

**EFFECTS OF HIV/AIDS PREVALENCE ON YOUTH'S ECONOMIC  
DEVELOPMENT: A CASE OF NYANCHWA LOCATION, KISII  
COUNTY**

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**A Research Project Submitted to the Department of Social Studies, school  
of Arts and Social Sciences in Partial Fulfillment for the Award of a  
Bachelor's Degree in Social Work of Maasai Mara University**

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## **DECLARATION AND RECOMMENDATION**

### **Declaration**

This is my own original work and has not been presented to any institution for the award of a Degree in Social work.

Signature.....

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### **Recommendation**

This is to recommend that this research project is original and has been presented for the award of a degree in Social Work of Maasai mara University

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## **DEDICATION**

I dedicate this research work to my beloved mum Hellen Kwamboka, my father, Joanthan Ntenga my brothers Brian, Steve, Enock, Cliff and my Sister Beldinah for the support, understanding and love that they have given me during this entire time. Your support and love is the main reason I was able to complete this project.

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## **ABSTRACT**

The purpose of this study was to investigate effects of HIV/AIDS prevalence on youth's economic development. The specific objectives of the study were; to find out the causes of HIV /Aids among the youth of Nyanchwa location Kisii County, to determine the rate of HIV/Aids spread among the youth of Nyanchwa location Kisii County, to establish the effects of HIV /aids on the economic growth among the youth of Nyanchwa location Kisii County and to find out the solution of HIV /AIDs on youth economic growth among the of Nyanchwa location Kisii County. The study will be of significance to the youth especially those of Nyanchwa location as they will get relevant information to guide them in decision making as well as prevention and control of HIV/Aids pandemic and also the society will benefit from this research as the information will be key in enabling societal development both socially and economically. The study was based on theory of planned behavior which predicts an individual's intention to engage in a behavior at a specific time and place and social learning theory which looks at human behavior as a continuous interaction between cognitive, behavioral and environmental determinants. The study adopted a descriptive research design where questionnaire was the main data collection instrument and the sample size was 20 respondents. The findings from the study revealed that there are various main causes of HIV/AIDs among youths and they have direct impact on their economic development, among the main factors are religion beliefs, poverty, pressure related to belief and Social pressures. Also, there are many factors that contribute to the rate of spread of HIV/AIDs among the youth. These factors are; drug abuse, misconception on spread of HIV/AIDS, delinquent behaviours and socio-cultural norms. The study recommends counselling on HIV/AIDS to be emphasized not only to the infected but also to the families or people handling the HIV/AIDS victims. The study also recommends that low-income earning youth should be encouraged to engage in income generating activities or attend training in order to expand their skill thus betterment of their chances of getting employed or to help them operate their business profitably. Finally, based on the findings that HIV/AIDS is rapidly spreading among the couples than the singles, the study recommends that measures effective measures to be taken to stop the spread because it leads to more youths getting HIV/AIDS.

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## **LIST OF ABBREVIATIONS**

AIDS:	Acquired Immunodeficiency Syndrome
HIV:	Human Immunodeficiency Virus- Which attacks the body's immune system- the part which fights diseases,
NACC:	National Aids Control Council
NASCOP:	National AIDS Control Program.
PLWAS:	People living with AIDS and was previously known PLWHAS,
PRB:	Population Reference Manual.
SPSS:	Statistical Package for Social Sciences
JNAIDS:	Joint United Nation Program on HIV/AIDS.
USAID:	United States Agency for International Development.
WHO:	World Health Organization.
PLWHA:	People Living With HIV/AIDS



# CHAPTER ONE

## INTRODUCTION

### 1.1 Background of the Study

Acquired Immune Deficiency Syndrome (AIDs) is caused by Human Immunodeficiency Virus (HIV) that weakens the immune system, making the body susceptible to and unable to recover from other opportunistic diseases that led to death ( NACC 2011: 11). HIV/AIDS pandemic is correctly a major health and socio-economic problem that has reached epic proportions. It has become the single most important obstacle to social and economic progress in Africa. It has been reported that the global HIV/AIDS epidemic spread each with its own distinctive characteristic that depend on geography, the specific population affected, the frequencies of risk behaviour and practise and the temporal introduction affected the frequencies of risk behaviours and practices and temporal of the virus (Global Report, 2010). Reported is that the in sub-Saharan African massive HIV epidemics were ignited in some areas, affecting over 11 million African adults and resulting in 3 million aids related deaths to date with more expected in proceeding years (Willis, 2002). It is within the African region that HIV will clearly have tis greatest impact on morbidity and mortality in addition to profound economic , demographic and social consequences, globally (WHO) estimated that HIV infected 8-10 million people in 1991 and future projection shows that 480 million will be dead by the year 2010 because of the disease (Dixon et, al., 2000).

The prevalence of HIV/AIDS in sub-Saharan Africa has reached alarming proportion over 25million men, women and children have already developed aids with over 200,000 people being infected by the virus every year. Currently the figures of the dead are over 1.5 million in Kenya alone, with about 7 women Kenya dying each day (Moindi et. al., 2003). About 12.1million African children, under age of 15 years have been orphaned. This high adult prevalence rate mean the population of aids orphans will increase at an experimental rate until 2020. Project figure show that 19 Africa countries with the higher hiv /aids rates will have produced about 10 million orphans over 16% of who will be under 15 years old.

There are many people around the world who are affected by the consequences of this epidemic worldwide , HIV/AIDS has not only become the most important public health challenge of our time, but has sweeping global consequences – social , economic, cultural and even political. It is also unfortunate that at the same time, social , economic and cultural conditions have encouraged and are fuelling the epidemic especially in developing

countries in fact in Kenya the government declared it a national disaster in December, 1999 (Muindi et, al., 2003)

All the above statistics imply decreased economic activity by the most productive group in most of the affected African countries. The meagre resources available to affected families are spent on caring for the infected hindering economic development in Africa.

In Kenya, the first case of HIV/AIDS was reported in 1984 and since then many people have died from infections. And in 1999, HIV, AIDS was declared a national disaster. More than 1.5 million are living with virus, in 2003. Kenya demographic health survey estimated a prevalence of 6.7% among 13- 49% years old. (KDHS, 2003) for the same age group Kenya aids indicators survey (2007) estimated that 7.8% are infected, HIV is a severe health problem and has far reaching implication for organizational performance and societal wellbeing in general. HIV/AIDS is major public health, social –economic and development challenge in Kenya today.

The Kenya Aids Epidemic Updates (2012) identified Nyanza region as the leading with infected people due to ignorance. The efforts are still green though and the target now is to get a vaccine to power up preventive mechanism. To date a considerable success has been recorded as the rate of transfusion has taken a reducing structure (Kenya Aids Epidemic Updates 2012).

## **1.2 Statement of the problem**

The HIV/Aids infection among the youths of Nyanchwa Location has raised alarms over the recent years. This has led to underdevelopment in various sectors such as social, economic, education and agricultural sectors in the area. As the most sexually active age, the youth have been found to be most vulnerable and most affected portion of the people/population, the effect of this is deep and inelible, this is the most energetic population weakened by this pandemic. Therefore there was need to carry out this research in order to find out the intensity of the problem and suggest possible solutions.

## **1.3 Purpose of the Study**

The purpose of this study was find out the rate of spread of HIV/Aids among the youths, find out the awareness of the tragedy, address critical gaps in research on HIV/Aids prevention, treatment of related health issues among vulnerable youths and identify youths in risk economic environments of contracting HIV/AIDSs.

## **1.4 Broad objective**

The broad objective of this study was to analyze the effects of the HIV/Aids prevalence on youth's economic development in Nyanchwa location, Kisii County.

### **1.4.1 Specific objectives**

The study formulated the following specific objectives;

- i) To find out the causes of HIV /Aids among the youth of Nyanchwa location Kisii County.
- ii) To determine the rate of HIV/Aids spread among the youth of Nyanchwa location Kisii County
- iii) To establish the effects of HIV /aids on the economic growth among the youth of Nyanchwa location Kisii County
- iv) To find out the solution of HIV /aids on youth economic growth among the of Nyanchwa location Kisii County

### **1.4.2 Research questions**

The study was guided by the following research questions;

- i) What are the main causes of HIV /AIDs among the youth of Nyanchwa location Kisii County?
- ii) What is the rate of HIV /AIDs spread among the youth of Nyanchwa location Kisii County?
- iii) What are the effects of HIV /AIDs on the economic growth among the youth of Nyanchwa location Kisii County?
- iv) What is the solution of HIV /AIDs on youth economic growth among the youth of Nyanchwa location Kisii County?

## **1.5 Justification of the Study**

The justification of this research is apparently from the fact that the youths are the backbone and the main contributors of to the economic wellbeing of communities in Kenya. Much more, this research will provide useful information for evaluating the impact of HIV/AIDS on Youth's economic development and much more, explore the various recommendations that will be of great significance to the concerned parties.

## **1.6 Significance of the Study**

The study may be important since it may act as the main voice in the process of saving lives of Nyanchwa Location youths and society as a whole. The study may be important to the

government as the facts obtained may provide guidelines to policy developers in formulating policies in relation to youth development and HIV/AIDs preventive measures in the society. The study findings may help the private sector in assessing HIV/AIDs and youth productivity in the region and provide them with mechanism of making necessary adjustment. The youth especially those of Nyanchwa location will benefit from this research as they will get relevant information to guide them in decision making as well as prevention and control of HIV/Aids Pandemic.

### **1.7 Scope of the Study**

The study was based on four youth groups in Nyanchwa Location, Kisii Central Sub-County in Kisii County. Each youth group consists of 18 members thus the total was 72 but the research sampled 20 youths since this number will be easy to manage. The research was conducted among the ages ranging 18 – 35 years in Nyanchwa location.

### **1.8 Limitation of the study**

There were some respondents who were reluctant at first to give any information due to stigmatization associated with HIV/AIDs. There was also a potential limitation of the sensitivity of the respondents who feared that a stranger may use the information given against them. However, through the assurance of the researcher that the information given was being utilized for academic purpose and confidentiality will be maintained the limitation were easily solved and to instil more confidence to the respondents the researcher requested them to remain anonymous.

### **1.9 Definition of Terms**

**Challenges** A predicament that makes someone overstrain to live the normal life comfortably

**AIDs** it is a stage of illness where the body of the infected women is no longer able to fight off common diseases, as result of its weakened defence system.

**Economic development** these are efforts that seek to improve the economic wellbeing and quality of life for a community by creating jobs and supporting incomes and tax base.

