SCOUTING FOR SOLUTIONS

Research on Adolescent Health in Kenya and Uganda

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Kenya Scouts Association

Uganda Scout Association

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Contents

Scouting for Solutions Project

PATH is working with the Kenya and Uganda Scouts Associations in implementing the "Scouting for Solutions (SfS) project. The project is funded by the President's Emergency Plan for AIDS Relief (PEPFAR) through USAID. Through this project, PATH, Kenya Scouts Association, and Uganda Scout Association will directly reach an estimated 325,000 boys and girls aged 12-1 5 years with intensive and repeated messages and activities. The project is working with younger adolescents to improve their knowledge and give them life skills, so they can be better prepared to handle the transition in to adulthood including communication and decision making skills. Informed and skilled adolescents are better able to avoid risky situations that arise. The project will also address gender issues because gender discrimination, roles, and sexual relations affect women and girls vulnerability to HIV. The project will also facilitate positive behavior formation and behavior change by building on the scouts' value system.

SfS focuses on young scouts because this provides greater opportunities for reaching young adolescents both in and out of school who often face a time of heightened sexual vulnerability and crucial decision making, particularly about sexual experiences. This vulnerability puts young people, especially girls, at risk of unintended pregnancies, HIV, and other sexually transmitted infections (STI). Prevention education therefore may be most successful when it starts before sexual debut. The project will endeavour to strengthen adolescents' life skills so that youth are better prepared to handle the transition to adulthood including communication and decision making.

The SfS project utilizes a variety of strategies including a quarterly newsletter, activity packs, modular training of scout leaders and other activities that encourage scouts to learn more about HIV prevention through an action-oriented and learning-by-doing approach. The SfS project is also enhancing girls participation and protection by involving parents and domesticating and implementing the sexual harassment policy in scouting.

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In **Kenya:**

- **Mombasa District:** Bomu Primary School, Cyber View Junior Academy, Shelly Academy, Consolata Catholic Primary School, and Mombasa High School.
- **Kirinyaga District:** Gakoigo Primary and Secondary Schools, Kamuiru Primary School and Kamuiru Secondary School, and Gakuro Primary School.
- **Homa Bay District:** Father Sheifer Boys Boarding Primary School, Shauri Yako Primary School, Mirogi Boys High School, Mirogi Girls High School, Orero Primary School, Asego Primary School, St. Martha's Girls High School, and Homa Bay Boys High School.
- **Trans-Nzoia District:** St. John's High School, Kitale Academy Girls Secondary School, Ngoonyek Primary School, Maridadi Primary School, Saboti Secondary School, and St. Anthony Boys High school.

In **Uganda:**

- **Mukono District:** Seroma Christian High School, Paul Mukasa Boarding Primary School, Mary Times Primary School, and Bishop Senior Secondary School.
- **Iganga District:** St. Joseph Primary School, Nkuutu Memorial School, King of Kings, and Bunyiro Primary School.
- **Bushenyi District:** Sacred Heart Secondary School, Nganwa Junior School, Kyamuhunga Primary School, and Kyabugimbi Secondary School.

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Executive summary

Scouting for Solutions is a five-year project that aims to prevent the spread of HIV and AIDS by promoting healthy sexual behaviour amongst Scouts in Kenya and Uganda, including the promotion of abstinence until marriage, fidelity in marriage, and monogamous relationships. The project, funded by the US Agency for International Development, is being implemented by the US–based nongovernmental organization PATH, in conjunction with national Scouts associations in Kenya and Uganda. By 2009, the project will reach an estimated 325,000 girls and boys aged 12 to 15 years with intensive and repeated HIV prevention strategies and health promotion activities.

Understanding that HIV/AIDS prevention programs are most effective when they are evidence-based and grounded in the communities they aim to serve, PATH began the SfS project by conducting a formative assessment of youth behaviour, knowledge, opinions, social experiences, and information sources regarding sexuality and HIV. The assessment included an in-depth literature review, an appraisal of training needs, 47 key informant interviews, and 56 focus group discussions among youth aged 12 to 15 years in Kenya and Uganda. This report summarizes the results of the assessment and offers recommendations for refining program activities, developing appropriate messages and educational materials, and seeking delivery mechanisms that will help Scouts in Uganda and Kenya increase protective factors and reduce risk factors for acquiring HIV.

While a detailed summary of findings is included in this report, the following illustrative examples can offer insight into how PATH and others can use the results to shape future activities.

Building a healthy environment for adolescents

Research on recreational activities supports the idea that community programs like the Scouts engage adolescents in constructive, peer-supported activities and offer a safe environment to open a dialogue about HIV and AIDS. Because adolescents often join the Scouts with a desire to help others, this energy may be channelled into training Scouts to raise awareness with family and other members of the community, thus extending the reach of the program even further.

Increasing access to adult mentors and counselors

Both the literature review and formative research conclude that adolescents need additional access to trusted adults who can speak with them about relationships and their health. Although health facility staff may seem to be an obvious source for such information, a recent study found that few youth actually accessed those services when they were made available. By working with Scouts to identify other places where young people can access information and/or services on health, SfS can expand and improve the amount of health information available to youth.

Changing unhealthy gender norms

Gender norms were found to be strongly influential when it comes to young people's (particularly girls') ability to control their reproductive health. Formative research shows that gender norms vary across a wide spectrum in Uganda and Kenya, perhaps opening the door to more healthy dialogue on the topic. Because gender norms encourage and often force young people into sexual activity at an early age and because sexual violence is a valid fear among young people in Uganda and Kenya, there is ample opportunity to work with Scouts to discuss and re-think their own gender norms, develop skills to deal with pressure for sex, model nonviolent masculinity, and engage positive male and female adult role models in Scout activities.

Redefining boy-girl relationships

Qualitative studies revealed a wide range of perceptions of boy-girl relationships. The age that most of the youth said was appropriate for having boyfriends/girlfriends was 18 years, although a Kenyan study found that approximately 40 percent of boys and 20 percent of girls between 10 and 16 years already had boyfriends or girlfriends. Both male and female Scouts made frequent mention of exchanging material gifts or monetary support for sex between boyfriends/girlfriends and with older partners. More can be done to help Scouts explore non-sexual ways of being in relationships and to set personal goals for abstaining or delaying sex until they are adults, married, or mature enough to handle physical relationships.

