: Jamal Omar and Odoch Pido

Advisor: Donna Pido

Acknowledgements

I would like to thank Carolina for Kibera for taking me in as a part of the Carolina Family. Thank you to George, the Executive Director, for introducing me to Kibera and to Ben, the Sexual and Reproductive Health Program Director, for listening to and understanding my goals and objectives. To all the Staff at CFK, your smiling faces every morning, made it a joy to come to the office. A special thanks to the Volunteer Counseling and Testing Counselors, Purity and Catherine, for helping me decide to study Sexually Transmitted Infections. Also, none of this would have been possible without the support of all the Peer Youth Educators, especially, Amos, Charles, Eric, Euphemia, Flavia, and Richard; I want to thank each and every one of you for the countless hours you put into surveying, through the blistering sun and torrential downpour.

I would also like to thank the Academic Directors, Jamal for encouraging me from our first AD meeting on the second day I was in Kenya, and Odoch for the support and reassurance during those difficult days when my laptop failed me.

Thank you Mama Mary and Milton for making life in Nairobi possible, from helping us dress right for the MAMAs to scoping out apartments with us.

Thank you Donna, my Advisor, for making me realize that when it comes to this study, I do not have to be a Public Health worker, I can be a Medical Anthropologist.

Thank you to George and Liz from SHOFKO, for the warm welcome and insight into life in Kibera.

Becca and Gilia, thank you for being supportive throughout the ISP period and our entire time in Kenya. I would not have made it through the writing process, if it were not for your computers, Bollywood movies, and midnight munchies. I would also have gone to bed a hungry and very unhappy person if it were not for the both of you.

Table of Contents

Acknowledgements.....	03
Abstract.....	04
Introduction.....	05
Setting.....	10
Discussion.....	15
Conclusion.....	26
Recommendations.....	29
Appendix A: Glossary of Terms	31
Appendix B: Map of Kibera.....	32
Appendix C: Survey.....	33
Appendix D: Data.....	38
Appendix E: Abbreviations.....	50
Appendix F: Pamphlet.....	51
References.....	52

Abstract

The objective of this study was to conduct a Sexually Transmitted Infections (STI) Awareness Survey that explores knowledge about STIs and attitude towards them, and thereafter, institute and implement an educational intervention in the Kibera slum, of Nairobi. The survey included 120 participants from the 12 villages of Kibera. It revealed that, of those interviewed, 34% are unable to name an STI other than HIV/AIDS and 99% are unaware of any of the syndromes associated with STIs. This demonstrated a clear need for STI Awareness and education, and thus an informative brochure on STIs was created, to be distributed during Outreach Programs and at the Tabitha Clinic in Kibera.

Introduction

In 1998 urban areas of Kenya saw a higher percentage of Sexually Transmitted Infections [STI] Patients living with the Human Immunodeficiency Virus [HIV], than the percentage of Sex Workers living with HIV. Records indicate that 25.32% of Sex Workers had HIV, compared to 29% of STI Patients who were living with HIV (UNAIDS/WHO 2004). That is to say, in urban areas of Kenya, those people with STIs comprise a group that is more high-risk for HIV than the urban sex-workers.

The Kenya Aids Indicator Survey of 2007 found that 35% of Kenyans are infected with Herpes Simplex Virus-2 [HSV-2] and that HIV prevalence among STI Patients is almost double that among Antenatal Clinic Patients (NASCO 2008). Realizing the crisis at hand, the Government of Kenya established the National AIDS/STD Control Programme in 1992, and declared AIDS a national disaster in 1999 (NASCO 2008).

Sexually Transmitted Infections are infections that are passed from one person to another through sexual contact. There are over 30 different sexually transmissible bacteria, viruses and parasites (WHO 2009). These pathogens manifest themselves in numerous ways, causing Sexually Transmitted Diseases [STD]. For example, a person just infected by HIV has an STI, but not an STD because the virus has not effected symptoms. When the virus introduces AIDS, then the person has an STD. Thus, an individual can have an STI, like HIV, for several years before he/she has an STD. Other common conditions STIs cause are gonorrhoea, chlamydia infection, syphilis, trichomoniasis, chancroid, genital herpes, genital warts, HIV infection and hepatitis B infection. STIs, in effect, refer to all STDs and also those infections that have not yet manifested into the disease form, but can still spread from person to person.

STIs have been around for hundreds of years, from the times of Old World and New World encounters, when many diseases were exchanged, to today, when travel and

interaction have spread STIs that are native to one area, to all corners of the world. For a long time STIs were incurable, only the symptoms could be treated. Then, with the advent of antibiotics, many STIs became curable. Nevertheless, the appearance of STIs that no antibiotics could cure marked the dawn of the 1980s. HIV/AIDS and Genital Herpes remain incurable to this day and those with either infection can only hope for palliative care.

In Kenya, syphilis and gonorrhoea are widespread among certain ethnic groups such as the Maasai, and HSV-2, as mentioned, infects 35% of the population. “Nomadic tribes are heavily infected, as are urban prostitutes, street youth living rough, and the residents of the most degraded squatter slums in Nairobi” (Brockman). The KAIS 2007 inquired about HIV/AIDS, HSV-2 and Syphilis, whose prevalence rates were 7.1%, 35% and 1.8%, respectively. There is no doubt that the most well-known STI in Kenya is HIV/AIDS. Kenya had 150,000 adults and children who died from AIDS in 2003, ranking it 4th in the world (CIA 2009) when it comes to deaths because of AIDS.

Although the aforementioned STIs are classified as so because they are primarily transmitted from person to person through sexual contact, many STIs are transmittable during childbirth and breast-feeding, and others through the use of contaminated sharp objects, such as needles and razors.

In Kenya, the major route of transmission of HIV and other STIs is through sexual intercourse between male and female. It is advisable to attack both HIV/AIDS and other STIs simultaneously because interventions and precautions are the same for both, and so is the target audience. Additionally, having an STI makes the victim, biologically, more likely to spread and contract HIV. Having an STI increases susceptibility to HIV infection by two means. For one, genital sores break the protective barrier of the skin and create an entry portal for the virus. Also, inflammation associated with STIs increases the concentration of cells in genital discharge that are targets for HIV (CDC 1998). For example, trichomoniasis

causes genital inflammation in women, who are then more susceptible to HIV infection when exposed to the virus. Also, having trichomoniasis increases the chance that a HIV-infected woman passes the virus to her partner(s).

Generally, those individuals infected with STIs are two to five times more likely to acquire HIV infection when exposed to the virus (Wasserheit 1999). Detecting and treating individuals infected with STIs can decrease the rate of HIV transfer and affliction by alleviating genital warts, sores, and blisters. Furthermore, when a health provider identifies STI patients, it can be an entry point into the HIV sensitization process and his/her introduction to HIV prevention programs. The health provider can inform patients about HIV and dissuade them from high-risk sexual behaviors. Thus, controlling the spread of STIs, besides being important in and of itself, is also pivotal to the success of HIV/AIDS Prevention endeavors.

Before public health workers coined the term STIs, they were called Venereal Diseases or Social Diseases. These euphemisms characterize public perception of STIs as being offensive and a private matter. In the 1940s, the U.S. government went so far as to liken young men's responsibility to remain uninfected with their patriotism because the government needed these young men to be strong soldiers. While society looks at those infected with non-sexually transmitted diseases with empathy and sees them as victims, they look at those patients with STIs with disdain and hold them accountable for their fate. The community's biased attitude, of reservation and contempt, towards STIs has made it difficult for health workers to have open discussions with community members and identify those at risk.