**Youth** It is the period between childhood and adult age between 18-35 years.

**SPSS:** this is a comprehensive system for analysing data

**HIV:** This is a variable retrovirus that invades and inactivates helper T-cells of the immune system and is a cause of AIDs and AIDs related complex.



## CHAPTER TWO

### LITERATURE REVIEW AND THEORETICAL FRAMEWORK

#### 2.1 Introduction

This chapter, highlights on the secondary sources that will be used in this study. These sources contributed for compassion information processing and aid in the analysis of data and also highlight on the theories and the conceptual framework.

#### 2.2. World Context

According to Bloom and Mahal (1997) who studied the relationship between HIV prevalence and economic growth rates in 51 countries between 1980 to 1992 and 1987 to 1992. The authors revealed that, the negative relationship between economic growth and the rise in HIV prevalence is a spurious one. The authors argue that the negative relation is explained by the fact that HIV increased most in countries with low income per capita. Many previous studies believed that this was the case. However, several new studies, which we have also mentioned below, show different results. In order to highlight the complex dimension of HIV/AIDS and different ways in which HIV/AIDS affect human beings, the authors present two sets of diagrams in the non-statistical appendix at the end of the paper. They also present the impact of HIV/AIDS on an individual and his family (Sarker, 2011) and for the entire economy (Arndt, 2000).

Bonnel (2000) used a cross-sectional analysis and found a strong negative association between HIV prevalence in adults and per capita GDP growth. He found that the annual per capita GDP growth is reduced by about 1% due to 15% HIV prevalence rate in adults. The author of this study also found that without HIV/AIDS, the selected African countries would have grown at a rate of 1.1% per year as opposed to .4%, which is their current growth. In low prevalence countries in Africa and elsewhere, the growth impact is negligible on the other hand Dixon et al. (2001) used a panel data approach; however, they did not find evidence on the impact of HIV prevalence on economic growth. This study covered 41 African countries over the period of 1960 to 1997. The authors found that there was a reduction of 1.3% in economic growth at an HIV prevalence of 20% (Dixon et al. 2000).

Anand et al. (1999) assessed the total annual cost of HIV for the period between 1986 and 1995 in India. In this study, the authors followed a novel approach based on a breakdown of the total annual cost of HIV. Therefore, in the paper, the total annual cost of HIV included: the loss of productivity among patients with HIV-related illness; HIV-caregivers loss of

productivity; and the cost of management of patients with the HIV-related illness. Authors concluded that the estimated annual cost of HIV ranges between 1.0 to 1.1% of the GDP, depending on the assumption made about prevalence (Anand et al. 1999).

## **2.2 African Context**

The UNAIDS Global Report (2010) also shows that the Sub-Saharan Africa still bears an inordinate share of the global HIV burden. Although the rate of new HIV infections has decreased, the total number of people living with HIV continues to rise; however, due to improvement in HIV treatment, the number of HIV/AIDS deaths has decreased. In 2009, people with new HIV infections in sub-Saharan Africa reached 22.5 million (20.9 million–24.2 million), which is 68% of the global total. The same report shows that Sub-Saharan Africa has more women than men living with HIV. It also shows that in sub-Saharan African Ethiopia, Nigeria, South Africa, Zambia, and Zimbabwe has a huge problem with the disease. This clearly shows the urgent need to study the HIV/AIDS epidemic with special emphasis on the Sub-Saharan Africa region. JNAIDS Global Report (2010). Willis (2002) indicates that an approximate of 1500 of married in Africa contact HIV virus daily for various reasons. As in this report many of the cases to contribute to sexual assault and rape. HIV/Aids (2004) estimated as 883 young people received a diagnosis of HIV-infected or Aids representing about 1370 of persons given a diagnosis during that year.

Mostly many girls suffered in hands of men with rested advantages over them like their bosses and teachers. For physical reasons, women have been reported to be more vulnerable than men. Transmission chances from men to a woman under normal circumstance were indicated to be twice as high as the opposite young girls were reported to more susceptible before menopause than older women. On the same report, it was indicated that infections among those carrying prostitutions (a case of Ethiopia) ranged from 36 to 74. (UNAIDS 2004). The report also indicated that prostitution which was more typical among women were risk behavior. The centre for the Disease Control and Prevention (CDC), Public Announcement (PSA), Campaign titled “ Respect Yourself” landed on 30<sup>th</sup> November 1995 placed new emphasis on the importance of education the aged (Youth 18 – 25) years about the risks they face on HIV/Aids (CDC, 1998).

Salinas et al. (2006) studied the relationship between HIV/AIDS prevalence and poverty and inequality. Authors used datasets from both HIV prevalence datasets and income /expenditure surveys (On four countries, Ghana, Kenya, Swaziland, Zambia) to conduct various statistical

analyses and simulation exercises. They found that the epidemic lowers the average income and increases poverty, especially among populations living on the threshold of poverty.

### **2.3 Kenyan Context**

The information on HIV/AIDS prevalence in Kenya is based on sentinel HIV tests on women (age 15-49) presenting themselves for prenatal care at selected sites in the country. The sample from which the HIV data is derived is not representative of the entire population. Nevertheless, the sentinel data is the best information available about the prevalence of the disease, supplemented by routine data from governmental Hospitals, Voluntary Counseling Centers (VCTS) and Non-Governmental Organizations (NGOs) dealing with HIV/AIDS. In Kenya as a whole, the prevalence rate was on an increasing and with latest reports indicating 2.3% increase over previous year's 5.1% prevalence rate. (GoK, 2003). In Nyanchwa Location, the case was not an exception. Reports from NASCOP indicated that 1.7% increase in prevalence rate. The level of awareness was recordings to increment. For this reason, it is therefore clear that there were some constraints which gave blows against HIV/Aids. The constraints were majorly on social, economic, cultural and environment spectrum. (NASCOP , 2003).

It is now estimated that 2.2 million Kenyans were infected with HIV by the year 2002 (GOK, 2003). In addition, based on the supplementary information, it is estimated that an average of 864 Kenyans dies each day because of the disease. There are 700,000 to 1 million HIV/AIDS orphans. Coupled with poor economic performance and widespread poverty with 56% of the population living below the poverty line by the end of 2000, the epidemic has had its heavy toll on the economy. As acknowledged in the Sessional Paper Number 4 on AIDS in Kenya, 1997, the disease has a negative effect on life expectancy, infant mortality, adult mortality and dependency ratios. This wishes to record that as far as there has been awareness creation over the pandemic, the content and message in alarms is not detailed enough to explain how certain factors as those mentioned above would increase one's vulnerability. To that effect, the researcher wishes to report that knowledge in the society on HIV/Aids is too shallow and not considerate.

### **2.4 Theoretical Framework**

This section utilized three theories, they are; the theory of planned behavior, the social cognitive theory and Person Centred Theory. These theories streamlined the study especially in explaining the intensity of an individual's intention to engage in a behaviors that leads to

high rates of HIV/AIDS spread and its economic impact on the youth's economic development.

#### **2.4.1 Theory of Planned Behavior**

The concept of theory of planned behavior was advanced by Icek Ajzen(1985) to improve on the predictive power of the theory of reasoned action by including perceived behavioral control. It is a theory explaining human behavior. This research will utilize the Theory of Planned Behavior (TPB) which predicts an individual's intention to engage in a behavior at a specific time and place. The theory was intended to explain all behaviors over which people have the ability to exert self-control. The key component to this model is behavioral intent; behavioral intentions are influenced by the attitude about the likelihood that the behavior will have the expected outcome and the subjective evaluation of the risks and benefits of that outcome. The TPB has been used successfully to predict and explain a wide range of health behaviors and intentions and it states that behavioral achievement depends on both motivation (intention) and ability (behavioral control).

Attitude towards the behavior measures the degree to which a person has a negative or positive evaluation of his/her performance of the behavior. Perceived Behavioral Control refers to people's perceptions of whether or not they can perform that specific behavior and how easy it is to perform. Subjective Norms refer to what individuals believe other key people in their lives think about whether or not the individual should perform the behavior. The perceived opinions of these key people help determine whether a person will actually perform the behavior. The theory of planned behavior however has various limitations it assumes the person has acquired the opportunities and resources to be successful in performing the desired behavior regardless of the intention. It does not account for other variables that factor into behavioral intention and motivation such as fear, threat mood or past experience. This theory assumes that Behaviour is the result of a linear decision making process and does not consider that it can change over time. The theory also does not say anything about the actual control over behavior also the time frame between the intent and behavioral action is also not addressed by the theory. Hence because of this limitations, the research used another theory to address the weaknesses of the theory of planned behaviour.

#### **2.4.2 Social cognitive theory**

According to Bandura (1977), the premise of the social cognitive or social learning theory (SCT) states that new behaviors are learned either by modeling the behavior of others or by direct experience. Social learning theory focuses on the important roles played by vicarious,

symbolic, and self-regulatory processes in psychological functioning and looks at human behavior as a continuous interaction between cognitive, behavioral and environmental determinants. Central tenets of the social cognitive theory include self efficacy which is the belief in the ability to implement the necessary behavior ("I know I can insist on condom) and outcome expectancies which is the beliefs about outcomes such as the belief that using condoms correctly will prevent HIV infection.