Overcoming social pressure to have sex

Scouts in all age groups understand the meaning of sexual intercourse. Kenyan youth estimate that about 3 in 10 of their friends have experienced sexual intercourse, although measuring sexual behaviour among adolescents is notoriously difficult. Primary motivations for sex include pleasure, exploration, getting children, looking mature, and practice, although exchange of money and material goods, coercion, force, and sexual violence are also factors. More can be done to encourage young people who experience rape or sexual violence to go to a trusted adult for assistance and to support these adults in providing guidance. Working with Scouts to practice facing and resisting peer pressure may help them overcome social pressures to have sex and to say "no" to relationships based on favours and gifts.

Providing information on HIV and AIDS and prevention

Most young people in Uganda and Kenya are able to define HIV and AIDS and describe how it is transmitted; however, there are gender disparities in HIV knowledge and general gaps in knowledge such as how to prevent transmission or identify symptoms. Scouts are familiar with the concept of abstinence, which is confirmed in broader research as well, and they can describe both positive and negative perceptions of abstinence. Ensuring that Scouts have access to accurate, in-depth information on HIV/AIDS and abstinence is critical. There may also be opportunities to provide training to Scouts on becoming peer educators on HIV and adolescent health issues and leading discussions on these topics.

Clearly there are ample opportunities for the SfS project to provide information, guidance, and a safe place for discussion on a range of topics relating to health, gender, relationships, and HIV/AIDS. Further opportunities can be explored to help Scouts set goals for relationships, education, career options, and financial planning so that they feel supported in making healthy choices. The next phase of the SfS project will be to prioritize and implement activities in Scout programs throughout Uganda and Kenya and to monitor the success of these interventions so that they may be improved upon and shared with other communities struggling to seek solutions to the AIDS crisis.

Introduction

HIV and AIDS are having a serious and growing impact on youth. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), one-third of all currently-infected individuals are young people between the ages of 15 and 24 years of age, with half of all new infections occurring among the same age group.[1] In Kenya alone, 12 to 18 percent of young women aged 15 to 24 are infected with HIV compared to only 5 to 7 percent of males the same age.[1] Between 1983 and 1997, a 15-year-old female's chances of dying before age 40 quadrupled from 11 to over 40 percent.[2]

As a group, adolescents face a time of heightened sexual vulnerability and must be able to make crucial decisions, particularly about sexual experiences that could place them at risk of unintended pregnancy and HIV or other sexually transmitted infections (STIs). Because they can carry HIV for years without knowing they are infected, young people can spread the virus quickly among uninfected individuals. In the next decade, the disease is poised to affect younger and younger populations. In Kenya, five-year projections estimate that 60 percent and 40 percent of new HIV infections in Kenya will occur in adolescents—girls and boys, respectively—between the ages of 14 and 19 years.[3]

Prevention represents the only long-term sustainable solution to turn the tide against HIV and AIDS. But without access to accurate and practical information about HIV and AIDS, adolescents are more vulnerable to infection, less able to avoid infection, and less confident in their ability to protect themselves.[4] Fortunately, with strong political leadership, public awareness campaigns, and access to information about HIV, communities can help young people delay their first sexual experiences and adopt behaviours to avoid infection. Combined with social marketing of condoms, the promotion of voluntary counselling and testing, and more open public discussion of the epidemic, countries have shown that it is possible to dramatically lower HIV infection rates.[4] Uganda's HIV infection rate, for example, went from 22 percent in the early 1990s to 8 percent in 1998 amongst girls aged 15 to 19 years after adopting such strategies.

Community buy-in is critical for strong adolescent health programs

Although statistics clearly show that adolescents are exceptionally vulnerable to HIV and AIDS, communities around the world tend to resist reproductive health programmes for adolescents, and particularly those for young adolescents.[5] Despite considerable evidence that sex education does not increase risky sexual behaviour, many policymakers, decision-makers, and religious leaders fear that discussing sex will encourage experimentation.[6,7] Adult discomfort with communication about sexuality can contribute to the resistance that many adolescent health interventions face.[5] The unfortunate result is that adolescents tend to lack accurate information about their bodies, feelings, and choices related to sex, and lack access to people who are informed, comfortable, and willing to discuss sexuality with them.

In Kenya and Uganda, there is no single, consistent provider of adolescent health services or information. Community institutions, such as local village courts in

Uganda, may promote adolescent health services, depending on their values, missions, and capacities.[8] Schools can also act as primary sources of adolescent health information or services, but only in areas where teachers, parents, and school administrators support this concept.[6] Clinics can be a key source of information and services for youth—but only if the institution prioritizes this audience. Unfortunately, clinics often create barriers to adolescents using their facilities, including a negative attitude toward youth among many service providers.[4,9]

Studies in Kenya and elsewhere show that locally-led programs that involve communities in the design, management, and funding of adolescent health interventions tend to improve the quality, delivery, and sustainability of such programs.[3,4,6] Lacking community involvement, adolescent health interventions may not match the desires or values of community members, resulting in projects that are neglected or underutilized.[3]

Truly successful implementation also requires coordination between nongovernmental organizations (NGOs), community and religious groups, and government officials.[10] This can be challenging in countries where national and district officials are unfamiliar with adolescent health policies and unaware of the need for new policies.[11] Some policymakers need to be convinced that there are national benefits to investing in adolescent health for young adults; others are simply not aware that they have roles and responsibilities in the implementation strategies.[4,11]

Scouting for Solutions

The Scouting for Solutions (SfS) project has been designed as a strategic skills- and dialogue-based project that promotes abstinence until marriage, fidelity in marriage, monogamous relationships, and avoidance of unhealthy sexual behaviours amongst Scouts in Kenya and Uganda. Working with local communities, SfS will deliver accurate information and build skills that encourage the "A" (abstinence) and "B" (being faithful) components of the comprehensive A, B, and C (condoms) approach to HIV prevention. By the end of the project in 2009, PATH, in partnership with national Scouts associations in both Kenya and Uganda, will reach an estimated 325,000 girls and boys aged 12 to 15 years as well as an estimated 1.6 million family members with intensive strategies and activities. Ultimately, the project will expand opportunities for adolescents to lead healthy and productive adult lives.