Health workers in the field of Sexually Transmitted Infections are met with obstacles on all fronts, from Sensitization up to Diagnosis and Treatment. When public health workers

attempt to bring information to the community, people often do not want to talk to the health workers, nor hear what they have to say. Some members of the community believe that STIs do not concern them because they do not partake in risky sexual behavior themselves. Meanwhile, others hesitate to admit its relevance, because they are embarrassed and/or fear being discriminated against. Yet others, because of the subtle nature of STIs, do not witness, first-hand, many people suffering from them. This lack of suffering, in public, underplays the severity of the disease, especially compared to TB and Malaria, which present with whooping cough and joint pains. When it comes to diagnosing STIs, many people are unaware that they are infected because either they do not know what the syndromes are, or because some infections do not always cause physical symptoms of disease. Others shy away from being tested because if he/she is seen in a testing center, community members automatically assume that he/she engages in high-risk sexual behavior, which is culturally unacceptable, and that he/she is infected. Then there are others, who simply cannot and do not want to spend time waiting at the clinic to be tested. Finally, when it comes to treatment, many do not perceive the illness as an immediate threat because STIs do not debilitate them and so they decide that their money is better spent on other necessities. However, untreated STIs can have severe implications down the road, at which time, the stronger drugs needed may be unaffordable. The others, who do realize the importance of the drug and can afford it, still refrain from taking it because they do not want anyone to know that they have an STI. There are also STIs that cannot be cured and for those, all health workers can do is advocate a safe and healthy lifestyle, which is considerably more difficult than taking a pill, 3 times a day, for a week.

In addition to the difficulties that all public health workers fighting STIs face, those battling STIs other than HIV/AIDS face additional hurdles. When the Kenyan Government declared HIV/AIDS a national emergency, it elevated the importance of fighting the disease for Kenyan citizens and especially Kenyan Health workers. This push to fight HIV/AIDS

came from the international level, where multi-national organizations like the United Nations [UN] and World Health Organization had already been tenaciously fighting the disease for a decade. In 2000, the UN established the Millennium Development Goals, under which Goal Number 6 is dedicated to halting and reversing the spread of HIV/AIDS and achieving universal access to AIDS treatment for all those who need it by 2015 (UN 2008). This urgency and emphasis influenced Kenya to create NASCOP and has even trickled down to the local NGO level, like at Carolina for Kibera [CFK], where the Sexual and Reproductive Health program focuses on HIV/AIDS. It is not that fighting HIV/AIDS is worthless, or not as important as portrayed; it is that other STIs are important as well. In fact, combating the other STIs can help discourage high-risk behavior and curb the spread of HIV/AIDS. Unfortunately, HIV/AIDS overshadows the other STIs and often this means that they are ignored.

Keeping this in mind, I wanted to study the extent of STI Awareness in the Kibera Community, which I did by conducting a survey that incorporated all 12 villages of Kibera. Then, I used the data from the survey to determine, when it comes to STIs, what the community is aware of and what they are unaware of. This knowledge clarified what information about STIs the community needs, while other questions in the survey helped identify means of conveying this necessary information. My initial objective was to create a survey that elucidated what the Kibera community knows and does not know about STIs. My main goal was to then use data from the study to develop an outreach system that would convey the desired information on STIs to the community. I sought to accomplish this by creating an educational pamphlet, which is to be distributed during Outreach Events and at the Tabitha Clinic.

Setting

Nairobi is the capital of Kenya and it is a city of extremes. It is the East African hub, the centre of business and trading and it houses the regional headquarters to numerous international companies and organizations such as Coca Cola, and the United Nations Environment Programme. At the same time it also houses Kibera, the largest slum in Africa, which is comprised of "residential areas that are physically and socially deteriorated and in which satisfactory family life is impossible. Bad housing is a major index of slum conditions. By bad housing is meant dwellings that have inadequate light, air, toilet, and bathing facilities; that are in bad repair and improperly heated; that do not afford opportunity for family privacy; that are subject to fire hazard and that overcrowd the land, leaving no space for recreational use" (Dutt 2007). In Nairobi, 60% of the population calls this home, the Kibera slum.

In 1928, Kibera came under the administration of the Civil Authority of Nairobi, and post-colonialism the land became the property of the Kenyan government, but the government has taken no formal action to claim this land. Instead, the government affirms its ownership of Kibera through inaction. While the land belongs to the government, people have constructed 1-storey mud-walled houses. As far as renting goes in Kibera, Amélie Desgroppes, a surveyor for Institut Français de Recherche en Afrique, recorded the average rent in Kibera to be KSH900 for one room, and the range being from KSH300 to KSH2000. She noted that these rooms did not include bathrooms or toilets; the tenants would have to go to the private bathroom and toilet facilities, where a shower costs KSH5 and a trip to the toilet costs KSH3.

The government does not establish schools or roads in Kibera, nor does it provide running water or basic sanitation; the government does not acknowledge the existence of the residents of Kibera. This explains the lack of government presence in Kibera. Thus, private

donors and Non-Governmental Organizations [NGOs] provide necessary services like healthcare and sanitation. There are 3 clinics in Kibera with full-time doctors, like Carolina for Kibera's Tabitha Clinic, and organizations such as AMREF have built the toilets and bathing rooms that Kibera residents use at a fee.

I worked with Carolina for Kibera, an NGO based at University of North Carolina at Chapel Hill, in North Carolina. The NGO oversees various projects that include a sports association, a reproductive health and women's rights center, a community-based medical clinic, a Sexual and Reproductive Health-HIV/AIDS (SRH) program, and an Environmental Group that creates capacity for effective, community-run solid waste management (CFK 2009). I acted as an attachment for one month, from 5 November 2009 to 5 December 2009 and during this time I worked with SRH. A Program Officer, who works with 3 VCT Counselors, heads the SRH Program and oversees 53 Peer Youth Educators (PYEs).

While speaking with Catherine and Purity, CFK's VCT Counselors, they encouraged a study on STI Awareness and admitted that they themselves did not know much about STIs. If VCT Counselors, who work with HIV/AIDS, an STI, day in and day out, are not familiar with STIs, then one cannot expect the general public to be knowledgeable about it.

Health education is mandatory in many parts of the world, like in New York state high schools, where a student cannot graduate from 12th grade without having passed a health class. In this class, New York students study about sexual and reproductive health, STIs, nutrition, and drugs. In Kenya, health education was not a part of the public school curriculum until this past year. In fact, in Kenya, teaching Sexual and Reproductive Health is a controversial issue. Many parents feel that teaching it would make their children aware of their sexuality and thus promote sexual activity, and they are just too young to be doing so. Nonetheless, many schools do teach about SRH and at other times external groups, such as the PYEs of CFK, make school visits around Kibera, during which they teach students about

SRH. Unfortunately, many children in Kibera do not attend school. “According to a 2003 study by Oxfam, 37% of school-going age children were not even in the educational system and 70% of the children attending school only have limited access to informal schools and community centers” (CFK 2009). Julia Alubala, a Kibera School for Girls teacher, says that “these girls [Kibera School for Girls’ students] are privileged” because they get to go to nursery school.