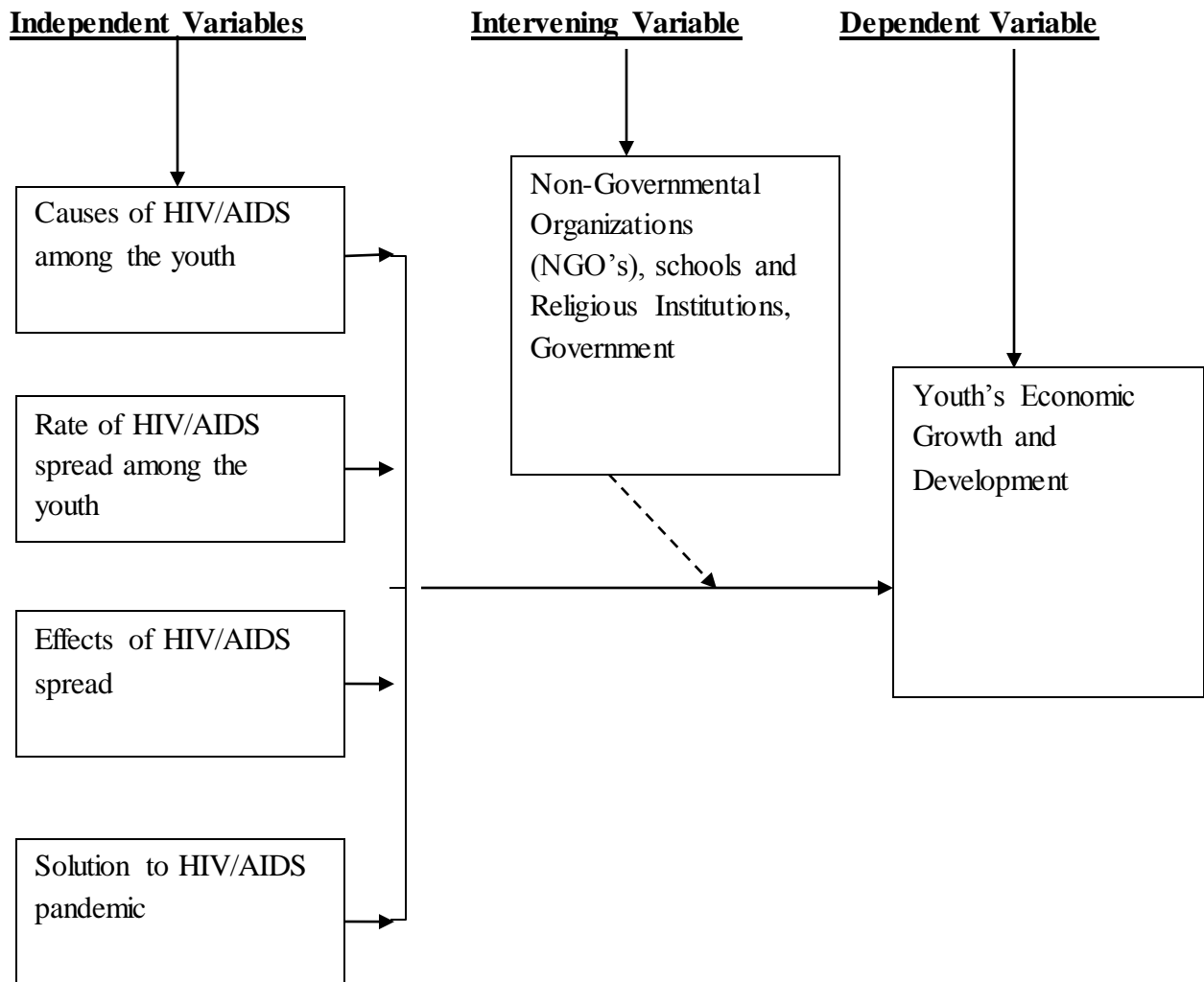
Greenberg, (1996) Programmes built on SCT integrate information and attitudinal change to enhance motivation and reinforcement of risk reduction skills and self-efficacy. Specifically, activities focus on the experience people have in talking to their partners about sex and condom use, the positive and negative beliefs about adopting condom use, and the types of environmental barriers to risk reduction. A meta-analysis of HIV risk-reduction interventions that used SCT in controlled experimental trials found that 12 published interventions with mostly uninfected individuals all obtained positive changes in risk behavior, with a medium effect size meeting or exceeding effects of other theory-based behavioral change interventions.

### **2.4.3 Person Centred Theory**

This theory guided the study. Carl Rogers (1902-1987) developed this theory and it emphasizes the importance of the quality of the relationship between the client and the counsellor. Rogers is strongly committed to the belief that all persons should have the right to their own opinions and thoughts and should be in control of their own destiny, free to pursue their own interests in their own way as long as they do not trample on the rights of others. Any person can reach self-actualization if only given the necessary conditions for growth (George & Christian, 1990). This theory insists on the client being given unconditional positive regard. The counsellor creates a warm and caring environment, never disapproving of the client (Santrock, 2000). The warm atmosphere offered by the counsellor to the individual helps to improve his self-concept and gain insight (Feldman, 1996). The techniques utilized are genuineness, accurate empathy and active listening and the counsellor is non-directive to the client (Craig, 1996).

## 2.5 Conceptual Framework

The conceptual framework is shown below



Source; Survey (2017)

**Fig2.1 Conceptual framework**

In the figure above, the problem that affects youths economic growth development are social factors such as drug abuse and early marriages and economic factors such as unemployment and poverty that make youths to involve themselves into certain activities like commercial sex which put their lives into risks of contracting HIV/Aids and STIs, therefore, lowers their productivity in terms of economic activities.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This chapter outlines the methodology and procedures that were used to obtain research data. It outlines research design, population size, sample size sampling design, sampling procedure, the instruments of data collection, validity and reliability of the study and method of collecting data.

#### **3.2 Location of the Study**

The study was carried out at youth groups in Nyanchwa Location, Kisii Central Sub-County in Kisii County.

#### **3.3 Research Design**

The study adopted a descriptive research design. It is more than just a collection of data as it involves measurement, classification, analysis, comparison and interpretation of data (Kombo and Tromp, 2006). It is a method of collecting information by interviewing or administering a questionnaire to a sample of individuals (Orodho, 2003). This design was used since the study entailed collecting information about the effects of the HIV/Aids prevalence on youth's economic development. Both primary and secondary data were used. The primary data was obtained using questionnaires and secondary data was obtained using books, journals, Central Bureau of statistics publications, and internet among others.

#### **3.4 Target Population**

The target population comprised youth groups in Nyanchwa Location, in Kisii Central Sub-County in Kisii County. The target population selected was based effects of HIV/AIDS prevalence on youth's economic development. The target population had the characteristic significant to the study. The study target population was 72 youths from various youth groups in the location. The target population is illustrated below

**Table3.1 Target population**

Category	Target population
Mwanyagetinge youth group	18
Masando youth group	18
Nyarichwa youth group	18
Nubia cultural group	18
Total	72

Source; Survey (2017)

### 3.4.1 Sample size

A sample size is a smaller group or sub group obtained from the accessible population (Mugenda and Mugenda, 1999). This sub group is carefully selected so as to be representative of the whole population with relevant characteristics. Each member is referred to as a subject respondent or interviewees. The study consisted of 20 respondents.

**Table3.2 Sample size**

Category	Target population	Sampling procedure (30% target population)	Sample size
Mwanyagetinge youth group	18	$18 \times 0.3$	5
Masando youth group	18	$18 \times 0.3$	5
Nyarichwa youth group	18	$18 \times 0.3$	5
Nubia cultural group	18	$18 \times 0.3$	5
<b>Total</b>	<b>72</b>		<b>20</b>

Source; Survey (2017)

### 3.5 Data Collection Instruments

Questionnaires were used to collect primary data. They were used because they were easily administered. It was delivered to the respondents and collected after the agreed period. The respondents were also literate and hence able to answer the questions in the questionnaires without more problems. The structured questions were simple to answer and this enabled respondents to exhaust all the factors about the study. The questionnaires were collected after the agreed period.

#### 3.5.1 Primary data

The questionnaire was used to obtain primary data based on the study objectives. Questionnaire is an objective method because it has no bias resulting from the personal



characteristics (Owens, 2002). The researcher approached youths and those who were willing received a letter with information of the study, had a verbal consent then a questionnaire was given to them and when the respondents finished answering the questions, the questionnaires were handed over to the research for data analysis.

### **3.5.2 Secondary data**

Secondary data was used to gather necessary information in regard to HIV/AIDS and youth development. The study used journals, books and online materials relating to the study.

## **3.6 Research Instruments**

### **3.6.1 Reliability of research instrument**

Reliability is the ability of research instruments to generate same /consistent results when used. Reliability was ensured through a pilot study /Test -Retest technique that was carried out in the same institution a month before the second administration. According to Mugenda, O., & Mugenda, A. (2003) the validity of research is concerned with the extent to which that data measures what they are supposed to measure, while the rest of reliability is concerned with the extent to which the researcher can depend confidently instruments were chosen. Research instruments were selected or developed carefully to fit the research design and the plan of data analysis so that the data collected to facilitate the answering of research questions.

### **3.6.2 Validity of research instrument**

Validity means accuracy. The study adopted the content validity that is questionnaire which was discussed and corrected with the supervisor and other research experts to ensure that the questions were not ambiguous but easy to understand. After the second administration, the instruments generated the same results which proved the reliability of the instruments

### **3.7 Pilot survey**

A pilot study was conducted in order to conduct a pre-test of the questionnaire before the actual data collection. This was done in Narok Town where the questionnaire were issued to the youths then later collected. This pre-test was done so as to test the validity and reliability of data

### **3.8 Ethical considerations**

Due to the sensitivity of the study, the study sought respondents' verbal consent and signing of a consent form after explaining the purpose and procedures of the survey. All participants

in the survey did so voluntarily. Participation in the process was totally voluntary and without fear of victimization hence the participant had a right to withdraw from the study at any given point and those unwillingly respondents were thanked and appreciated. Privacy was embraced and no one was allowed to identify a subject either by name or residence. The study also observed confidentiality where the respondents remained anonymous as each respondent was assigned a unique number and personal information was kept confidential. No unauthorized person apart from the researcher had access to the information.

### **3.9 Data Analysis**

Data analysis is the process of bringing meaning to raw data collected (Mugenda and Mugenda, 1999). After the data had been collected, it was cross examined to ascertain its accuracy, completeness and identify those items wrongly responded to, spelling mistakes and blank spaces. Data was processed using MS Excel & SPSS and presented in frequency tables, pie charts and bar graphs.

## CHAPTER FOUR

### RESULTS AND DISCUSSIONS

#### 4.1 Introduction

This Chapter presents the findings as per the objectives presented in tables, graphs and charts.

#### 4.2 Demographic Characteristics of respondents

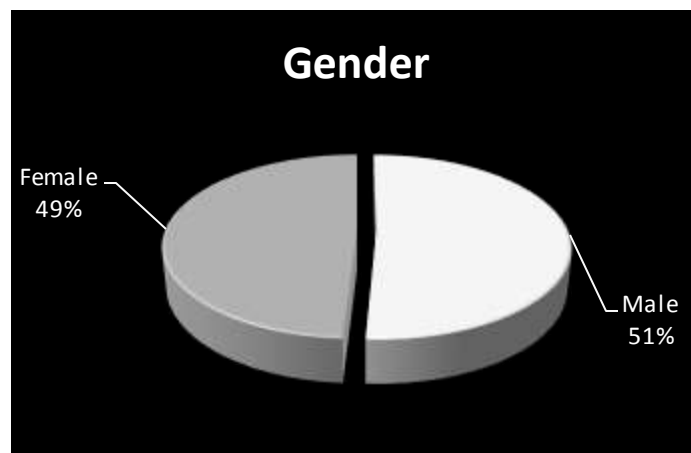
The respondents in the study were required to provide personal but relevant data in regard to their ages, gender, marital status, education level, work experience and monthly earnings

##### 4.2.1 Gender of the respondents

The study sought to establish how the respondents were distributed in terms of gender.