Given the sensitivity around adolescent health issues and clear evidence that health interventions work best when they are community-driven, PATH developed a partnership with community-based Scouts organizations in Kenya and Uganda to better meet the needs of adolescents in these countries. Already a trusted and effective organization working in adolescent development with well-established community connections, Scouts provides a safe environment where young people can learn and grow by making decisions—doing and discovering for themselves—while experiencing fun, adventure, and challenge. The Scouts have the respect and infrastructure, training networks, and positive relationships with schools, church groups, and the government to offer a robust and effective HIV-prevention program in these countries.

The Scouts' value system is based on three principles: duty to God, duty to others, and duty to self. The Promise and Law, a voluntary personal commitment to do one's best to adhere to an ethical code of behaviour, clearly expresses these values. Through this system, Scouting involves youth in an informal educational process and makes each individual the principal agent in his or her spiritual, social, and personal development. Scout Law is not based on prohibitions, but on positive qualities of a Scout. As such, Scouting fosters connections that encourage positive relationships with peers, adults, and institutions that can provide a safety net to support healthy choices and behaviours. Scouting also enables young people to work in small patrols where they can find friendship, status, security, and a sense of belonging. With its emphasis on education and skills-building, SfS fits well within Scout philosophy.

The Scouts in Kenya and Uganda include both girls and boys and are generally grouped into four categories: Cubs (6 to 11 years); Junior Scouts (12 to 15 years); Senior Scouts (16 to 18 years); and Rovers (18 to 30 years). The SfS project targets Junior Scouts aged 12 to 15 years. Nearing the end of childhood and at the cusp of becoming young adults, adolescents at this age are forming new gender beliefs and undergoing significant physical changes through puberty. This presents an excellent opportunity to discuss the formation and internalisation of gender norms and attitudes toward personal health, while also fostering positive relationships between Scouts and adults and institutions that can help them avoid high-risk behaviours and make healthy choices in the future.

As an abstinence-based programme, SfS understands that sex is not always consensual or voluntary and that both boys and girls sometimes do not have the ability to refuse sex. In a study amongst Kenyan secondary school students, 18 percent of girls who have had sex said they were "tricked" or coerced, and 24 percent said they were forced into their first intercourse.[12] These data show that reproductive choices—including the choice of whether to have sex, safe or not—are often out of a young person's control.

For these reasons, the SfS project will integrate gender sensitivity training into all programming and work toward developing gender equity (especially in the attitudes of young men) and gender empowerment (especially amongst young women). The project will address gender issues, including coercive sexual activity, adolescent socialization, and violence; strengthen protective factors; reduce risk behaviours; and build community support.

Because girls and out-of-school youth are most vulnerable to HIV and AIDS, SfS will also work with youth to increase their participation in Scouting activities, so that these typically under-served populations can have access to important HIV prevention information and skills.

Study objectives

To ensure that the SfS project is locally-owned and based on the real needs of adolescents in Uganda and Kenya, PATH designed a formative assessment to acquire in-depth information on programming areas not previously examined in secondary

literature. The findings are being used to inform the development of project activities and educational materials.

The overarching goals of the formative assessment were to:

1. Examine knowledge, attitudes, perceptions, intentions, and beliefs about HIV/AIDS among adolescents.
2. Assess the community and protective impact of youth involvement in Scouting.
3. Identify how SfS can be better integrated within the current Scout programming.
4. Contribute to a broader discourse about the needs of young adolescents in the region.

The objectives of the formative assessment were to:

1. Fill gaps in current knowledge with regard to the behaviours, intentions, and perceptions of boys and girls aged 12 to 15 years.
2. Inform programme design and implementation, including activity packs, curriculum, and community outreach activities.
3. Establish sentinel sites for ongoing research; pre-testing of information, education, and communication materials; and programme implementation activities.

Although attitudes in these two countries varied, they were similar enough that we believe a single set of materials will be valuable for both countries, and therefore we present a combined report of the assessment and our recommendations.

Study methods

Study sites

To ensure the study represented the opinions of adolescents with different cultural, behavioural, and geographical backgrounds, the project team selected one district in each of four provinces in Kenya: Mombasa in Coast Province, Trans-Nzoia in Rift Valley, Kirinyaga in Eastern Province, and Homa Bay in Nyanza, and one district in each of three provinces in Uganda: Bushenyi in Southwestern, Iganga in Eastern, and Mukono in Central Province. When selecting these provinces and districts, the team took into account differences between rural and urban settings, areas with heavier and lighter concentrations of Scouts, and the presence of primary and secondary schools.

Focus groups and individual interviews

Knowing that adolescents can get distracted during traditional focus group discussions (FGDs) and feel uncomfortable discussing sensitive issues, PATH designed a topic guide that used drawings, stories, and other methods to get group members' reactions and descriptions. One or two group members were also invited to participate in individual interviews immediately after each group discussion.

PATH formed gender-mixed research teams for each region consisting of two supervisors and four research assistants. All research staff completed four days of training. Field teams translated the topic guides into local languages and pretested the guides in both countries before study implementation.

To recruit FGD participants, schoolteachers distributed letters describing the research to parents of eligible Junior Scouts. Parents were asked to contact the teacher or research team if they did not want their children to participate. Approximately eight male and eight female Junior Scouts from each school participated in the formative research.

Data analysis

Field notes were expanded into transcriptions and, when local languages were used, translated into English. Transcripts were coded and sorted using CDC EZ-Text Qualitative Data Entry and Coding Program (Version 3.06c; developed by Conwal Incorporated for the Centers for Disease Control and Prevention). Responses were compiled by question and analyzed by age, sex, and region. Further analysis of the sorted transcripts was then completed manually.

Participants and sample size

In Kenya, the study team conducted a total of 31 FGDs with 250 adolescents. Moderators held 28 individual interviews with selected members of the FGDs. In Uganda, the study team conducted a total of 25 FGDs with 197 adolescents. Moderators held 19 individual interviews with selected members of the FGDs. A table summarizing the demographic characteristics of each focus group is available in Appendix 4.

Study findings

The study findings are organized into six topic areas, each composed of a number of subtopics:

- Recreational activities
- Sources of information
- Gender
- Boy-girl relationships
- Sexual activity
- HIV and AIDS and prevention

Throughout the report, "younger participants" refers to the focus groups with Scouts aged 12 and 13 years, and "older participants" refers to the groups with Scouts aged 14 and 15.