CFK’s SRH Program also conducts Outreach Programs, such as Youth Forums and Participatory Education Theatre [PET]. During PET events, PYEs disseminate HIV/AIDS information through speeches and dramas, and they distribute educational pamphlets and condoms. The PYEs draw the community’s attention through music, dance, and other forms of entertainment, and while they have the community’s attention, they try to educate the community as well. This is not an easy task; it is common for someone to one minute enjoy the PYEs’ dance performance, but the next minute run away from the free condoms that they distribute.

The conditions that surround Kibera make it vulnerable to high rates of STI prevalence and transmission, but the very same conditions, such as private organizations providing healthcare, in the absence of governmental facilities, also presents one with the opportunity to institute change. One can circumvent the unnecessary bureaucracy that inhibits governments from rapid and efficient implementation of interventions.

Methodology

Reading the Kenya Aids Indicator Survey 2007 Report [KAIS] brought to my attention that STIs, generally, slip under the radar even though STIs infect millions of Kenyans and affect millions more. Realizing that genital herpes, among other STIs, is a “silent disease” that plagues the people, I decided that I wanted to address this predicament.

The first step in tackling the issue was to determine if the community knows anything about STIs and how much they already know. This was accomplished by conducting a Field Survey of the 12 villages of Kibera. The questionnaire was composed with the help of the sample surveys included in the KAIS 2007 Report, and it was comprised of 32 questions, both open-ended and closed-ended questions. Microsoft Publisher was used to generate the survey. A group of six PYEs were selected and split into two groups: Group A with two PYEs and Group B with four PYEs. On day one, PYE Group A, comprised of Eric and Flavia, and I surveyed the villages of Laini Saba, Kambi Muru, and Mashimoni. Meanwhile, Group B comprised of Amos, Charles, Euphemia, and Richard surveyed the villages of Raila, Soweto West, and Kianda. On day two, Group A surveyed Soweto East and Makina, while Group B surveyed Silanga and Gatwekera. Also, on day two, Group A and Group B, each surveyed one half of Kisumu Ndogo and Lindi.

In each village, 10 people were surveyed, thus in total 120 Kibera residents were surveyed. Each formal interview consisted of the one surveyor reading the question in either English or Kiswahili to the participant, a second surveyor noting down the response, and for Group B, a third surveyor recording the interview.

The written data was entered into Microsoft Excel to create a digital form of the data [Table 2. – Table 13.], and the audio recordings were edited and archived at Carolina for Kibera.

Finally, the educational brochure on STI's was created using Microsoft Word, and its content was determined by the survey responses. The final product is intended for distribution during SRH Program's Outreach Events and at the Tabitha Health Clinic.

Discussion

Youth and Unemployment

Of the 120 residents interviewed, 89 were youth between the age of 16 and 30. The other 31 were adults, above the age of 30. A significantly larger number of youth were interviewed and while one reason for this could be the ease in approaching them because the surveyors were youth as well, another reason was that there were numerous youth loitering around the neighborhood. This fact combined with the unemployment rate creates social and health problems. From question 3 of the survey, it is clear that many Kibera residents are unemployed, and many of these are youth who are not in school and are unemployed. As Ben Haggai, the Program Officer of CFK's SRH Program, expresses, "it is when students finish standard eight and have to wait before continuing their education, or before finding a job that they get involved in risky behavior." At this time, youth are exposed to drugs, unprotected sex, theft, and other perilous activities. With nothing else to do at hand, and pressure from their peers, they succumb to these vices. An idle mind is the devil's playground, and this is especially true when it comes to the youth and engaging in activities that puts them at higher risk for contracting STIs.

There is a lack of employment opportunities in Kibera. Approximately 80% of all youth in Kibera lack formal employment and the UN estimates that 35-45% of Kibera residents are unemployed or underemployed (CFK 2009). This study revealed that of those who consider themselves employed and listed their form of employment, 79% are in business. This often entails creating and establishing one's own business, like the women who sell vegetables in front of their houses or roast maize on street corners, while at other times it involves the men pulling loaded carts through Kibera. None of these jobs offer security of tenure, or a steady source of income. Thus, it is not surprising that after one of the

interviews in Soweto East, the participant asked us to if we could offer him a job, which we were unable to do.

While creating more jobs is the obvious solution this problem; this is a long-term objective and the people of Kibera need change now. Until the jobs come, activities to keep the unemployed engaged and involved in the community are necessary. They could serve as a potential pool of interviewees for subsequent studies, or potential volunteer Community Educators about STIs, like the CFK PYEs themselves. Granted, there are not adequate funds to pay them, so it would not be employment in its truest sense, but they have a choice: they can either sit at home and make no money, or make no money but go out and help the community. In fact, while working with the community the volunteers learn themselves, both during pre-orientation sessions and through the programs themselves. They become experts in the field that they are working at. In addition, working as a volunteer entails interacting with people from all walks of life and this offers numerous networking opportunities that they would not come across while sitting at home.

STI Awareness and Recognition

While most participants answered “yes” to the question, “Have you ever heard about STIs?” their answer to the following question, “Which ones are you aware of?” suggested they are unaware of what it really is. Of those interviewed, 34% could not name an STI other than HIV/AIDS and of those who did mention STIs, other than HIV/AIDS, 48% listed Syphilis and 52% listed Gonorrhoea. No other STIs were listed by any of the participants. They did not mention Chlamydia, Hepatitis, or even HSV-2, which 35% of Kenyans live with.

Additionally, some participants also named TB, Malaria, Kwashiorkor, and Typhoid as STIs. Now, this poses a whole other list of problems because these participants believe they know what an STI is and moreover maintain that TB, Malaria, Kwashiorkor and

Typhoid are STIs. This means that this group has a false sense of knowledge, like the others who presume that they know what an STI is but in actuality do not, and thus need to be taught about STIs. Furthermore, this group's listing of non-STIs as STIs means that their information on TB, Malaria, Kwashiorkor and Typhoid need to be rectified too.

The responses to questions 4 and 5 of the survey clearly indicate that many people in Kibera are unaware of what an STI is and many of them think that they know what it is, but actually do not.

Syndromes

While the majority of people knew that STI's are primarily transmitted through sex, not many of them knew the syndromes associated with STIs. Common responses to question number 7, "How can someone tell if he/she has an STI?" were "Only by getting tested" or "I don't know." Of all 120 participants, only 11 mentioned STI syndromes such as painful urination, rashes, and blisters, that is, only 9% of those interviewed could name at least one symptom associated with STIs.

This discovery indicates that there is a need for Sexual and Reproductive Health education in Kibera. With the majority of the population unaware of the symptoms of STIs, people could actually be infected with one or many STIs, and not know it at all. This is catastrophic because infected individuals, unaware of their status, will not take the necessary precautions to ensure that he/she does not transmit the infection. Secondly, if they do not treat it, the infection can progress and increase in severity. At which point, the individual will suffer greatly and have to take stronger medication, for a longer time. This takes a toll on the victim's body as well as his/her finances; severe illness can keep the individual from work and stronger medication, for a longer time, will cost more too. On the other hand, if community members are knowledgeable about various STIs, they will be able to recognize syndromes earlier, treat infections earlier, and thus save time, money, and their health.