**Table 4.1 Gender of the respondents**

Gender	Frequency	Percentage %
Male	11	51
Female	9	49



**Fig4.1 Gender of the respondents**

**Source; Survey (2017)**

From the findings, it was revealed that majority of the respondents were male 51% while women were 49%. Based on the findings the issue of gender imbalance is long solved.

##### 4.2.2 Ages of the respondent

The research sought to find the age of the respondent. The findings are stipulated below;

**Table 4.2: The Ages of the respondents**

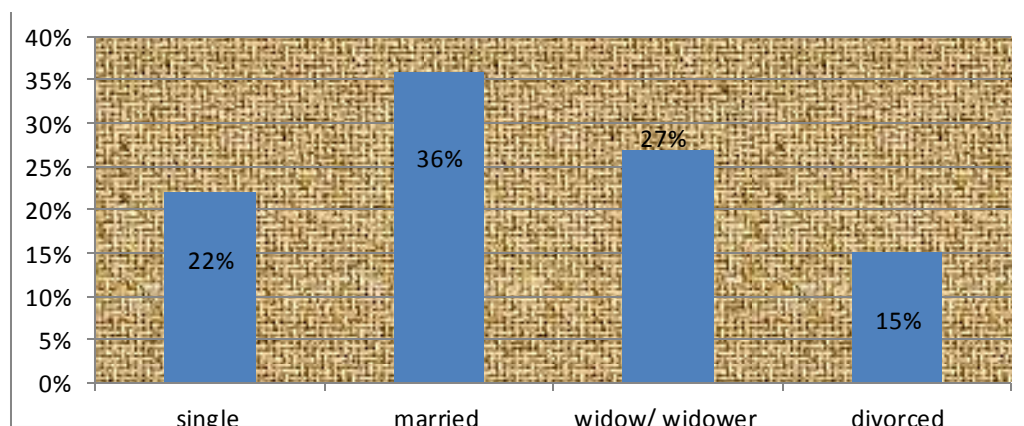
Group	Age bracket			
	18-24-	25-30	31-35	TOTAL
Mwanyagetinge youth group	1	2	3	<b>6 (29%)</b>
Masando youth group	-	4	2	<b>6 (32%)</b>
Nyarichwa youth group	1	3	2	<b>6(29%)</b>
Nubia cultural group	-	1	1	<b>2(10%)</b>
<b>TOTAL</b>	<b>2 (10%)</b>	<b>10 (50%)</b>	<b>8 (40%)</b>	<b>20(100%)</b>

**Source; Survey (2017)**

From the findings, it was revealed that the age distribution of the respondents was fairly representative of all the age brackets with those between 25 and 30years old being the majority as represented by (50%) followed by those aged 31-35 years old at (40%) women. The results support the report that was given by NASCOP (2006) which stated that most infected youths were in the age bracket of 15- 35. Since the results also show that the youth living with HIV/AIDS had their ages cutting across all the age brackets, it implies that HIV/AIDS infection does not discriminate, that is, anybody irrespective of age or place of residence can get infected by HIV/AIDS.

#### **4.2.3 Marital Statuses of the respondents**

The researcher sought to find the marital status of the respondents;



**Fig4.2Marital status**

**Source; Survey (2017)**

From the findings majority were married (36%), followed by the widow/widowers, who were (27%) as opposed to the singles, who were (22%) and the divorced/separated who were (17%). This means that the majority of the infected youths were those within marriage or had one time been in marriage that is, the widows and divorcees, as compared to singles implying that a new wave of HIV/AIDS infections is spreading rapidly among couples, giving rise to devastating effects. These results support earlier report by NASCOP (2005) which say that youths are more vulnerable to HIV because of social, economic, cultural and biological reasons. This worsens for married youths who fear their partners will abandon them if they try to control how and when they have sex or whether their partners use protection.

#### 4.2.4 Education level

The study sought to find out the level of education qualification of the respondents, this was an important indicator of the skill of the respondents. The findings were as shown below

**Table4.3 Level of Education**

<b>Level</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Secondary	5	25
College	9	45
University	5	25
Post graduate	1	5
<b>TOTAL</b>	<b>20</b>	<b>100</b>

**Source: Survey (2017)**

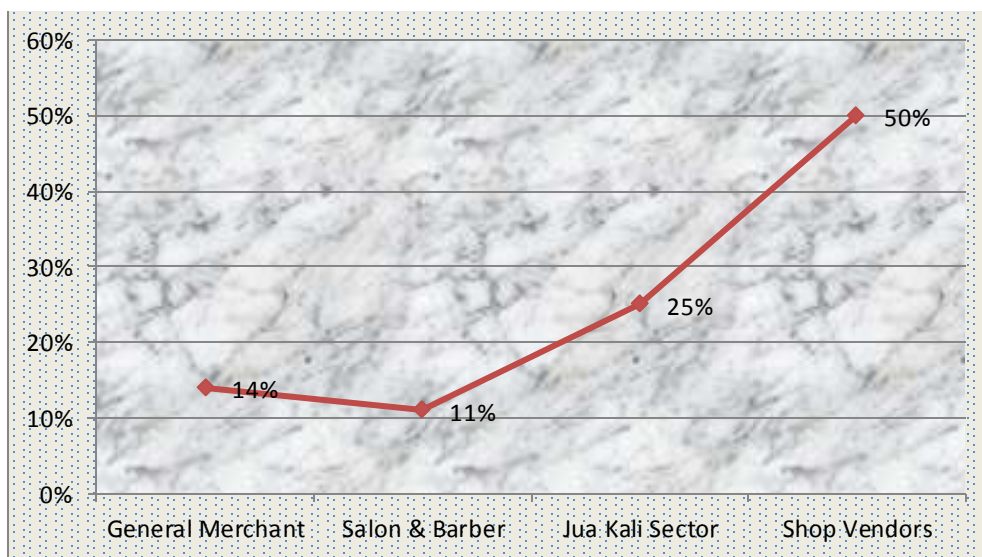
Based on the findings from the study, those who had attained secondary education were (25%), college level (45%) those who were university graduates were (55%) and post graduate were 5%, none. From the study it was noted that majority of the respondents are diploma holders.

#### 4.2.5 Work duration

The study sought to find out from the respondents the number of years they have worked in their relevant operations. Findings are shown below

**Table 4.4 Work duration**

Duration	Frequency	Percentage %
Less than 1yr	3	14
1-5yrs	2	11
6-10yrs	10	50
Over 10yrs	5	25



**Fig4:3 Work duration**

**Source: Survey (2017)**

Based on the analysis (50%) are shop vendors, (25%) are in *Jua Kali* sector, (11%) does personal care business (salon & barbers), 8(10%) are general merchants providers while 3(4%) are on *Jua Kali* sector. From the study it was noted that majority of the respondents are shop vendors.

#### **4.2.6 Monthly Earnings of youths**

The research sought to find the monthly income of the respondents

**Table 4.5: Monthly Earnings of youths**

<b>Monthly Earnings (KS:)</b>	<b>Frequency</b>	<b>Percentage</b>
Less than 2000	11	55%
2000-4900	6	30%
5000-9900	2	10%
More than 10000	1	5%
<b>TOTAL</b>	<b>20</b>	<b>100%</b>

**Source: Survey 2017**

From the findings the monthly earnings ranged from KShs 2,000 to more than KShs 10,000 though slightly over half of youths, being (55%), had an income of less than KShs 2,000. Those who had an income between 2000- 4,900 per month were only (30%) These findings are in agreement with earlier report by UNESCO (2003) which stated that youths earn a tenth of the world's income for doing two-thirds of its work. This means that most youths live in poverty and have relatively low economic status.

### 4.3 Findings as per the objectives

#### 4.3.1 Causes of HIV /AIDs among the youth of Nyanchwa location Kisii County

The study sought to establish the percentage to which the respondents agreed with the following as the causes of HIV/AIDs among the youth. The findings are presented below

**Table4.6 Social pressure and HIV/AIDs**

No.	Response	1	2	3	4	5
a)	Social pressures have made young people accept that they must play sex in order to prove their virility and in order to be mothers and fathers in future.	46%	44%	3%	-	7%

**Source; Survey (2017)**

On Social pressures have made young people accept that they must play sex in order to prove their virility and in order to be mothers and fathers in future, the respondents agreed to a great extent as indicated by 46%.

**Table4.7 Religion and HIV/AIDs**

No.	Response	1	2	3	4	5
b)	Religion; most Christian and Islamic denominations preach against teaching young people about sexuality, about contraceptives, and about condoms.	45%	23%	2%	17%	13%

**Source; Survey (2017)**

On religion as a cause as most Christian and Islamic denominations preach against teaching young people about sexuality, about contraceptives, and about condoms, the respondents agreed to a great extent as indicated by 45%.



**Table4.8 Protection myths and HIV/AIDs**

No.	Response	1	2	3	4	5
c)	Protection myths- Contradictory messages from people who are supposed to have all the right answers leave the youth with no clear direction on protective measures	55%	39%	-	6%	-

**Source; Survey (2017)**

On Protection myths as a cause where contradictory messages from people who are supposed to have all the right answers leave the youth with no clear direction on protective measures, the respondents agreed to a great extent as indicated by 55%.

**Table4.9 Poverty and HIV/AIDs**

No.	Response	1	2	3	4	5
d)	Influence of poverty on early sexual debut and other risky sexual behaviours is widespread among the youths	46%	31%	5%	11%	7%

**Source; Survey (2017)**

On Influence of poverty as a cause of early sexual debut and other risky sexual behaviours is widespread among the youths, the respondents agreed to a great extent as indicated by 46%.

**Table4.10 Pressure related to belief and HIV/AIDs**

No.	Response	1	2	3	4	5
e)	Pressure related to belief that playing sex is equated to love thus school going teenagers have it in bushes etc. and implicitly, because sex is unplanned and a hurried event, condoms are rarely introduced into such liaisons.	55%	43%	1%	1%	-

**Source; Survey (2017)**

On whether pressure related to belief that playing sex is equated to love thus school going teenagers have it in bushes etc. and implicitly, because sex is unplanned and a hurried event, condoms are rarely introduced into such liaisons, the respondents agreed to a great extent as indicated by 55%.