Recreational activities

To better understand the motivations for joining Scouts, moderators asked focus group participants why they became Scouts and what kinds of games and recreational activities they enjoy. The majority of participants responded that they joined the Scouts out of a desire to help others and to make new friends. Ugandan participants also noted a sense of service and social activities. They expressed the desire to improve themselves by learning new skills, such as first aid, and by developing their ability to be loyal and disciplined, to abide by the law, to respect elders, and to overcome shyness. Kenyan participants mentioned gaining new skills, outdoor activities such as hiking and camping, and the parade and marching activities of Scouts. Older Kenyan boys (ages 14 to 15) mentioned that Scouts could help them prepare for a profession. Their female counterparts mentioned that they were drawn to Scouting because a sibling or parent was a Scout.

Sample responses:

- *"Scouting is interesting, you get to see many things and interact with other people and learn to solve problems by yourself. Outings such as Mt. Kenya and Lake Baringo." [Female, age 15, Trans-Nzoia District, Kenya]*
- *"I can learn new skills and social life and I can help anybody. [Scouts is] a good club." [Male, age 14, Mombasa District, Kenya]*
- *"Ambition to help others, learn about activities like first aid…To promote peace among fighting communities and also care for wildlife." [Male, age 15, Trans-Nzoia District, Kenya]*
- *"It promotes discipline and courageousness." [Female, age 13, Iganga District, Uganda]*

Female participants in both countries reported that their favourite games and recreational activities are sports, including netball and running in Uganda and

football, volleyball, netball, and swimming in Kenya. Kenyan girls added drama and poetry as the nonathletic activities they most enjoy, and Ugandan girls also mentioned films and reading. Boys in both countries cited football and basketball as the most popular activities, and Ugandan boys also mentioned netball, volleyball, and rugby. Younger boys in both countries said that they enjoyed cultural and performing arts, such as singing, dancing, and drama. Kenyan participants of both sexes and a few Ugandan participants also mentioned camping, and boys in Kenya referred to outdoor activities such as gardening and planting trees.

Sources of information

Media preferences

When asked what television or radio programmes they like watching or listening to, participants gave a wide variety of responses. These include but were not limited to topics such as news, music, religion, sports, movies, wildlife/nature, wrestling, and educational programmes. Participants in Uganda mentioned various programmes relating to HIV and health. For more specific information about station and programme names, see the individual country formative assessment reports.[13,14]

Sample responses:

- *"Interesting programmes like magazine show and programmes with ideas about AIDS." [Male, age 15, Iganga District, Uganda]*
- *"Radio West—Katuhurirane on 'Learn about your mother tongue and body health.' " [Female, age 13, Bushenyi District, Uganda]*

Preferred sources of information about HIV

As part of each focus group, the moderators asked participants to explain what advice they would offer a friend who was looking for information because he or she was unsure whether HIV can be transmitted by touch. Most participants in all groups said they would tell a friend to talk to someone at a health facility. Kenyans also suggested that youth could go to voluntary counselling and testing. Ugandans and a minority of Kenyans suggested speaking with a teacher, particularly a science teacher, or another trusted adult, such as the friend's mother or aunt. A few participants in both countries suggested the friend should read the Straight Talk newsletter. The majority reiterated their own belief that HIV is not transmitted through casual contact.

Sample responses:

- *"To get information from older people or doctor. Older people have the right information and will advise and the doctor will explain about HIV/AIDS." [Female, age 14, Trans-Nzoia District, Kenya]*
- *"Touching one with AIDS don't cause HIV/AIDS unless one shares, for example, needles. One can get more information through Straight Talk." [Male, age 15, Homa Bay District, Kenya]*
- *"She should seek advice from enlightened people. Like Ekubi, Red Cross." [Male, age 14, Bushenyi District, Uganda]*

Where to go with questions about health

The moderators asked focus group participants what they have wanted to learn about their health or body and who they would and would not feel comfortable asking for this information. Answers were similar in the two countries. Participants reported that they would like to learn more about the physical changes they are experiencing as

they go through puberty and how to respect their bodies. They were also interested to learn more about blood (the heart, circulatory system, how blood moves in the body), how HIV is transmitted, and their own HIV status. Girls wanted to know about menstruation and hygiene.

Sample responses:

- *"How to respect my body. Avoid boys and protect myself from bad touches." [Female, age 14, Mombasa District, Kenya]*
- *"How to abstain…Because there is a killer disease—AIDS." [Female, age 12, Mukono District, Uganda]*
- *"Visit the voluntary counselling and testing centre who will tell me how to prevent myself from getting HIV, how to handle myself and if I have it and how to help others in society who have HIV." [Female, age 15, Trans-Nzoia District, Kenya]*
- *"I would like to know about my body changes." [Male, age 14, Mukono District, Uganda]*

Trusted sources of health information

In Kenya, participants most frequently said they would ask their teachers or a parent or trusted family member (grandparent, uncle/aunt) for answers to their questions about health. Their Ugandan counterparts most frequently said they would ask their science teacher or a health worker, although some said they would go to parents or trusted older family members. This was particularly true of the younger boys and girls. Participants in both countries in many groups said they would not ask information of a younger person or someone of the opposite sex. Several Ugandan participants specifically stated that they would not ask friends or brothers and sisters, because those individuals are not reliable sources of information and would spread rumours, tell lies, or laugh at them. Two Ugandan participants said they would ask religious leaders in the mosque or church, and four Kenyan participants said they would ask Scouts leaders.

Sample responses:

- *"Parents, especially mother. It is easy to ask female teachers because when you are young you are used to studying with mother and sister so you are more comfortable with female teachers." [Female, age 14, Trans-Nzoia District, Kenya]*
- *"A male teacher because a female teacher might shy away from answering the questions I have." [Male, age 12, Trans-Nzoia District, Kenya]*
- *Moderator: "Who would you not ask?"*

  Respondent 3 (R3): "Parents because most of them do not like advising children."

  R6: "Bad peer friend (affected by HIV) will give wrong advice. For care of health you need good advice."