Risk Factors for STIs

Questions 8, 9, and 10 of the survey were crafted to determine if the community recognizes conduct that reduces one's risk of infection. For example, question number 8 asked if one could "reduce his/her chance of having an STI if he/she has sex with only one partner who does not have sex with anyone else" and 92% of those interviewed recognized that having just one partner reduced one's risk of contracting an STI. Similarly, question 9 inquired if it is possible to reduce chances of having an STI if one uses a condom every time that he/she is sexually active, and 70% of participants concurred that proper condom use would reduce the risk of being infected with an STI. Likewise, the majority of participants, 83% of those interviewed, acknowledged that not having any sexual intercourse can reduce one's chance of getting an STI.

The widespread knowledge about sexual behavior and its implications for STI transmission is not surprising for two reasons. One, the community is aware of the fact that STIs are transmitted through sex, and two, health workers have educated the community about the importance of abstinence, being faithful, and using condoms [ABC], as a part of interventions to halt the spread of HIV/AIDS. However, one participant explained, "I do not trust condoms. I do not believe that they work." This shows that while health workers have achieved a great deal in the past, there is still work to be done in educating the public about safe sexual practices and encouraging the community to follow them.

Mother to Child Transmission:

Question 13 focused on the possibility of transferring STIs from mother to child a) during pregnancy, b) during delivery and c) through breast-feeding. While STI's such as Syphilis and HIV/AIDS can be transmitted during pregnancy and delivery, and HIV/AIDS during all three phases, 69% of interviewees answered "No" to at least one of the questions,

and another 4% replied that they do not know if STIs can be transmitted from mother to child.

The fact that 73% of those interviewed did not know that mothers can transmit STIs to their children during pregnancy, delivery, and through breast-feeding, highlights the need for educational programs that inform expectant mothers of the risks untreated STIs can present to themselves and their babies.

Transmission Dynamics

None of the interviewees attributed STI infections to witchcraft or supernatural powers; everyone recognized its transmission as occurring primarily through sex, except for 3 people, who identified dirty water as the mode of transmission. While all participants rebuffed the idea of supernatural powers playing a role in STI transmission, some of them incorrectly identified dirty water as the culprit. This exposes the fact that while some misconceptions have been done away with, others still exist and need to be addressed when devising educational interventions.

STI's are classified as so because the infections are primarily transmitted through sex, while transmission through other means is negligible. However, during the survey, when asked if STIs are transmitted through sharing of utensils and clothing, or through casual physical contact, 12%, 19%, and 17% of participants replied that they could be, respectively. This indicates that while ardent HIV/AIDS Awareness campaigns have informed the public that HIV/AIDS is not transmitted through the aforesaid means, there are still a lot of misconceptions surrounding STIs and transmission.

Technical and Advocacy Strategy

As important as it is to determine how much the community knows about STIs so that the voids can be filled, it is equally important to uncover what the best way to fill the void is. For this reason, questions 14 and 15 inquired about the sources from which community

members receive their information on STIs. Participants were asked, “What the main channels of communication from which [they] receive STI information and education [are]?” and of these, “From which source [they] have learned most about STI?” Answers ranged from radio, TV, newspapers, and drama to seminars, posters, community notices, and clinics.

In the realm of public health, it is crucial to realize what type of preventative measures the community follows and of the information that public health workers provide, which ones they assimilate into their daily life. This information will provide insight into what type of information the community will accept when it comes to STI education and also, what type of preventative measures the community favors. Moreover, if a particular measure is not popular, health workers can inquire what the reason for its unpopularity is and thereafter address the issue with the community. Question 16 of the survey performs this duty by exposing what the most important message people have learned about STIs is. Answers revealed that 21% of people think the most important step in avoiding STIs is to use a condom, while 13% of people believe that having only 1 partner is the key, while another 39% stress the importance of abstaining from sex. Other common responses included get tested and take care, which encompasses all preventative measures: try to abstain, if not be faithful, and always use a condom.

Media and Advocacy

Of those who responded with a favorite TV channel, 30% prefer KissTV, a channel that plays viewer requested music videos, on loop. KissTV is undoubtedly, the most popular channel among the youth. Television is not the only source of music, in fact, a greater number of Kibera residents have access to radios than to TVs.

This highlights the important role music plays in the lives of the youth; it is a form of immersion and expression, and public health workers must utilize music as a means to approach and address the youth about Sexual and Reproductive Health. Already, PYEs use

loud music to draw people to their Outreach Sites, and they also perform dances to ensure that observers stay interested. During one such outreach program in Makina, the PYEs arrived at the village square and 15 minutes later, there were over 150 people listening to the music they played and watching in on the dance performances and HIV/AIDS educational skits.

The youth are not the only ones listening to the radio; adults are avid radio listeners as well. Even during interviews, many participants were listening to the radio. In Kibera, while shopkeepers sit around, waiting to serve customers, they have their radios constantly turned on. Usually, the radios are playing at such high volume that neighbors and those passing by can listen to the radio too. As a matter of fact, many Kibera residents do join the shopkeepers in listening to the radio, while others listen in from earshot.

Cultural Gender Bias

To question 11 of the survey, “If a man has an STI, does his sexual partner always have an STI?” and question 12, “If a woman has an STI, does her sexual partner always have an STI?” most people replied with identical answers to both questions; they either responded “Yes, Yes” or “No, No.” However, there were some who do not believe that transmission and acquisition occurred at the same rate for both sexes. As a matter of fact, 15% of those interviewed believe that if a man has an STI, his partner does not always have to have it, whereas if a woman has an STI, her partner will always have it. In actuality, the difference in transmission rates between men and women would mean that it is easier for a woman to become infected from a man who has an STI, than for a man to become infected from a woman who has an STI. This is because the female reproductive system is shaped in such a way that it has more surface area than a man’s. The greater surface area increases the region through which infections can be transmitted.

This is an important observation because it demonstrates the gender bias inherent in the community. Women are depicted as being especially virulent, and thus more able to endanger another's health. This is not the first time that the fight against STIs has been structured as a fight against the snares of women. In the 1940s, the U.S. government was concerned about the impact of syphilis on the U.S. Army, who was fighting World War II at the time. Numerous posters warning men of the dangers of STIs, and the importance of not falling into women's traps, graced public areas. Posters often had a picture of an attractive woman, to draw men's attention, and under it reminded men that not even the most beautiful or brightest could be trusted: no woman could be trusted. While it is true that looking at a kind and/or beautiful woman, one cannot be sure if she has an STI, no such posters warning women about the virulence of men were seen.

It is crucial that while educating the public about STIs, public health workers also educate them about transmission rates among genders. This will help change the accusatory attitude towards women, and ensure that the battle against STIs does not turn into a fight against women.

Stigma

Question number 22, 23, 24 and 25 of the survey sought to determine if the community discriminates against those who are infected with STIs and in what beliefs these discriminations are rooted. To question number 22, which asked the participant, "Would you buy fresh vegetables from a vendor who has an STI?" 86% said that they would, while the other 14% said they would not. The latter part of the population that would not purchase fresh foods from a vendor, who has an STI, represents that part of the community that discriminates against someone with an STI because they fear that the infected person will transmit the infection to them. Then, question 23 inquired, "If a relative of yours became sick with an STI, would you be willing to care for him/her in your own household?" and to this

92% replied that they would take care of the ill, as long as they could afford it. Meanwhile, question 24 asked if the participant “know(s) someone who has been stigmatized ...in the past 3 years because he/she is suspected to have an STI?” and while 72% of interviewees alleged that they do not, those who said that they did know someone, revealed that it happens a lot. Finally, for number 25, 87% disagreed with the statement that “People with STI’s should be ashamed of themselves,” while 13% agreed.