**Table4.11 Cultural constructions and HIV/AIDs**

No.	Response	1	2	3	4	5
f)	Cultural constructions whereby females are supposed to be submissive recipients in the act of sex, while the males are supposed to be the aggressive decision-makers is a prevalence factor	43%	41%	11%	3%	2%

**Source; Survey (2017)**

On if Cultural constructions whereby females are supposed to be submissive recipients in the act of sex, while the males are supposed to be the aggressive decision-makers is a prevalence factor, the respondents agreed to a great extent as indicated by 43%.

**Table4.12 Peer pressure and HIV/AIDs**

No.	Response	1	2	3	4	5
g)	Peer pressure- men sexual script posits that real men should play sex and this belief has filtered down to the youth sexuality, where those who have never had sex are seen as different, weak and stupid.	33%	44%	3%	16	4%

**Source; Survey (2017)**

Asked if Peer pressure- men sexual script posits that real men should play sex and this belief has filtered down to the youth sexuality, where those who have never had sex are seen as different, weak and stupid, the respondents agreed to a great extent as indicated by 44%.

**Table4.13 Sexual privacy and HIV/AIDs**

No.	Response	1	2	3	4	5
h)	Sexual privacy is a factor that influences the relatively earlier sexual debut among the urban poor in many towns due to overcrowded house leading to sharing of beds	27%	29%	32%	12%	-

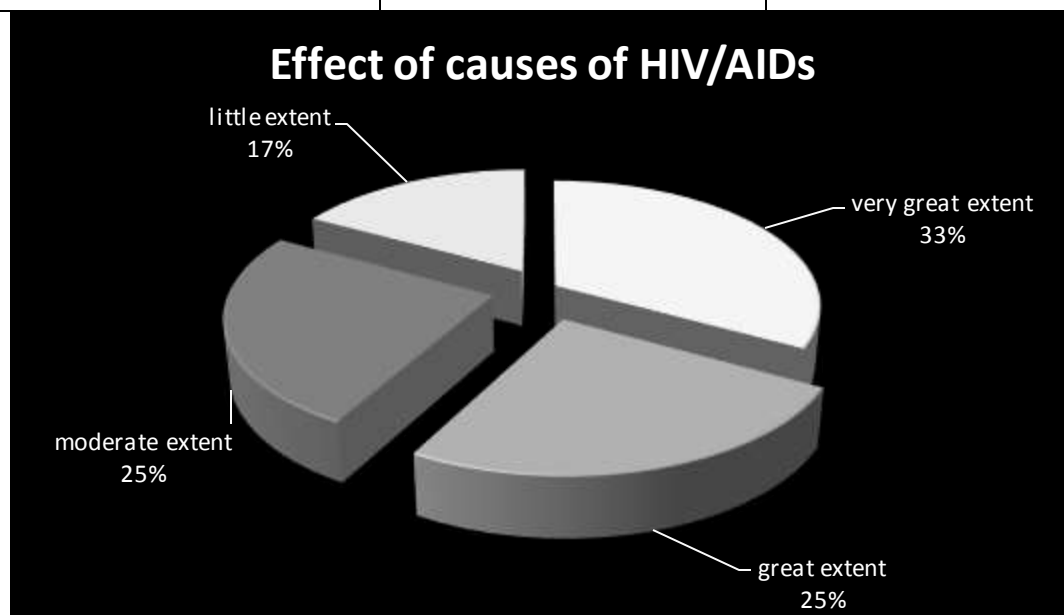
**Source; Survey (2017)**

And finally on whether Sexual privacy is a cause that influences the relatively earlier sexual debut among the urban poor in many towns due to overcrowded house leading to sharing of beds, the respondents were somehow neutral as indicated by 32%.

**The study sought to establish the extent to which HIV/ AIDS causes affect youth economic development in Kisii County**

**Table4.14 Extent of effect of causes on youth economic development**

Response	Frequency	Percentage %
Very great extent	6	33
Great extent	5	25
Moderate extent	5	25
Little extent	4	17



**Fig4.4 Effect of causes of HIV/AIDS among youth**

From the data findings, majority 33% of the respondents indicated that causes of HIV/AIDS affect youth economic development to a very great extent, 25% of the respondents indicated that the causes of HIV/AIDS affect youth economic development to a great extent. Another 25% of the respondents indicated that that causes of HIV/AIDS affect youth economic

development to a moderate extent while 17% of the respondents indicated that the causes of HIV/AIDS affect youth economic development to a little extent.

#### 4.3.2 Rate of HIV /AIDS spread among the youth of Nyanchwa location

The study sought to establish the percentage to which the respondents agreed with the following rate of HIV/AIDS spread on effect to youth economic development. The findings are presented below

**Table4.15 Extra-marital affairs and HIV/AIDS**

No.	Response	1	2	3	4	5
a)	Extra-marital affairs attributed to the nature of work that youths engage in have contributed to the spread of HIV/AIDS	21%	69%	9%	1%	-

**Source; Survey (2017)**

Asked if Extra-marital affairs attributed to the nature of work that youths engage in have contributed to the spread of HIV/AIDS, the respondents agreed to a moderate extent as indicated by 69%.

**Table4.16 Misconception and HIV/AIDS**

No.	Response	1	2	3	4	5
b)	Misconception on spread of HIV/AIDS that those who acquire it are immoral has discouraged youths from disclosing their status thus contributing to its spread	46%	38%	13%	2%	1%

**Source; Survey (2017)**

Concerning whether misconception on spread of HIV/AIDS that those who acquire it are immoral has discouraged youths from disclosing their status thus contributing to its spread the respondents agreed to a great extent as indicated by 46%.

**Table4.17 Discrimination and HIV/AIDs**

No.	Response	1	2	3	4	5
c)	Youths fear their status being known because they will be discriminated by family and friends as well as in work place and this have led to wide spread to the vice	48%	51%	1%	-	-

**Source; Survey (2017)**

On whether youth fear their status being known because they will be discriminated by family and friends as well as in work place the respondents agreed to a great extent as indicated by 48%.

**Table4.18 Stigma and HIV/AIDs**

No.	Response	1	2	3	4	5
d)	Fear of HIV/AIDS stigma once known have made youths not to disclose it to even their sex partners leading to the spread to the disease	55%	39%	6%	-	1%

**Source; Survey (2017)**

On if the Fear of HIV/AIDS stigma once known have made youths not to disclose it to even their sex partners leading to the spread to the disease, the respondents agreed to a great extent as indicated by 55%.

**Table4.19 Social-cultural norms and HIV/AIDs**

No.	Response	1	2	3	4	5
e)	Socio-cultural norms in the society that restrict comprehensive sex education to young people where discussing sex openly is bad manners and a sign of promiscuity have made many shy from the subject	11%	19%	59%	6%	5%

**Source; Survey (2017)**

The respondents were however somewhat neutral on Socio-cultural norms in the society that restrict comprehensive sex education to young people where discussing sex openly is bad manners and a sign of promiscuity have made many shy from the subject as indicated by 59%.

**Table4.20 Denial and HIV/AIDs**

No.	Response	1	2	3	4	5
f)	Denial of youth about their status due to the fact that they are too young to contact the disease have made many not to go medical check ups	46%	23%	11%	13%	7%

**Source; Survey (2017)**

On the Denial of youth about their status due to the fact that they are too young to contact the disease have made many not to go medical check-ups the respondents agreed to a great extent as indicated by 46%.

**Table4.21 Drug abuse and HIV/AIDs**

No.	Response	1	2	3	4	5
g)	Drug abuse where some are administered through the syringe has led to faster spread of HIV/AIDS among the youths	50%	32%	11%	7%	-

**Source; Survey (2017)**

Asked if drug abuse where some are administered through the syringe has led to faster spread of HIV/AIDS among the youths the respondents agreed to a great extent as indicated by 50%.

**Table4.22 Delinquent behaviour and HIV/AIDs**

No.	Response	1	2	3	4	5
h)	Delinquent behaviours among the youth have played a significant role in the spread of HIV/AIDS	51%	47%	1%	1%	-

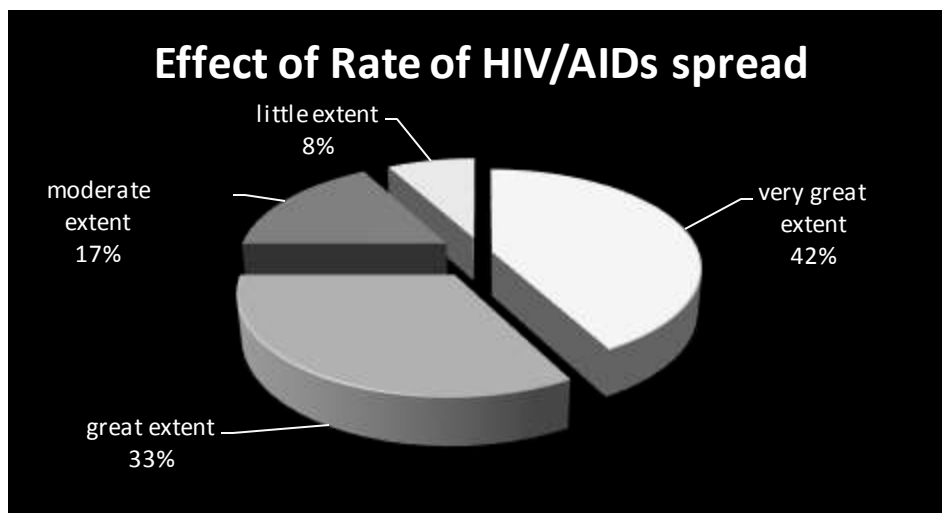
**Source; Survey (2017)**

On whether Delinquent behaviours among the youth have played a significant role in the spread of HIV/AIDS the respondent agreed to a great extent as indicated by 51%

**The study sought to establish the extent to which rate of HIV/ AIDS spread affect youth economic development in Kisii County?**

**Table 4.23: Extent of effect of causes on youth economic development**

Response	Frequency	Percentage %
Very great extent	8	42
Great extent	6	33
Moderate extent	4	17
Little extent	2	8



**Fig4.5 Effect of rate of HIV/AIDS spread**

From the data findings, majority 42 % of the respondents indicated rate of HIV/AIDS spread affects youth economic development to a very great extent, 33.% of the respondents indicated that rate of HIV/AIDS spread affect youth economic development to a great extent, 17% of the respondents indicated that rate of HIV/AIDS spread affect youth economic development to a moderate extent and 8% of the respondents indicated that rate of HIV/AIDS spread affect youth economic development to a little extent.