  All respondents agree with R6. [Males, ages 14 to 15 years, Kirinyaga District, Kenya]

- *"I fear my mother so I cannot ask…I also fear my father but in the case of talking about body changes I can talk to him because he passed through the same stage which I am experiencing so he has to talk to me." [Male, age 14, Mukono District, Uganda]*
- *"The science teacher [because] he is the one who knows more…I would ask an older person." [Male, age 13, Mukono District, Uganda]*

Gender

The experience of being a girl

To explore participants' concepts about gender, moderators read a series of statements and asked Scouts whether they agreed or disagreed and why. The first statement was "it is easy to be a young woman in my community." Participants' responses varied greatly. The vast majority of older boys from both countries and the younger boys from Uganda disagreed, citing young girls' vulnerability to lust or rape by men of all ages. The Kenyan boys also spoke of the household chores for which girls are responsible and of the fact that girls can become pregnant and may have to leave school or even be sent away from their homes. Younger Kenyan boys agreed with the statement.

Sample responses:

- *R8: "Because don't access education easily."*

  R7: "Because you will be tempted by bad things like moving with boys."

  R6: "They have a lot to do at home."

  R5: "It may become hard because of young and old men who can make you have sex." [Males, ages 13 to 14, Homa Bay District, Kenya]
- *"Every eye in the village of every young and old male is on you [the young girl]." [Male, age 14, Bushenyi District, Uganda]*

In Kenya, most of the older girls agreed with the statement, and while they recognized that girls have chores, they felt these tasks were not hard. The majority of the younger Kenyan girls disagreed with the statement. Amongst the girls' groups in Uganda, the responses were mixed. Amongst younger girls, those who agreed said that they enjoyed games, that they got support from their parents, and that boys don't disturb them. Those who disagreed focused on the lack of control and power that girls have in their society. Girls in the groups for 14- to 15-year-olds repeatedly mentioned the problem of being "disturbed by boys" and feeling pressure from "big and mature men" to get married or have sex with them.

- *"It's easy because I know myself, have good conduct, and won't play with men." [Female, age 15, Trans-Nzoia District, Kenya]*
- *"Big men disturb them because they are juvenile. Even their male teachers demand for sex from them." [Female, age 15, Iganga District, Uganda]*

Importance of educating boys and girls

The moderator asked whether the participants thought it is more important for boys to go to school than for girls. In Kenya, most participants in every group and in all age and sex categories disagreed with this idea. This was significantly different in Uganda, where responses were mixed. The majority of male participants in Uganda agreed that it is more important for boys to be educated than girls. More female participants disagreed than their male counterparts.

Kenyan boys and girls of all ages felt that everyone should go to school and that both boys and girls need to be educated. Many girls expounded on female roles in the community and family. Older girls pointed out women's potential to be leaders or active in the workforce and their need to be independent. The few participants who agreed with the statement made allusion to girls leaving school if they get pregnant.

Sample responses:

- *"Two heads are better than one, so when they are all educated it's easy." [Male, age 15, Bushenyi District, Uganda]*
- *"They are all equal and born equally and the country has few women leaders so women have to go to school so that they can make future leaders." [Female, age 15, Trans-Nzoia District, Kenya]*
- *"Girls can help parents more than boys. Boys will learn but leave to be singers, rappers, steal things." [Female, age 14, Mombasa District, Kenya]*

In Uganda, the older female participants who disagreed that education is more important for boys stated that girls can be leaders and contribute economically to home and society, but not without an education. Others felt that boys misuse their school fee money and adopt bad behaviours such as loitering, deceiving their parents, and getting girls pregnant. Girls who agreed felt that it is better to educate men, because they can "get jobs and provide money at home," and that girls can get pregnant and drop out of school.

In Kenya, the minority of boys who felt it was more important for boys to attend school argued that education would influence women to compete with men or leave their communities or that boys should be a priority because they have more familial responsibilities.

Sample responses:

- *R5/R1: "Both can be able to complement one another in the family if the girl is educated."*

  R6: "All are equal and deserve to be educated."

  R3: "Educated girls are caring for all people especially their parents." [Males, ages 14 to 15, Trans-Nzoia District, Kenya]
- *R8: "It will bring unnecessary competition at home when a woman is educated, so don't.*

  R3: "A woman when educated can be socially misbehave and also immoral."

  R2: "May lead to a woman not taking care of her house and husband." [Males, ages 14, 13, and 12, Homa Bay District, Kenya]

In Uganda, where the majority of boys agreed that education is more important for boys, participants pointed out the responsibility males have for looking after family members and that girls can get pregnant or married early and stop school. Several alluded to the idea that educated women may want to take power from men, which is similar to the minority views in Kenya.

Sample response:

- *"Agreed that it is important to educate boys and girls. Because in Uganda we boys face the biggest budget [responsibilities] in our family. Hence they can easily help in case they have been educated and got jobs but when the girl is educated she will just care for her family and husband…In case an educated girl marries an uneducated man the families usually break up because educated women do not want to be submissive and listen to their husbands." [Male, age 15, Iganga District, Uganda]*

Division of labour

When presented with the statement "boys should not do housework," the majority of participants in all groups disagreed. Participants suggested that boys should know how to do housework and cook, so that they can care for themselves when girls or parents are not there. Some felt specific chores were appropriate for boys: Kenyans cited fetching water and ironing, and Ugandans mentioned "heavy physical chores." A few female participants from Uganda mentioned that boys are lazy and that girls also get tired of housework and should not be overworked, whereas some Kenyan boys and girls felt that not working would lead a person to be lazy. Kenyan participants in all categories emphasized the need for people to help one another. In Uganda, the minority of participants who agreed with the statement felt that boys' work is to do other things, such as gardening or looking after animals. A couple of participants (boys and girls) made reference to religious or cultural roles that determined that wives should do the housework for their husbands.

Sample responses:

- *"If your wife passes away, you must do the work. If your wife is alive you have to help." [Male, age 14, Mombasa District, Kenya]*
- *"Not written anywhere that housework is for girls—and boys like eating a lot. The Bible says if you don't work, don't eat." [Female, age 15, Trans-Nzoia District, Kenya]*
- *"There are situations when women are sick or the wife has just given birth, you have to help her like washing kids, cleaning the house, etc." [Male, age 15, Iganga District, Uganda]*

Gender-based violence

To explore participants' opinions about gender-based violence, the moderators asked whether they thought it was acceptable "for a man to hit a woman, if he has a good reason." The participants' responses were mixed. In Kenya, more participants felt that it was unacceptable. In Uganda, slightly more than half of participants felt that it was acceptable for a man to hit a woman, if he has a good reason.