Although the majority of people surveyed did not convey discriminatory attitudes towards STI patients, some did, and any discrimination must be fought. These four questions examine different facets of discrimination against those infected with STIs, and the means to fight discrimination is unique for each facet. Discrimination from community members, who would not buy fresh foods from a vendor, are rooted in fear for their own health and thus must be combated with education about the scientific aspects of STIs and demonstrations to prove that it is, in fact, safe to eat fresh foods from those with STIs, as long as they are cleaned properly before consumption. On the other hand, those who believe that someone with an STI should be ashamed of him/herself stigmatize the victim because they assume that he/she is promiscuous and thus had it coming. The way to approach this issue would be to explain that everyone is capable of getting STIs: those who have only one sexual partner and even those who have never had sex. In fact, in Kenya, the majority of women are infected through sexual intercourse with their spouses. Meanwhile, those would not care for a loved one infected with an STI, either fear getting the STI themselves and/or blame the victim for his/her condition. Finally, many people may not know anyone that is being victimized because either they do not know someone who is public with his/her STI status, or they may not realize that discrimination is occurring.

STIs have always been singled out; in fact, until the last decade, they were called venereal diseases, which is in reference to the Roman goddess of love, Veneris, and another

common euphemism was social diseases. A euphemism substitutes “a mild, indirect, or vague expression for one thought to be offensive, harsh, or blunt” (Euphemism, Dictionary) and the use of euphemisms such as venereal and social diseases indicates that society considers sexually transmitted diseases to be “offensive and/or harsh.” Furthermore, in Kiswahili, the language in which the interviews were conducted, STIs are referred to as “ugonjwa wa zinaa” which literally means “illness of fornication.” Besides fornication, zinaa can also mean “illicit sexual intercourse” or “adultery” (Kamusi 2008). STIs are associated with unsuitable behavior each and every time they are mentioned. The prejudice is even embedded in the language; it is omnipresent.

Sexual and Reproductive Health Education

When the community was asked if “children age 12-14 (should) be taught to wait until they get married to have sexual intercourse in order to avoid STI (including AIDS),” 91% of them answered yes. Some of those who answered “No” said, “It is a waste of time and effort trying to tell them [youth] to not have sex. They are going to do it anyway, so you might as well teach them to do it safely,” while others believed children at this age are too young to learn about sexual and reproductive health. When the community was asked if “children age 12-14 (should) be taught about using a condom to avoid STIs (including AIDS),” 69% answered yes. The major contention among those who answered no is that children between 12 and 14 are too young to be taught s to use a condom.

These findings underline the fact that many Kenyan parents are in opposition to Sexual and Reproductive Health being taught in schools. However, the truth remains that, as one 16-year old participant said, “The youth will have sex anyway, the question is whether or not they will be protected when they do it.” Thus, the government has taken a step towards curbing the spread of STIs by introducing Sexual and Reproductive Health education into the public school curriculum.

Diagnosis and Treatment

A major part of the fight against STIs involves diagnosing those infected and providing treatment. Of those interviewed, 43% have been tested for an STI other than HIV/AIDS, and of those tested, the range of time since their last test is from 1 day to 25 years ago. Furthermore, 90% of participants expressed that they know of a place where people can get tested for STI's. This is a small percentage, considering that STI clinics are in place in all health facilities and dispensaries (NAS COP 2008); this information must be spread to the public.

The survey also asked the participant "if (he/she were) at the clinic and a doctor offered (him/her) free STI counseling and testing, would (he/she) be willing to have a test done at the clinic?" and to this 96% replied "Yes." The reasons for refusing STI testing are the same ones that keep Kibera residents from going to the free clinics for any other ailment: the long waiting time and their distrust of free services and drugs. The clinics in Kibera are overflowing with patients and a trip to the doctor does not mean waiting half an hour or one hour, it can mean putting aside half a day to one day. That is a day's livelihood that healthcare seekers must sacrifice and this is often, not a viable option because the sick person's loss of income for the day could mean that the whole family goes to bed on empty stomachs. As for the community's mistrust for free services and supplies from international organizations, community health workers must form relationships with the patients so that such suspicions are cast off.

Conclusion

The survey component of this study brought to light the role of youth unemployment in the prevalence of STIs and also the need to educate the community about STIs in order to inform them about the different modes of transmission, to help them recognize the symptoms early, and to rectify common misconceptions. It also revealed the best routes are media, school, and clinics, to stage the intervention.

CFK's PYEs already conduct school visits around Primary and Secondary schools in Kibera. They teach sexual and reproductive health, as well as hygiene. This outreach program reaches hundreds of students, who otherwise would be uninformed and thus more vulnerable to high-risk behavior. Furthermore, with the recent introduction of health education into the public school curriculum, the government is utilizing schools, one of the most effective channels of communication, to reach the people.

Another effective channel of communication, as revealed by the survey, is media. While public service announcements regarding HIV/AIDS are on the radio and TV, a channel that is relatively unexplored is music. Especially among the youth, music is the medium that reaches and inspires them. However, composing a song and music video that draws attention to the subject of STIs, is beyond the scope of this research. Due to time limitations, such an endeavor cannot be successfully completed. However, it is a project that the PYEs could undertake, and if carried out properly, the results would be far-reaching.

Finally, the other channel of communication that showed promise was clinics. The key here is to create an informed community that can and will approach healthcare providers with complaints. One plan was to create a pamphlet that those patients at Tabitha Clinic for other ailments, can read while waiting to see a physician. The hope is that patients/and or those who accompany them read the pamphlet while waiting, and in the future, they will be able to recognize an STI before it has adverse effects. Sometimes, the patient may recognize

that he/she is currently exhibiting syndromes associated with STIs and will be able to discuss it with the physician that he/she is already waiting to see. Through this approach, people can be diagnosed during that same visit and if not, at least learn valuable information.

Spending precious time and resources on combating STIs is not only beneficial, but also necessary. Thus, the World Health Organization urges all countries to follow the global strategy for prevention and control of STIs. Since the 1980s, “the prevention and treatment of STIs were identified as one approach to controlling the HIV epidemic. As antiretroviral treatment of people with HIV/AIDS acquires a higher profile, it is important not to lose sight of the continuing need for prevention, of which STI control is a key component” (WHO).

In Kenya, NASCOP recognizes the decisive role that sexually transmitted infections plays in the spread of HIV and so has introduced the “syndromic approach” to treating STIs. Under this approach, physicians note the syndromes that a patient exhibits and also inquires about his/her sexual history and using the obtained information, follows an established flow chart to determine if the person is infected, and then offers treatment. This method circumvents STI tests, which are very expensive and time-consuming, making them not impractical for many developing countries. The fight against HIV/AIDS and STIs can and should be fought together; “the prompt and efficient management of the same goes a long way in reducing prevalence and incidence of HIV, reduction in STI / HIV/AIDS transmission, widespread and uniform adoption of the syndromic approach in the management of STIs” (NASCOP 2008).