### 4.3.3 Effects of HIV /AIDs on economic growth among the youth of Nyanchwa location Kisii County

The study sought to establish the percentage to which the respondents agreed with the following as effect of HIV/AIDs on economic growth of youth. The findings are presented below

**Table4.24 Absenteeism and HIV/AIDs**

No.	Response	1	2	3	4	5
a)	Leads to absenteeism which reduces both the output of the youth and organization in general	51%	40%	3%	1%	5%

**Source; Survey (2017)**

On whether it leads to absenteeism which reduces both the output of the youth and organization in general the respondents agreed to a great extent as indicated by 51%

**Table4.25 Investment and HIV/AIDs**

No.	Response	1	2	3	4	5
b)	Lowers investment in household per capital of younger generation which may have long term effect of spread of poverty due to unproductive labour force	43%	41%	16%	-	-

**Source; Survey (2017)**

On whether it lowers investment in household per capital of younger generation which may have long term effect of spread of poverty due to unproductive labour force, the respondents agreed to a great extent as indicated by 43%.



**Table4.26 Loss of income and HIV/AIDs**

No.	Response	1	2	3	4	5
c)	Job losses through stigmatization as well as frequency of medical check-ups leading to loss of income	53%	46%	1%	-	-

**Source; Survey (2017)**

On Job losses through stigmatization as well as frequency of medical check-ups leading to loss of income, the respondents agreed to a great extent as indicated by 53%.

**Table4.27 Family savings and HIV/AIDs**

No.	Response	1	2	3	4	5
d)	Reduces family savings which may deny the family the basic needs like education	51%	47%	1%	-	1%

**Source; Survey (2017)**

Asked if it reduces family savings which may deny the family the basic needs like education, the respondents agreed to a great extent as indicated by 51%.

**Table4.28 Added medical expenses and HIV/AIDs**

No.	Response	1	2	3	4	5
e)	Added medical expenses strains the already strained budget leading to low level of living	43%	42%	9%	6%	-

**Source; Survey (2017)**

On added medical expenses straining the already strained budget leading to low level of living the respondents, agreed to a great extent as indicated by 43%.

**Table4.29 Indirect cost and HIV/AIDs**

No.	Response	1	2	3	4	5
f)	Leads to indirect cost to the society such as loss of skilled labours which are normally difficult to replace	46%	45%	-	7%	1%

**Source; Survey (2017)**

On indirect cost to the society such as loss of skilled labours which are normally difficult to replace, the respondents agreed to a great extent as indicated by 46%.

**Table4.30 Delinquent behaviour and HIV/AIDs**

No.	Response	1	2	3	4	5
g)	Lowers household income of the affected youth as the youths may be unable to contribute to the family kitty	47%	28%	2%	15%	8%

**Source; Survey (2017)**

On whether it lowers household income of the affected youth as the youths may be unable to contribute to the family kitty the respondents agreed to a great extent as indicated by 47%.

**Table4.31 Financial crises and HIV/AIDs**

No.	Response	1	2	3	4	5
h)	Lead to financial crises associated with the burden of a terminal illnesses	39%	24%	22%	25%	-

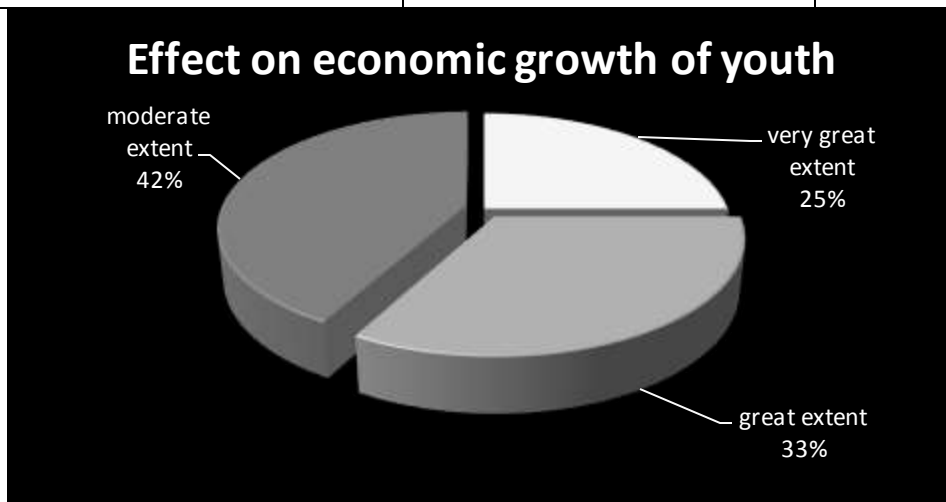
**Source; Survey (2017)**

And finally on financial crises associated with the burden of terminal illnesses the respondent agreed to a great extent as indicated by 39%.

The study sought to establish the extent to which HIV/AIDS impact the economic growth of youth

**Table4.32 Extent of effect of economic growth**

Response	Frequency	Percentage %
Very great extent	5	25
Great extent	6	33
Moderate extent	9	42



**Fig4.6 Effect on economic growth of youth**

From the data findings, majority 41.7 % of the respondents indicated that HIV/AIDS affected the economic growth of youth to a moderate extent, 33.3% of the respondents indicated that it affected to a great extent and 25% of the respondents indicated that it affected to a very great extent.

#### 4.3.4 Solution of HIV /AIDs on youth economic growth among the youth of Nyanchwa location Kisii County

The study sought to establish the percentage to which the respondents agreed with the following as solution to challenges associated HIV/AIDs among the youth.

**Table4.33 Micro-finances support and HIV/AIDs**

No.	Response	1	2	3	4	5
a)	Micro-finance support to start business to youths to have a define source of income thus eradicating poverty and its repercussions	39%	56%	5%	-	-

**Source; Survey (2017)**

Micro-finance support to start business to youths to have a define source of income thus eradicating poverty and its repercussions, the respondents agreed to a great extent as indicated by 56%.

**Table4.34 Health facility and HIV/AIDs**

No.	Response	1	2	3	4	5
b)	Identifying and enrolling the infected one to health facilities like AMPATH	47%	36%	17%	-	-

**Source; Survey (2017)**

On Identifying and enrolling the infected one to health facilities like AMPATH, the respondents agreed to a great extent as indicated by 47%.

**Table4.35 Medical check-ups and HIV/AIDs**

No.	Response	1	2	3	4	5
c)	Educating pubic on relevance of medical check-ups as a method or fighting the vice	31%	51%	7%	11%	-

**Source; Survey (2017)**

On educating public on relevance of medical check-ups as a method of fighting the vice, the respondents agreed to a great extent as indicated by 51%.

**Table4.36 Social support groups and HIV/AIDs**

No.	Response	1	2	3	4	5
d)	Formation of social support groups to reduce stigmatization and associated effects	67%	24%	9%	-	-

**Source; Survey (2017)**

On Formation of social support groups to reduce stigmatization and associated effects, the respondents agreed to a very great extent as indicated by 67%.

**Table4.37 Preventive measures and HIV/AIDs**

No.	Response	1	2	3	4	5
e)	HIV/AIDS campaigns on preventive measures and how to live with it if you are already infected	58%	42%	-	-	-

**Source; Survey (2017)**

On whether HIV/AIDS campaigns on preventive measures and how to live with it if you are already infected, the respondents agreed to a very great extent as indicated by 58%.

**Table4.38 Counselling and HIV/AIDs**

NO.	Response	1	2	3	4	5
f)	Through counselling to encourage acceptance of the status and enhance positive living practices	69%	16%	17%	-	-

**Source; Survey (2017)**

On Through counselling to encourage acceptance of the status and enhance positive living practices, the respondents agreed to a very great extent as indicated by 69%.

**Table4.39 Family counselling and HIV/AIDs**

No.	Response	1	2	3	4	5
g)	Support family counselling of the affected youth on how to cope with the epidemic	35%	41%	19%	5%	-

**Source; Survey (2017)**

Asked if whether supporting family counselling of the affected youth on how to cope with the epidemic is a perfect solution, the respondents agreed to a great extent as indicated by 41%.

**Table4.40 Training and HIV/AIDs**

No.	Response	1	2	3	4	5
h)	Training the infected to enhance their chances of employment by furthering their studies	43%	37%	20%	-	-

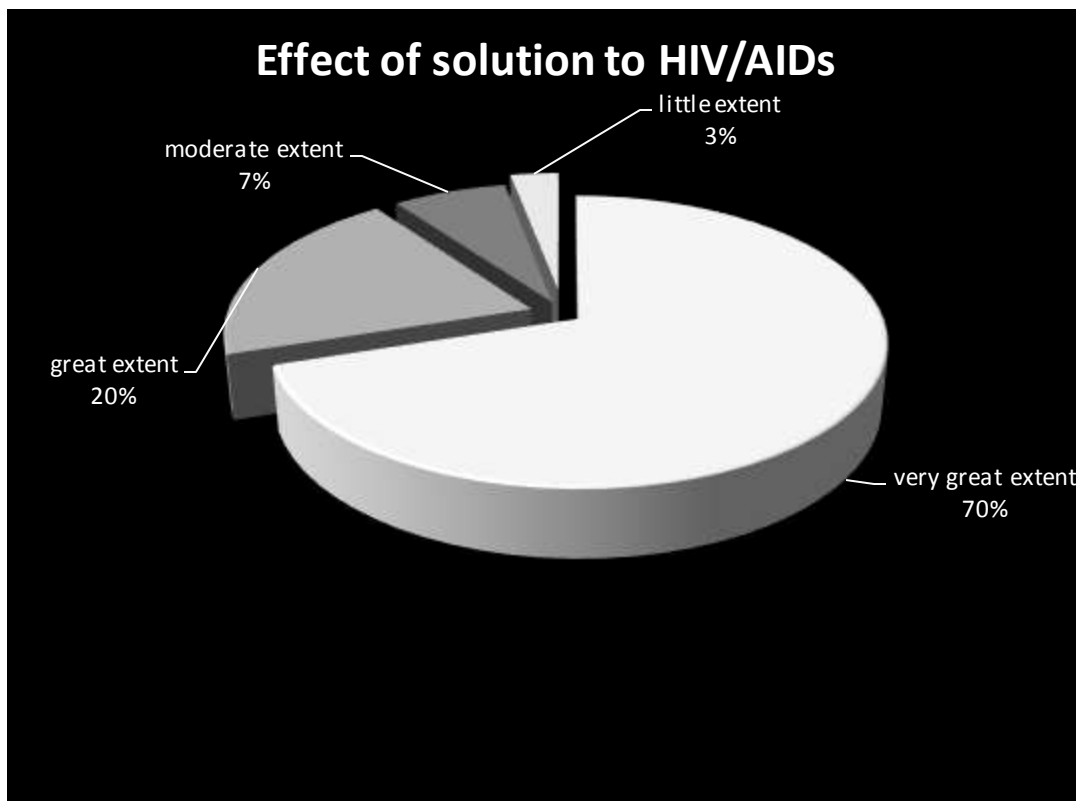
**Source; Survey (2017)**

And finally on training the infected to enhance their chances of employment by furthering their studies, the respondents agreed to a very great extent as indicated by 43%