In Kenya, most participants said that it is preferable to talk out arguments. Instead of using violence to resolve a dispute, they suggested a man get help from a woman's parents, send her back to her parents, or even seek divorce. Many participants mentioned the negative impact that domestic violence between parents has on children. Ugandan participants who felt it was unacceptable for a man to hit a

woman said a man should not hit a woman because she may be pregnant and because it is against the law. They also mentioned that a man may drink and beat women without a reason. A few others indicated that disputes could be resolved through peaceful means.

Participants in both countries who felt that hitting a woman could be justified, described circumstances such as when a woman cheats on her husband or fails to look after the children. Ugandans also mentioned not preparing food as a justification. Kenyan participants in several of the younger boys' groups felt that hitting was justified when there is disagreement, because a man has the right to discipline his wife.

Sample responses:

- *"Beating a woman is illegal, it isn't allowed by government. Since you married her when you love her and respect her. If her parents hear that you beat their daughter, they will not be happy." [Male, 14, Mukono District, Uganda]*
- *"They are both grown up and if they fight in front of kids, what will kids do? If the son sees the father beating his mother, it is an example for him to beat his wife in the future. They should learn how to control their temper and divorce instead of beating." [Female, age 14, Trans-Nzoia District, Kenya]*
- *R2: "If a woman disturbs you, you should beat her. If she doesn't, don't beat her."*

  R1: "If she refuses to bring you food, you should beat her."

  R3: "Some women have bad manners and are stubborn yet you paid her bride price." [Males, ages 12 to 13, Bushenyi District, Uganda]
- *"It's not advisable but some times it is advisable, in case a woman insists on doing a bad thing (such as adultery) but let this happen after advising (warning) her." [Female, age 14, Mukono District, Uganda]*

Boy-girl relationships

Differences between a friend and a boyfriend or girlfriend

Moderators asked participants to describe common activities of boys and girls who are friends, as differentiated from common activities of boyfriends and girlfriends. Kenyan participants of all ages described a wide range of activities in which friends engage, including greeting each other, conversing, and playing sports. Ugandans mentioned reading, conversing, walking, playing sports and games, and doing chores. For youth in both countries, descriptions of the activities in which boyfriends and girlfriends engage often centred on sexual activities, such as kissing, holding hands, and "playing sex." Older Ugandan participants of both sexes described a broader range of activities for boyfriends and girlfriends, such as reading, discussing, holding hands, dancing, and drinking. Older participants in both countries mentioned physical activities, but they mentioned kissing, hugging, or holding hands more often than playing sex.

When asked about the differences between a friend and a boyfriend/girlfriend, Kenyan participants of all ages described friends as simply being helpful, whereas boyfriends/girlfriends involved a deeper love or understanding and sexual activities. Ugandan participants talked about how a boyfriend-girlfriend relationship goes deeper than a friendship and includes playing sex, sharing of deep secrets, and wanting a future together.

Sample responses:

- *"A girlfriend is a person you love. You have feelings towards them and you must let her know. A friend can be anyone who is a sister and who can assist you." [Male, age 15, Homa Bay District, Kenya]*
- *Respondent: "With a friend you converse, but with a girlfriend you love."*

  Moderator: "How do you love?"

  Respondent: "Playing sex." [Male, age 13, Iganga District, Uganda]

In Kenya, many respondents in all groups, except older boys, mentioned "bad" activities, which were not associated with friendship, in conjunction with boyfriend-girlfriend relationships. The young boys referred to "bad" things quite generally; the only activity specifically mentioned was sex. The girls elaborated more about which activities or consequences they considered to be negative. These included such things as sex, drugs, going to discos, unwanted pregnancies, and AIDS/STIs. In Uganda, in addition to mentioning sex as a key component of boyfriend-girlfriend relationships, some girls mentioned the exchange of money for sex and fear of forced sex or pregnancy.

Sample responses:

- *"Friend helps one another while boyfriend and girlfriend do bad things…" [Male, age 13, Mombasa District, Kenya]*

- *"Friends have a good relationship and help each other in times of trouble, and boyfriend and girlfriend do bad things which lead to AIDS." [Female, age 12, Trans-Nzoia District, Kenya]*
- *"Friend helps you when discussing, boyfriend can rape you." [Female, age 12, Bushenyi District, Uganda]*
- *"A boyfriend may say 'I love you until Lake Victoria dries, I want a vacancy in my heart, I love you until God comes back.' If he gets what he want, Lake Victoria dries up. You drop out of school…" [Female, age 13, Mukono District, Uganda]*

The older boys in Kenya focused much more closely on the love and physical activities that are unique to boyfriend-girlfriend relationships.

Sample response:

- *"A friend is a general term meaning both boys and girls; while a girlfriend is a person you share secrets like love with, can touch, kiss, among many lovely things." [Male, age 15, Trans-Nzoia District, Kenya]*

Reasons for wanting a boyfriend or girlfriend

Scouts were asked about the reasons that girls want boyfriends and boys want girlfriends. The answers were generally consistent across all groups in both countries: girls want boyfriends for money or material items, for physical pleasure, and because of peer or media pressure; boys want girlfriends because of peer pressure and for the enjoyment of sex. Kenyan participants also stated that adolescence brings on feelings of desire for a boyfriend/girlfriend.

Sample responses:

- *"Do it because of adolescence stage, and they see other people doing it." [Male, age 13, Homa Bay District, Kenya]*
- *"Because boyfriend can give you money if you come from poor family." [Female, age 13, Mukono District, Uganda]*
- *"Girls who have boyfriends discuss, and if you don't have, you get one to fit into the group." [Female, age 15, Trans-Nzoia District, Kenya]*

Kenyan boys of all ages felt that girls want boyfriends for protection, although this was not mentioned by the girls; they focused on money and material gifts. Girls of all ages mentioned that boys wanted girlfriends to impregnate them or ruin their lives.

Sample responses:

- *"They want to waste your life and dump you." [Female, age 15, Trans-Nzoia District, Kenya]*
- *"If the boy wants to prove he can get a baby, or if he wants to destroy or make you stop to go to school, to impregnate you." [Female, age 15, Homa Bay District, Kenya]*

Ugandan participants of all ages noted that boys want girlfriends to show that they are mature. The older girls also mentioned that girls might want boyfriends for the kind words they provide—particularly if girls do not come from homes where they are loved.