Right now it is the Era of Globalization; with it, ideas and cultures are exchanged at an unprecedented rate. This makes the world a smaller place than it has ever been. Along with intellectual exchange, there is also exchange of goods and often diseases. Hence one can no longer ignore the health conditions of other countries by marginalizing it as simply, the low health status of citizens of another nation. Now, we are not citizens of the U.S.A, or

citizens of Kenya, we are, more than ever, citizens of the world and together we must promote prompt and efficient treatment of STIs, which remains a pillar of prevention of HIV transmission.

Recommendations

Firstly, the limitations of this study will be considered and then recommendations on how to overcome, or at least alleviate the limitations will be discussed. After which, ways in which this study could be extended or expanded will be introduced. Finally, recommendations for those interested in studying a similar topic will be presented as well.

Limitations of this Study

The biggest of all limitations was the short duration of the project. Given more time, each aspect of the study could have been conducted with additional pre-planning and more detail, and the data from the surveys could have benefited from a more in depth and lengthier analysis.

Furthermore, if more time was available, with just the data at hand, a focus discussion group with the PYEs, VCT Counselors, and Clinic Staff could have been held. At this meeting, stakeholders could have discussed the survey findings and planned possible methods of educating the public about STIs. After the stakeholders' meeting, a discussion group composed of some, if not all, of those interviewed could have been conducted, where the research findings and stakeholders' proposed plans of action would be presented. Then, the interviewees would be asked what they thought was the best way to distribute information and implement change.

Extended/Expanded Study

This study could be extended by studying awareness about STIs not just in Kibera, but also in the greater Nairobi area. It would be interesting to see if the extent of STIs Awareness is different between Kibera residents and Nairobi City residents, and if there is a difference, what factors contribute to it. Another option is focusing exclusively on the youth of Nairobi because, it is at this age that many begin their sex lives; their actions now, which are shaped by their access to information, can establish attitudes and behavior for a lifetime.

Another avenue to explore is the difference in opinion among the youth and adults on Sexual and Reproductive Health Education, what the differences in opinion are, and why. Or another alternative is to study why some people, most often men, believe that if a woman has an STI then her partner will always have an STI, whereas if a man has an STI then his partner will not always have an STI.

This study could also be expanded by creating an advertisement or song that educates the youth about STIs, or at least makes them aware of its widespread prevalence and severity. This would be an effective mode of transmitting information, as indicated by the survey. Studying how much participants know about specific STIs can also further the research. This would help determine how much time and resource should be devoted to educating the community about each STI and which aspects needs clarification.

Similar Study

If someone wishes to conduct a survey during their study there are a couple of factors to keep in mind. One, the researcher must pick a topic that concerns not only him/her, but also the people that he/she is interviewing, especially when the interviewee is not receiving any pay for participating in the study. After choosing a topic of local interest, it is absolutely important to keep the interview short, a maximum of 10-15 minutes, because at the end of this time, the researcher can wear out his/her welcome and the interviewees may have somewhere else to be. Finally, it also helps if, by answering the questions, the interviewees are getting something in return. If the researcher's budget cannot afford monetary rewards, the reward could be in the form of an instructional pamphlet or video, or an informal report that the interviewees can access.

Appendix A

Glossary of Terms

AIDS	Auto-Immune Deficiency Syndrome
CFK	Carolina for Kibera
HIV	Human Immunodeficiency Virus
HSV-2	Herpes Simplex Virus 2
KAIS	Kenya AIDS Indicator Survey
KSH	Kenyan Shillings
NASCOP	National AIDS and STD Control Programme
NGO	Non-Governmental Organization
PYE	Peer Youth Educators
SRH	Sexual and Reproductive Health
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infection
UN	United Nations
VCT	Volunteer Counseling and Testing
WHO	World Health Organization

Table 1. Glossary of Terms used in the Report.

Appendix B
(Map of Kibera)

Appendix C Survey



CAROLINA FOR KIBERA

SEXUALLY TRANSMITTED INFECTIONS AWARENESS SURVEY

Date _____ #. _____
 Village _____
 Sex _____
 Age _____
 Education Level _____

Carolina For Kibera
 P.O. Box 1076300100
 Nairobi, Kenya
 Web: cfk.unc.edu
 E-mail: sindhya@email.unc.edu
ben@carolinaforkibera.org

- | | |
|---|---|
| <p>1 Do you listen to the radio?
If yes, what type of broadcasts?</p> <p>2 Do you watch television?
If yes, what channels and/or programs?</p> <p>3 Are you currently employed?
If yes, what type of employment?</p> <p>4 Have you ever heard of Sexually Transmitted Infections?
If yes, what is it?</p> <p>5 Which STI's are you aware of?</p> <p>6 Do you know how one can get STI's?
If yes, explain how?</p> <p>7 How can someone tell if he/she has an STI?</p> <p>8 Can people reduce their chance of getting STI's by having just one uninfected sex partner who has sexual intercourse with no other partners?</p> <p>9 Can people reduce their chance of getting STI's by using a condom every time they have sex?</p> <p>10 Can people reduce their chance of getting STI's by not having sexual intercourse at all?</p> <p>11 If a man has an STI, does his sexual partner always have an STI, or only sometimes?</p> | <p>1 Je wewe husikiliza radio?
Kama ndio, idhaa gani?</p> <p>2 Je wewe hutizama runinga?
Kama ndio, gani?</p> <p>3 Je umeajiriwa?
Kama ndio, kazi gani?</p> <p>4 Je umewahisikia kuhusu magonjwa ya zinaa?
Kama ndio, ni nini?</p> <p>5 Ni magonjwa zipi zazinaa unazozijua?</p> <p>6 Je unajua ni vipi zina vyo ambukizwa?
Kama ndio, ni vipi?</p> <p>7 Wawezaje kutambua kua mtu ana ugonjwa wa zinaa?</p> <p>8 Watu wanaweza kupunguza uwezo wakupata magonjwa ya zinaa kwa kua mpenzi moja ambaye hana virusi na hajafanya mapenzi na wapenzi wengine?</p> <p>9 Watu wanaweza kupunguza uwezo wakupata magonjwa ya zinaa kwa kupitia mpira kila wakati wanashiriki ngono?</p> <p>10 Watu wanaweza kupunguza uwezo wakupata magonjwa ya zinaa kwa kutofanya mapenzi?</p> <p>11 Kama mwanamume ana ugonjwa wa zinaa, je yamaanisha kuwa mpenzi wake ana ugonjwa huo? Au yamaanisha hivyo, au pengine?</p> |
|---|---|





CAROLINA FOR KIBERA

SEXUALLY TRANSMITTED INFECTIONS AWARENESS SURVEY

- | | | |
|--|--|---|
| <p>12 If a woman has an STI, does his sexual partner always have an STI, or only sometimes?</p> | <p>12 Kama mwanammke ana ugonjwa wa zinaa, je yamaanisha kuwa mpenzi wake ana ugonjwa huo? Au yamaanisha hivyo, au pengine?</p> | <p>Carolina For Kibera
P.O. Box: 1076300100
Nairobi, Kenya
Web: cfk.unc.edu
E-mail: sindhya@email.unc.edu
ben@carolinaforkibera.org</p> |
| <p>13 Can the pathogen that causes some STI's be transferred from mother to baby?
During Pregnancy
During delivery?
Breast-feeding?</p> | <p>1 Je virusi vya zinaa zaweza kupitisha kutoka kwa mama hadi mtoto?
Wakati wa ujauzito?
Wakati wa kuzaa?
Wakati wa kunyonyesha?</p> | |
| <p>14 What are the main channels of communication from which you receive STI information and education?