**The study sought to establish the extent to which solution to HIV/ AIDS affect youth economic development in Kisii County**

**Table4.41 Extent of effect of solution on youth economic development**

Response	Frequency	Percentage %
Very great extent	13	70
Great extent	4	20
Moderate extent	2	7
Little extent	1	3



**Fig4.7 Effect of solution to HIV/AIDs on youth economic development**

From the data findings, majority 70% of the respondents indicated that the solutions to HIV/AIDs affect youth economic development to a very great extent, 20% of the respondents indicated that the solutions to HIV/AIDs affect youth economic development to a great extent. 7% of the respondents indicated that solutions to HIV/AIDs affect youth economic development to a moderate extent while 3% of the respondents indicated that the solutions to HIV/AIDs affect youth economic development to a little extent.

## CHAPTER FIVE

### SUMMARY, CONCLUSION AND RECOMMENDATIONS

#### 5.1 Introduction

This chapter discusses summary, conclusion and recommendation of the study.

#### 5.2 Summary

##### 5.2.1 Demographic information

From the findings, it was revealed that majority of the respondents were male 51% while women were 49% thus the respondent were gender impartial. The age distribution of the respondents was fairly representative of all the age brackets with those between 25 and 30years old being the majority as represented by (50%). From the findings majority were married (36%), and majority of the respondents are diploma holders as represented by 45%

##### 5.2.2 Causes of HIV/AIDs among the youths and its effect on youth economic development.

From the findings, the respondents agreed to a great extent 46% that social pressures have made young people accept that they must play sex in order to prove their virility and in order to be mothers and fathers in future. On religion as a cause as most Christian and Islamic denominations preach against teaching young people about sexuality, about contraceptives, and about condoms, the respondents agreed to a great extent as indicated by 45%. On Protection myths as a cause where contradictory messages from people who are supposed to have all the right answers leave the youth with no clear direction on protective measures, the respondents agreed to a great extent as indicated by 55%. On Influence of poverty as a cause of early sexual debut and other risky sexual behaviours is widespread among the youths, the respondents agreed to a great extent as indicated by 46%. On whether pressure related to belief that playing sex is equated to love thus school going teenagers have it in bushes etc. and implicitly, because sex is unplanned and a hurried event, condoms are rarely introduced into such liaisons, the respondents agreed to a great extent as indicated by 55%. On if Cultural constructions whereby females are supposed to be submissive recipients in the act of sex, while the males are supposed to be the aggressive decision-makers is a prevalence factor, the respondents agreed to a great extent as indicated by 43%. Asked if Peer pressure- men sexual script posits that real men should play sex and this belief has filtered down to the youth sexuality, where those who have never had sex are seen as different, weak and stupid,



the respondents agreed to a great extent as indicated by 44%. And finally on whether Sexual privacy is a cause that influences the relatively earlier sexual debut among the urban poor in many towns due to overcrowded house leading to sharing of beds, the respondents were somehow neutral as indicated by 32%.

From the data findings, majority 33% of the respondents indicated that causes of HIV/AIDS affect youth economic development to a very great extent.

### **5.2.3 Rate of HIV/AIDS spread and its effect to youth economic development**

The study sought to establish the percentage to which the respondents agreed with the following rate of HIV/AIDS spread on effect to youth economic development. Asked if Extra-marital affairs attributed to the nature of work that youths engage in have contributed to the spread of HIV/AIDS, the respondents agreed to a moderate extent as indicated by 69%. Concerning whether misconception on spread of HIV/AIDS that those who acquire it are immoral has discouraged youths from disclosing their status thus contributing to its spread the respondents agreed to a great extent as indicated by 46%. On whether youth fear their status being known because they will be discriminated by family and friends as well as in work place the respondents agreed to a great extent as indicated by 48%. On if the Fear of HIV/AIDS stigma once known have made youths not to disclose it to even their sex partners leading to the spread to the disease, the respondents agreed to a great extent as indicated by 55%. The respondents were however somewhat neutral on Socio-cultural norms in the society that restrict comprehensive sex education to young people where discussing sex openly is bad manners and a sign of promiscuity have made many shy from the subject as indicated by 59%. On the Denial of youth about their status due to the fact that they are too young to contract the disease have made many not to go medical check-ups the respondents agreed to a great extent as indicated by 46%. Asked if drug abuse where some are administered through the syringe has led to faster spread of HIV/AIDS among the youths the respondents agreed to a great extent as indicated by 50%. On whether Delinquent behaviours among the youth have played a significant role in the spread of HIV/AIDS the respondent agreed to a great extent as indicated by 51%

From the study it was revealed that, majority 42 % of the respondents indicated rate of HIV/AIDS spread affects youth economic development to a very great extent.

#### **5.2.4 Effect of HIV/AIDs on economic growth of youth**

The study sought to establish the percentage to which the respondents agreed with the following as effect of HIV/AIDs on economic growth of youth. On whether it leads to absenteeism which reduces both the output of the youth and organization in general the respondents agreed to a great extent as indicated by 51%. On whether it lowers investment in household per capital of younger generation which may have long term effect of spread of poverty due to unproductive labour force, the respondents agreed to a great extent as indicated by 43%. On Job losses through stigmatization as well as frequency of medical check-ups leading to loss of income, the respondents agreed to a great extent as indicated by 53%. Asked if it reduces family savings which may deny the family the basic needs like education, the respondents agreed to a great extent as indicated by 51%. On added medical expenses straining the already strained budget leading to low level of living the respondents, agreed to a great extent as indicated by 43%. On indirect cost to the society such as loss of skilled labours which are normally difficult to replace, the respondents agreed to a great extent as indicated by 46%. On whether it lowers household income of the affected youth as the youths may be unable to contribute to the family kitty the respondents agreed to a great extent as indicated by 47%. And finally on financial crises associated with the burden of terminal illnesses the respondent agreed to a great extent as indicated by 39%.

The study established that, majority 41.7 % of the respondents indicated that HIV/AIDs affected the economic growth of youth to a moderate extent

#### **5.2.5 Solution to HIV/AIDs and its effects on economic development of youth**

The study sought to establish the percentage to which the respondents agreed with the following as economic growth effect associated HIV/AIDs among the youth. Micro-finance support to start business to youths to have a define source of income thus eradicating poverty and its repercussions, the respondents agreed to a great extent as indicated by 56%. On Identifying and enrolling the infected one to health facilities like AMPATH, the respondents agreed to a great extent as indicated by 47%. On educating pubic on relevance of medical check-ups as a method or fighting the vice, the respondents agreed to a great extent as indicated by 51%. On Formation of social support groups to reduce stigmatization and associated effects, the respondents agreed to a very great extent as indicated by 67%. On whether HIV/AIDS campaigns on preventive measures and how to live with it if you are already infected, the respondents agreed to a very great extent as indicated by 58%. On

Through counselling to encourage acceptance of the status and enhance positive living practices, the respondents agreed to a very great extent as indicated by 69%.

Asked if whether supporting family counselling of the affected youth on how to cope with the epidemic is a perfect solution, the respondents agreed to a great extent as indicated by 41%. And finally on training the infected to enhance their chances of employment by furthering their studies, the respondents agreed to a very great extent as indicated by 43%

The study established, majority 70% of the respondents indicated that the solutions to HIV/AIDs affect youth economic development to a very great extent,

### **5.3 Conclusions**

Results from the study on causes of HIV/AIDs among the youth, the study concludes there are various main causes of HIV/AIDs among youths and they have direct impact on their economic development. The causes includes, Influence of poverty on early sexual debut and other risky sexual behaviours is widespread among the youths, Cultural constructions whereby females are supposed to be submissive recipients in the act of sex, while the males are supposed to be the aggressive decision-makers is a prevalence factor, Social pressures have made young people accept that they must play sex in order to prove their virility and in order to be mothers and fathers in future, Contradictory messages from people who are supposed to have all the right answers leave the youth with no clear direction on protective measures, Pressure related to belief that playing sex is equated to love thus school going teenagers have it in bushes etc. and implicitly, because sex is unplanned and a hurried event, condoms are rarely introduced into such liaisons, Religion beliefs where most Christian and Islamic denominations preach against teaching young people about sexuality, about contraceptives, and about condoms, Peer pressure- men sexual script posits that real men should play sex and this belief has filtered down to the youth sexuality, where those who have never had sex are seen as different, weak and stupid as well as Sexual privacy is a factor that influences the relatively earlier sexual debut among the urban poor in many towns due to overcrowded house leading to sharing of beds.

From the study findings on rate of HIV/AIDs spread on youth, the study concludes; there are many vices that contribute to the rate of spread of HIV/AIDs, among the vices are drug abuse where some are administered through the syringe and this has led to faster spread of HIV/AIDS among the youths, extra-marital affairs attributed to the nature of work that youths

engage in have contributed to the spread of HIV/AIDSs, misconception on spread of HIV/AIDS that those who acquire it are immoral has discouraged youths from disclosing their status thus contributing to its spread, fear of HIV/AIDS stigma once known have made youths not to disclose it to even their sex partners leading to the spread to the disease, Delinquent behaviours among the youth have played a significant role in the spread of HIV/AIDSs and socio-cultural norms in the society that restrict comprehensive sex education to young people where discussing sex openly is bad manners and a sign of promiscuity have made many shy from the subject.