Showing feelings for a boyfriend or girlfriend

When asked how a girl shows that she cares for her boyfriend, participants from both countries said she can give herself physically with kissing or playing sex and/or she can help him or do chores for him. Kenyan participants mentioned giving advice, assisting with school, and fetching water. Girls in both age groups also mentioned writing love letters. Ugandan Scouts mentioned washing clothes or ironing, helping when he is sick, and giving him attention and respect.

Participants in both countries overwhelmingly commented that a boy can show that he cares for his girlfriend by buying her gifts and giving her money. They also mentioned playing sex. Kenyan participants cited gestures such as writing her letters, spending time with her, taking her places, protecting her, and physical expressions apart from sex. Ugandan participants mentioned talking and telling her he loves her, helping her when she is sick, and respecting her. Male participants from both countries discussed safer sex as a way to show the boyfriend cares. Older Kenyan boys mentioned being faithful, while some of the younger boys mentioned not having sex. Some of the groups of older Ugandan boys also emphasized that boys can advise their girlfriends about HIV or agree not to have sex until they have been tested.

Sample responses:

- *"He will stop going out with other girls or playing with other girls…this shows that he cares." [Male, age 14, Kirinyaga District, Kenya)*
- *"…by not having sex…which might result in contracting AIDS." [Male, age 12, Mombasa District, Kenya]*

In talking about what boyfriends and girlfriends do, participants in both Kenya and Uganda talked quite a bit about "playing sex." They also talked about showing affection with love letters, hugs, and kisses, as well as spending time together, sharing ideas, and going on outings. Boys' groups in Uganda talked about the exchange of sex for gifts and conning the girl into sex.

- *"Tricks that 'I have bought you a watch' so she follows him to get it, but before they get to where the watch 'is' he catches her for sex." [Male, age 12, Iganga District, Uganda]*
- *"They begin by giving gifts to the girls and then the boy asks a return favour in terms of sex." [Male, age 15, Iganga District, Uganda]*

Appropriate age for having a boyfriend or girlfriend

When asked about what age people should start having boyfriends or girlfriends, Ugandan participants and female Kenyan participants overwhelming responded that they should begin at age 18. Ugandans believed that by this age a person is "grown

up" and "mature enough." The Kenyan participants stated that at this age they will have completed school and will be more independent. Kenyans also mentioned that they will have more knowledge about pregnancy or could manage a pregnancy better at that age, without having an abortion or dropping out of school. A few of the Ugandan participants mentioned younger ages, such as 10 years, because that is when "hormones start appearing and sexual feelings arise" or 12 years, as long as the individual is mature enough.

Sample responses:

- *"After form four because if you get pregnant before you finish school you will be forced to abort." [Female, age 14, Homa Bay District, Kenya]*
- *"…25 years is best because you have finished university and you have a stable job and do not depend on anyone." [Female, age 14, Trans-Nzoia District, Kenya]*
- *"Eighteen because at this stage you can differentiate between bad and good." [Female, age 15, Bushenyi District, Uganda]*

Male participants in Kenya proposed ages ranging from 12 to 30 years. Many who responded with older ages mentioned a need to first complete their studies and be able to support a family. Those who responded with younger ages said that when a person is an adolescent, he or she is old enough for a boyfriend or girlfriend.

Sample responses:

- *"When one clears the university and have a job one can be able to handle his girlfriend as a wife and also you will have money." [Male, age 15, Trans-Nzoia District, Kenya]*
- *"14 years—is disturbed by adolescence and the girl wants to have boyfriends." [Female, age 13, Trans-Nzoia District, Kenya]*

Sexual activity

Understanding of sexual intercourse

Moderators asked the Scouts to first write down and then talk about what sexual intercourse meant to each of them. Reponses in both countries ranged from a somewhat biological/anatomical response to various vague references to sex to statements about making a baby. Participants in all groups arrived at a common understanding that sexual intercourse meant penetrative sex between a male and female.

Sample responses:

- *"Private parts of male enter the female private parts." [Male, age 12, Mombasa District, Kenya]*
- *"Sex is when a boy removes his clothes and goes on top of the girl." [Male, age 13, Iganga District, Uganda]*
- *"When two lovers are together in a closed room doing something illegal." [Female, age 15, Iganga District, Uganda]*

Perception of sexual activity amongst peers

Moderators asked the focus group participants to draw ten small circles, each representing a friend their own age. They then asked the participants to put an "X" inside the circles to represent those friends they thought had experienced sexual intercourse. In Kenya, groups reported that an average of 2.5 to 3.5 of the 10 friends had experienced sexual intercourse. The younger age groups estimated slightly lower numbers than did their older counterparts. This was markedly different in Uganda, where only six groups reported results to this exercise. Despite the small number of responses, a trend emerged, showing boys reporting higher averages than girls (4 to 7 of 10 versus 1 to 2 of 10, respectively).

Reasons for having sex

Focus group participants discussed why young people have sex. Participants talked about motivations such as pleasure or desire, exploration, getting children, looking mature or proving oneself, and practice. Kenyans added expressing love, and Ugandans talked about boredom. Female participants in both countries and Ugandan males also raised issues of receiving money and material goods, being coerced, and being forced. Peer pressure and media influence emerged as particularly powerful motivators for both boys and girls.

Sample responses:

- *"Because they have seen it in movies; influences from pornographic magazines; influence from a friend." [Male, age 15, Kirinyaga District, Kenya]*
- *"Maybe your boyfriend has been giving you money from the beginning of the year so he demands it." [Female, age 14, Homa Bay District, Kenya]*

- *"Birds of a feather flock together, so if a friend plays sex, you also need to play it." [Male, age 15, Bushenyi District, Uganda]*
- *"Young boys have groups and you are centimented [sic] to that group…you have the same beliefs, norms so they tell you that to become a man you must have sex so you go ahead and do it…You entice her with money…Friends from the group contribute…They just use words to convince you…You can also deceive to fit in the group." [Individual interview with male, age 14, Bushenyi District, Uganda]*

Who young people have sex with

In talking about who young people have sex with, Scouts mentioned a broad range of people. They suggested that young people have sex with age mates and with older men and women. They often referred to these older sexual partners as "sugar mummies" and "sugar daddies." A few of the groups of boys mentioned sex with prostitutes and sex with female animals. Kenyan scouts also mentioned sex with house girls and males partnering with younger girls. A few Ugandans mentioned sex between two men. Rape and forced sex came up frequently amongst girls in both countries. In Kenya, at least one individual in nearly every group of girls mentioned sexual violence, and many talked about incest and their fear of being raped.