Radio
Television
Film/Drama
Newspaper/Magazines
Brochures
Posters
Billboards
Community Notices
Family
Friends
Other</p> | <p>3 Je ni wapi umepata habari kuhusu ugonjwa wa zinaa?

Redio
Runinga
Filamu/Mchezo Wakuigiza
Gazetti/ Jarida

Familia
Rafiki
Zingine</p> | |
| <p>15 From which source have you learned most about STI?

Radio
Television
Film/Drama
Newspaper/Magazines
Brochures
Posters
Billboards
Community Notices
Family
Friends
Other</p> | <p>15 Sana sana, umepata habari kuhusu ugonjwa wa zinaa kupitia wapi?

Redio
Runinga
Filamu/Mchezo Wakuigiza
Gazetti/ Jarida

Familia
Rafiki
Zingine</p> | |





CAROLINA FOR KIBERA

SEXUALLY TRANSMITTED INFECTIONS AWARENESS SURVEY

Carolina For Kibera
 P.O. Box 1076300100
 Nairobi, Kenya
 Web: cfk.unc.edu
 E-mail: sindhya@email.unc.edu
 ben@carolinaforkibera.org

- | | |
|--|--|
| <p>16 What is the most important message you've learned from this source?
 Abstain from sex
 Use condoms

 Limit sex to one partner/ stay faithful to one partner
 Limit number of sexual partners
 Avoid sex with prostitutes
 Avoid sex with persons who have many partners
 Avoid sex with homosexuals
 Avoid sex with persons who inject drugs intravenously
 Avoid blood transfusions
 Avoid injections
 Drugs are available
 Avoid discrimination against persons living with an STI
 Anyone can get STI's

 Get tested for STI's
 Other _____</p> | <p>16 Ni jambo gani muhimuu ambayo umepata kutoka kwa habari hizo?
 Kutofanya ngono
 Kutumia mipira

 Kuwa na mpenzi moja/ Kuwa mwaminifu

 Kupunguza idadi ya wapenzi
 Usishiriki ngono na makahaba
 Usishiriki ngono na watu wenye wapenzi wengi
 Usishiriki ngono na wenye jinsia kama yako
 Usishiriki ngono na watu wanaotumia madawa za kulevya
 Usikubali kupewa damu
 Usikubali kudungwa sindano
 Madawa kupatikana
 Usiwatenge walio na ugonjwa wa zinaa

 Mtu yeyote anaweza kupata ugonjwa wa zinaa
 Pata kupimwa ugonjwa wa zinaa
 Zingine _____</p> |
| <p>17 Can people get STI's because of witchcraft or other supernatural means?</p> | <p>17 Je watu wanaweza kupata magonjwa ya zinaa kupitia uchawi?</p> |
| <p>18 Can people get STI's by sharing utensils with a person who has an STI?</p> | <p>18 Je watu wanaweza kupata magonjwa ya zinaa kwa kutumia vyombo pamoja?</p> |
| <p>19 Can STI's spread from one person to another by sharing clothes?</p> | <p>19 Je ugonjwa wa zinaa unaweza kupitishwa kwa kutumia nguo pamoja?</p> |
| <p>20 Can people get STI's from mosquito or other insect bites?</p> | <p>20 Je watu wanaweza kupata magonjwa ya zinaa anapo umwa na mbu au mdudu yoyote?</p> |
| <p>21 Can people get STI's though physical contact with a person who has an STI?</p> | <p>21 Je ugonjwa wa zinaa unaweza kupitishwa kwa kushikana?</p> |
| <p>22 Would you buy fresh vegetables from a vendor who has an STI?</p> | <p>22 Je waweza kununua mboga kutoka kwa mtu aliye na ugonjwa wa zinaa?</p> |





CAROLINA FOR KIBERA

SEXUALLY TRANSMITTED INFECTIONS AWARENESS SURVEY

- | | | |
|---|--|--|
| <p>23 If a relative of yours became sick with an STI, would you be willing to care for him/her in your own household?</p> | <p>23 Ikiwa mtu wa jamii yako ana ugonjwa wa zinaa, je waweza kumsaidia akiwa katika nyumba yenu?</p> | <p>Carolina For Kibera
P.O. Box 1076300100
Nairobi, Kenya

Web: cfk.unc.edu
E-mail: sindhya@email.unc.edu
ben@carolinaforkibera.org</p> |
| <p>24 Do you personally know someone who has been stigmatized [i.e. denied involvement in social, religious, or community events, OR verbally abused or teased] in the past 3 years because he/she is suspected to have an STI?</p> | <p>24 Je wajua mtu aliyetengwa (kunyimwa fursa ya kwenda shule, kanisani, kuungana na wenzake, au kutukanwa) hivi karibuni kwa sababu anashukiwa kuwa na ugonjwa wa zinaa?</p> | |
| <p>25 Do you agree/disagree with the following statement?
People with STI's should be ashamed of themselves</p> | <p>25 Je una kubali au una kataa kuhusu mambo haya:
Watu waliona ugonjwa wa zinaa wanafakuaibika.</p> | |
| <p>26 Should children age 12-14 be taught about using a condom to avoid STI's (including AIDS)?</p> | <p>26 Watoto waliona umri wa 12-14 wanafaa kufundishwa kuhusu utumiaji wa mpira kuzuia ugonjwa wa zinaa?</p> | |
| <p>27 Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid STI (including AIDS)?</p> | <p>27 Watoto waliona umri wa 12-14 wanafaa kufundishwa kutoshiriki ngono hadi waolewe ili kuzuia ugonjwa wa zinaa?</p> | |
| <p>28 If you're at the clinic and a doctor offered you free STI counselling and testing, would you be willing to have a test done at the clinic?</p> | <p>28 Ukiwa kuenye kliniki na daktari akatoa pendekezo ya matibabu dhidi ya ugonjwa wa zinaa bure, je utapenda kuhudumiwa?</p> | |
| <p>29 Have you ever been tested to see if you have any STI (except AIDS)?</p> | <p>29 Je umewahi kupimwa kujua kama una ugonjwa wa zinaa?</p> | |
| <p>30 When was the last time that you were tested?</p> | <p>30 Ulipimwa mwisho lini?</p> | |
| <p>31 Do you know a place where people can go to get tested for STI's?</p> | <p>31 Je wajua mahali ambapo unaweza kupimwa ugonjwawa zinaa?</p> | |





CAROLINA FOR KIBERA

SEXUALLY TRANSMITTED INFECTIONS AWARENESS SURVEY

32 Where is that?

Public:

Government Hospital
Govt Health Centre/Clinic
Government Dispensary

Private:

Church Hospital/Clinic
Private Hospital/Clinic
Other _____

32 Ni wapi?

Ya umma:

Hospitali ya Serikali
Kliniki ya Serikali
Zahanati ya Serikali

Kibinafsi:

Hospitali za Kanisa
Hospitali za kibinafsi
Zingine _____

Carolina For Kibera
P.O. Box 1076300100
Nairobi, Kenya
Web: cfk.unc.edu
E-mail: sindhya@email.unc.edu
ben@carolinaforkibera.org