Based on the findings on effects of HIV/ AIDS on economic growth of youth, the study concludes that; HIV/AIDSs leads to indirect cost to the society such as loss of skilled labours which are normally difficult to replace, lowers household income of the affected youth as the youths may be unable to contribute to the family kitty, lowers investment in household per capital of younger generation which may have long term effect of spread of poverty due to unproductive labour force, leads to absenteeism which reduces both the output of the youth and organization in general, added medical expenses strains the already strained budget leading to low level of living, reduces family savings which may deny the family the basic needs like education, job losses through stigmatization as well as frequency of medical check-ups leading to loss of income and lead to financial crises associated with the burden of a terminal illnesses

From the study finding on the solutions to the HIV /AIDSs and its effects on youth economic development, the study concludes that there are various solutions that can be very effective if implemented, among the solutions are; formation of social support groups to reduce stigmatization and associated effects, through counselling to encourage acceptance of the status and enhance positive living practices, micro-finance support to start business to youths to have a define source of income thus eradicating poverty and its repercussions, educating public on relevance of medical check-ups as a method of fighting the vice, HIV/AIDS campaigns on preventive measures and how to live with it if you are already infected, identifying and enrolling the infected one to health facilities like AMPATH, Support family counselling of the affected youth on how to cope with the epidemic and training the infected to enhance their chances of employment by furthering their studies.

The study having utilized three theories namely; theory of planned behaviour, the social cognitive theory and person centred theory, it came out that the study was clearly streamlined by the planned behaviour theory Icek Ajzen (1985) to improve on the predictive power by including the perceived behavioural control. Its weakness were strengthened by the theory of person centred theory advance by Carl Rogers (1902) and the study summarized by the social learning theory of Bandura (1977)

#### **5.4 Recommendations**

In view of the above conclusions, the following recommendations about the effects of HIV/AIDS prevalence on youth's economic development can be made.

Counselling on HIV/AIDS should be emphasized not only to the infected but also to the families or people handling the HIV/AIDS victims. Family counselling especially will go a long way to alleviate the psychological and social problems such as negative reaction of family members, discrimination in society among other problems.

The government and other stakeholders should construct voluntary counselling and testing centres (VCT) near the grassroots throughout the country to take care of HIV/AIDS victims and also those seeking such services even if not infected.

The low-income youth should be encouraged to engage in income generating activities or attend training in order to expand their skill thus betterment of their chances of getting employed or to help them operate their business profitably. Since it emerged that HIV/AIDS is rapidly spreading among the couples than the singles, then measures should be taken to stop the spread because it leads to more youths getting HIV/AIDS.

The society or community should be sensitized on how to handle and cope with people living with HIV/AIDS. This is because some low-income women living with HIV/AIDS were being discriminated against or isolated yet the community or family members will either be affected or infected by the scourge also.

#### **5.5 Suggestions for Further Research**

The researcher recommends further research to be done on the following aspects of HIV/AIDS.

- i. A survey should be done on the psychological challenges associated HIV/AIDS among the youth

ii. A survey to be done on the effectiveness of Voluntary Counselling and Testing (VCT) on youth

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## **APPENDICES**

### **Appendix I: Introduction Letter**

**ALICE NYABOKE OGETONTO**

**P.O BOX 1788**

**KISII**

**MAY, 2017**

Dear Respondent,

**RE: DATA COLLECTION**

I am a student of Maasai Mara University pursuing a Bachelor of Arts in social work. For the purpose of partial fulfillment of my degree course, I'm currently working on my final university project whereby I'm studying the 'effects of HIV/AIDs on youth's economic development in Nywancha Location Kisii County'. In regard to this it is my pleasure to participate in the studying by completing the attached survey.

Kindly note that the attached questionnaire will take a few to complete, among other things I will ensure confidentiality of the information provided and for that matter please do not include your name. also if you choose to participate answer the questions with honesty.

Thank for taking time to assist me in education endeavour

Yours faithfully,

**ALICE NYABOKE OGETONTO**

## Appendix II: Questionnaires

### EFFECTS OF HIV/AIDS PREVALENCE ON YOUTH'S ECONOMIC DEVELOPMENT

**Instructions: Tick or fill in as appropriate**

#### SECTION A: GENERAL INFORMATION

This section deals with respondent background information

**1. What is your gender?**

Female

Male

**2. Your age bracket (Tick whichever appropriate)**

18 – 24 Years

25 - 30years

31– 35 years

**3. What is your marital status**

Single  Married  Divorced

**4. What is your education level? (Tick as applicable)**

Secondary  College  Bachelors' degree

Post graduate

**5. Work experience (Tick as applicable)**

Less than 1 year  6-10 years

1-5 years  Over 10 years

**6. Please indicate your income bracket per month**

Less than 2000  2000-4900

5000-9,900  more than 10,000

## SECTION B: SPECIFIC OBJECTIVES

This section addresses the effects of the HIV/Aids prevalence on youth's economic development in Nyanchwa location, Kisii County.

Using a scale of 1 to 5, indicate how you agree or disagree in respect to the determinant highlighted

*(1-Strongly agree, 2 – Agree, 3-Neutral, 4-Disagree, 5-Strongly disagree).*

### 4 What are the main causes of HIV /AIDs among the youth of Nyanchwa location Kisii County?

No.	Practice	1	2	3	4	5
(i)	Influence of poverty on early sexual debut and other risky sexual behaviours is widespread among the youths					
(ii)	Cultural constructions whereby females are supposed to be submissive recipients in the act of sex, while the males are supposed to be the aggressive decision-makers is a prevalence factor					
(iii)	Social pressures have made young people accept that they must play sex in order to prove their virility and in order to be mothers and fathers in future.					
(iv)	Protection myths- Contradictory messages from people who are supposed to have all the right answers leave the youth with no clear direction on protective measures.					
(v)	Pressure related to belief that playing sex is equated to love thus school going teenagers have it in bushes etc. and implicitly, because sex is unplanned and a hurried event, condoms are rarely introduced into such liaisons.					
(vi)	Religious; most Christian and Islamic denominations preach against teaching young people about sexuality, about contraceptives, and about condoms.					
(vii)	Peer pressure- men sexual script posits that real men should play sex and this belief has filtered down to the youth sexuality, where those who have never had sex are seen as different, weak and stupid.					
(viii)	Sexual privacy is a factor that influences the relatively earlier sexual debut among the urban poor in many towns due to overcrowded house leading to sharing of beds					

How can you rate the extent of HIV causes on youth economic development in Kisii County?

(i) To a very great extent

(ii) To a great extent

(iii) To a moderate extent

(iv) To a little extent

(v) To no extent

**5 What is the rate of HIV /AIDs spread among the youth of Nyanchwa location Kisii County?**

No.	Challenge	1	2	3	4	5
(i)	Drug abuse where some are administered through the syringe has led to faster spread of HIV/AIDS among the youths					
(ii)	Extra-marital affairs attributed to the nature of work that youths engage in have contributed to the spread of HIV/AIDS					
(iii)	Misconception on spread of HIV/AIDS that those who acquire it are immoral has discouraged youths from disclosing their status thus contributing to its spread					
(iv)	Fear of HIV/AIDS stigma once known have made youths not to disclose it to even their sex partners leading to the spread to the disease					
(v)	Denial of youth about their status due to the fact that they are too young to contact the disease have made many not to go medical check ups					
(vi)	Youths fear their status being known because they will be discriminated by family and friends as well as in work place and this have led to wide spread to the vice					
(vii)	Socio-cultural norms in the society that restrict comprehensive sex education to young people where discussing sex openly is bad manners and a sign of promiscuity have made many shy from the subject					
(viii)	Delinquent behaviours among the youth have played a significant role in the spread of HIV/AIDS					

How can you rate the extent of HIV spread on youth economic development in Nyanchwa location, Kisii County

(i) To a very great extent

(ii) To a great extent

(iii) To a moderate extent

(iv) To a little extent

(v) To no extent

**6 What are the effects of HIV /AIDs on economic growth among the youth of Nyanchwa location Kisii County?**

No.	Challenge	1	2	3	4	5
(i)	Leads to indirect cost to the society such as loss of skilled labours which are normally difficult to replace					
(ii)	Lowers household income of the affected youth as the youths may be unable to contribute to the family kitty					
(iii)	Lowers investment in household per capital of younger generation which may have long term effect of spread of poverty due to unproductive labour force					
(iv)	Leads to absenteeism which reduces both the output of the youth and organization in general					
(v)	Added medical expenses strains the already strained budget leading to low level of living					
(vi)	Reduces family savings and investment which may deny the family the basic needs like education					
(vii)	Job losses through stigmatization as well as frequency of medical check-ups leading to loss of income					
(viii)						

How can you rate the extent of HIV on economic growth of youth in Nyanchwa location Kisii County? in Nyanchwa location, Kisii County\

- (i) To a very great extent
- (ii) To a great extent
- (iii) To a moderate extent
- (iv) To a little extent
- (v) To no extent

**7 What is the solution of HIV /AIDs on youth economic development in Nyanchwa location Kisii County?**

No.	Challenge	1	2	3	4	5
i)	Formation of social support groups to reduce stigmatization and associated effects					
j)	Through counselling to encourage acceptance of the status and enhance positive living practices					
k)	Micro-finance support to start business to youths to have a define source of income thus eradicating poverty and its repercussions					
l)	Educating pubic on relevance of medical check-ups as a method or fighting the vice					
m)	HIV/AIDS campaigns on preventive measures and how to live with it if you are already infected					
n)	Identifying and enrolling the infected one to health facilities like AMPATH					
o)	Support family counselling of the affected youth on how to cope with the epidemic					
p)	Training the infected to enhance their chances of employment by furthering their studies					

How can you rate the extent of solution to HIV on youth economic development in Nyanchwa location Kisii County?

- (i) To a very great extent
- (i) To a great extent
- (ii) To a moderate extent
- (iii) To a little extent
- (iv) To no extent

-----**END**-----

**THANK YOU FOR YOUR PARTICIPATION.**

### Appendix III: Work Plan

No		Week 1	Week 2	Week 3	Week 4-6	Week 7	Week 8	Week 9	Week 10
1	Topic identification	*							
2	Literature review		*						
3	Methodology			*					
4	Data collection				*				
5.	Data analysis					*			
6.	Compiling final draft						*		
7.	Typing and editing							*	
8.	Research submission								*



#### Appendix IV: Budget

	<b>Quantity</b>	<b>Unit cost ksh.</b>	<b>Cost ksh.</b>
<b>Project</b>			
1 <sup>st</sup> print out	56pages	@ 50/=	2800/=
2 <sup>nd</sup> print	56 pages*2	@ 10/=	560/=
2 <sup>nd</sup> print out	56 pages	@ 10/=	560/=
Binding	3	@ 150/=	150/=
<b>Total</b>			<b>3,270</b>