Appendix D1

Appendix D2

Appendix D3

Appendix D4

Appendix D5

Appendix D6

Appendix D 7

Appendix D 8

Appendix D9

Appendix D10

Appendix D11

Appendix D12

Appendix E

DATA ABBREVIATIONS KEY			
Acronym	Meaning	Acronym	Meaning
/	NO ANSWER	MAG	MAGAZINE
1PRT	HAVE ONLY 1 PARTNER	MAK	MAKINA
A	AIDS	MB	MBAITU
ABS	ABSTAIN	MS	MASHIMONI
AC	ACCIDENT	MT	METRO
ADV	ADVICE	N	NO
AMF	AMREF	N/A	NOT APPLICABLE
BF	BREAST-FEEDING	NP	NEWSPAPER
BG	BAGATHI	PO	POSTERS
BK	BOOK	R	RADIO
BL	BLISTERS	RAZ	RAZOR
C	COLLEGE	RG	RAMOGI
CARP	CARPENTER	RL	RAILA
CC	CLASSIC	S	SYPHILIS
CH	CHIEF	SCH	SCHOOL
CL	CLINIC	SE	SOWETO EAST
CN	COMMUNITY NOTICES	SH	SILANGA
COM	COMMUNITY	SM	SEMINAR
CT	CITIZEN	ST	SOMETIMES
DK	DO NOT KNOW	SW	SOWETO WEST
DT	DIRTY	TB	TUBERCULOSIS BACILLUS
EZ	EZ FM	TC	TAKE CARE
FAITH	BE FAITHFUL	TCH	TEACHER
FM	FAMILY	TEST	GET TESTED
FR	FRIENDS	TLR	TAILOR
FSP	FEW SEXUAL PARTNERS	TV	TELEVISION
G	GONNOREA	TY	TYPHOID
GAT	GATWEKERA	UNI	UNIVERSITY
HB	HOME BOYS	UR	PAINFUL URINATION
HOPE	THERE IS HOPE/CURE	VEG	VEGETABLE STALL
IRT	IRRITATION	WG	WANGA
ISH	ISHIRIKA	WM	WAMSHIO
JB	JAMBO	WS	WALKING STYLE
JK	JUA KALI	Y	YES
KIA	KIANDA	YF	YOUTH FORUM
KICO	KICOSHEP		
KM	KAMBI MURU		
KND	KISUMU NDOGO		
KWS	KWASHIAKOR		
KY	KENYATTA		
LD	LINDI		
LS	LAINI SABA		

Table 14. Abbreviations used in data sheets [Table 2. – Table 13.]

Appendix F

Syndromes of Common STIs

- Urethral discharge
- Genital ulcers
- Inguinal swellings
- Scrotal swelling
- Vaginal discharge
- Lower abdominal pain
- Neonatal eye infections

Treatment for Common STIs

- Bacterial Infections can be treated with antibiotics.
- Viral Infections cannot be cured, but symptoms can be treated.

Where can I get diagnosed and treated?

STI Clinics are in place in all Health Clinics and Dispensaries

The three Health Clinics in Kibera are:

- Tabitha Clinic
- AMREF
- MSP

Sexually Transmitted Infections

Carolina For Kibera
Sexual and Reproductive Health

Information Source

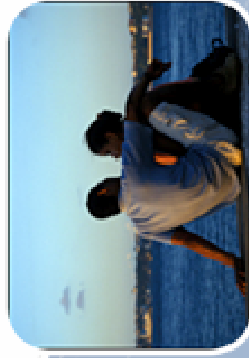
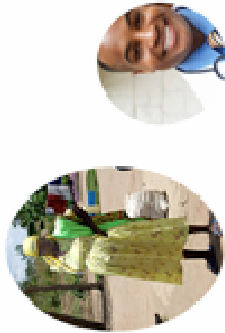
CDC: <http://www.cdc.gov/STD>

WHO: http://www.who.int/topics/sexually_transmitted_infections

Sexually Transmitted Infections

Sexually Transmitted Infections (STIs) are infections that are passed from one person to another through sexual contact. There are over 30 different sexually transmissible bacteria, viruses and parasites.

Several, in particular HIV and syphilis, can also be transmitted from mother to child during pregnancy and childbirth, and through blood products and tissue transfer.



“STIs increases the risk of HIV transmission & acquisition by 10-fold.”

Gonorrhoea

- In women, the disease often has no symptoms.
- You can get gonorrhoea in the anus, eyes, mouth, throat, urinary tract, uterus, or penis
- Gonorrhoea can also spread to the blood or joints.
- If you are a pregnant woman who has gonorrhoea, you can pass the infection to your baby.

Genital Herpes (HSV-2)

- Most people who have genital herpes don't know it. There are often no symptoms.
- 35% of Kenyans have HSV-2
- If you have symptoms, the most common ones are painful blisters or sores on or around the genitals or anus. These sores typically heal within two to four weeks.

Syphilis

- Many people infected with syphilis do not have any symptoms for years
- In the late stages of syphilis, the disease may subsequently damage the internal organs, leading to difficulty coordinating muscle movements, paralysis, numbness, gradual blindness, and dementia. This damage may be serious enough to cause death.

References

- Brockman, Norbert. (2001). *The International Encyclopedia of Sexuality*. Ed. Robert T. Francoeur. (Vols. 1-4). New York: The Continuum Publishing Company.
- Carolina for Kibera (CFK). (2009). Carolina For Kibera, Inc. Retrieved 01 December 2009, from <http://www.carolinaforkibera.org>
- CIA - The World Factbook--Kenya. (2009). Retrieved 28, November 2009, from <https://www.cia.gov/library/publications/the-world-factbook/geos/ke.html>
- Desgropes, Amélie. Personal Interview. 13 October 2009.
- Dutt, Ashok. *City, Society, and Planning*. Concept Publishing Company, 2007 (385).
- Fleming DT, Wasserheit JN. 1999. From epidemiological synergy to public health policy and practice: The contribution of other sexually transmitted diseases to sexual transmission of HIV infection. *Sexually Transmitted Infections* 75, 3-17.
- Global Strategy for the prevention and control of sexually transmitted infections: 2006-2015: breaking the chain of transmission*. Geneva, Switzerland: World Health Organization, 2007. Print.
- Guidelines for the management of sexually transmitted infections*. Geneva, Switzerland: World Health Organization, 2003. Print.
- Haggai, Ben. Personal Interview. 06 November 2009.
- HIV prevention through early detection and treatment of other sexually transmitted diseases*. 1998. (Centers for Disease Control and Prevention Research Report No. 12) 1-24.
- Julia Alubala. Personal Interview. 28 November 2009.
- Kamusi. (2008). World Language Documentation Centre
- Kenya AIDS Indicator Survey 2007 Final Report*. (2009, September). National AIDS/STI Control Programme (NASCOP), Kenya.
- Linking Sexual and Reproductive Health and HIV/AIDS, Gateways to Integration: A case*

study from Kenya. WHO, UNFPA, UNAIDS, IPPF. London: 2008.

NASCOP (2008). Retrieved 28, Nov 2009, from <http://www.aidskenya.org>

Wasserheit JN. 1992. Epidemiologic synergy: Interrelationships between human immunodeficiency virus infection and other sexually transmitted diseases. *Sexually Transmitted Diseases* 9:61-77.

WHO. (2009) *Sexually Transmitted Infections*. World Health Organization. Retrieved 28, November, 2009, from http://www.who.int/topics/sexually_transmitted_infections

United Nations Millenium Development Goals (2008). United Nations. Retrieved 28, November 2009, from <http://www.un.org/millenniumgoals>