The effects of being sexually active

Moderators asked the participants about the effects of having sexual intercourse. Although positive effects, such as fulfilling sexual desires or sex being acceptable after marriage, were raised by a few Ugandan Scouts, the majority of responses were concerned with the negative effects of sex: AIDS, HIV, or other STIs, and pregnancy and its consequences, including the girl dropping out of school or getting an abortion. Ugandan participants were concerned also with future problems, such as infertility or the possibility of the boy being imprisoned for having sex with a young girl. In Kenya, a few of the older male participants mentioned boys losing their money to prostitutes.

HIV and AIDS and prevention

Knowledge of HIV

Moderators asked the focus group participants whether they knew what HIV and AIDS are. Nearly all participants in all groups said that they did. All of them knew that AIDS is a disease that harms the immune system and understood that HIV is the causative agent. Most participants could define the acronym "HIV," although many mistakenly called it the "human immune virus" instead of "human immunodeficiency virus." Overall, most participants understood that AIDS is a grave and incurable illness that leads to death. When probed, the majority of participants could explain that HIV is transmitted through sex and exchange of infected blood. In Kenya, only a few participants mentioned mother-to-child transmission; there was no mention of it in Uganda.

Participants overwhelmingly felt that AIDS was a problem in their communities and worried about it because they saw it killing young and old and because there is no cure. Boys and girls mentioned that it was a concern for all types of people, but many respondents mentioned particular concern with children becoming orphans. A few respondents in Kenya said that women and truck drivers are more vulnerable, and many acknowledged that the disease is costly to treat, kills people in their most productive years, and leads to many orphans.

Sample responses:

- *R8/R3: "Kills productive people in the community and production goes down on the farms."*

  R3/R5: "AIDS leads to stigmatization and rejection by the community members."

  R1/R6: "Leads to poverty—making some orphans to become thieves in order to meet their needs."

  R2: "May lead to divorce when one has been infected by the other." [Males, ages 14 to 15, Trans-Nzoia District, Kenya]
- *"Because we are the future kings and queens and if we are infected, we will not live longer and become presidents." [Female, age 14, Homa Bay District, Kenya]*
- *"Everyone worries because even if you do not have and your child has, you will go borrowing money to take him/her to hospital. The sick worry, they go around telling the youth not to engage in things that can lead to infection. The government worries and that's why it is doing AIDS champions." [Female, age 15, Trans-Nzoia District, Kenya]*
- *"Brings a number of orphans in the community." [Female, age 14, Mukono District, Uganda]*

Ugandan participants in two of the focus groups had more cavalier responses about AIDS, although the responses in one of these groups were tempered by a mention of AIDS leading to suicide.

Sample responses:

- *"It's not a problem, once you get it you just can't do anything but enjoy with others." [Male, age 15, Bushenyi District, Uganda]*
- *"People do not worry about it because they can abstain and be faithful. It also leads to suicide." [Male, age 13, Bushenyi District, Uganda]*

Understanding of abstinence

Scouts were asked whether they had heard of the word "abstinence" and what it means. In Uganda, all of the participants indicated general understanding of abstinence. In Kenya, acknowledgement of the word was varied; boys recognized it and spoke to it more readily than did girls. For those Kenyans who were not familiar with the word, almost all were familiar with the slang expression "ku chill," which means "to abstain from sex." This phrase stems from the English term "to chill" and was popularized by an abstinence campaign led by Population Services International in Kenya.15 Participants noted that this term corresponded with a hand giving a "V" sign that was used to represent not having sex. The majority of participants in both countries described abstinence as avoiding something—often connecting it with avoiding sex. In Uganda, some understood it as waiting for marriage or a certain age to have sex.

Sample responses:

- *R2: "To chill means to cool down."*

  R7: "It means don't have sex before marriage."

  R2: "Don't engage in sexual activity."

  All agree that "ku chill" means to not have sex. [Males, age 13, Trans-Nzoia District, Kenya]
- *"Avoid sex or wait up to when married." [Male, age 14, Bushenyi District, Uganda]*
- *"The ku chill sign should have been closed to mean that your legs remain closed even with a boyfriend." [Female, age 15, Trans-Nzoia District, Kenya]*

Reasons for abstaining

Participants discussed why some young people choose not to have sex. The primary reasons that they mentioned included avoiding pregnancy, so that they could continue their studies and not have to marry early, and avoiding disease, particularly HIV. Kenyan participants discussed maintaining respectful relationships with their families and communities and mentioned pregnancy more than disease, whereas Ugandan participants brought up disease more than pregnancy. Some participants in both countries mentioned preserving virginity. Younger Ugandan girls talked about "fear" of these consequences more often than did the other groups. A few of the younger Ugandan boys also mentioned that their parents would beat them if they had sex. Older male and female participants in Kenya mentioned religion and the Bible as well.

Sample responses:

- *"To fulfil their goals in life…can't serve two masters i.e. sex and your education." [Male, age 13, Homa Bay District, Kenya]*
- *"To avoid STDs, HIV, and wait for the time one marries or gets married to their God-chosen partner…in order to avoid pregnancy, STDs, and HIV. The Bible also forbids one from committing adultery…" [Male, age 15, Kirinyaga District, Kenya]*
- *"Tough parents who tell us they will kill us so we develop scaring hearts." [Male, age 13, Bushenyi District, Uganda]*

The effects of abstinence

Ugandan participants mentioned both positive and negative effects of not having sex. Positive effects included avoiding HIV and other STIs and maintaining virginity. Kenyan Scouts agreed with these positive effects and also mentioned preventing pregnancy and excelling in school and the future. The Kenyan boys mentioned an increase in concentration and ability to read, and girls mentioned earning respect from family/community and being rewarded at their weddings. Participants in one Ugandan group mentioned that a good effect of not having sex is that it can increase life expectancy.

Sample responses:

- *"You don't get diseases like syphilis." [Male, age 13, Trans-Nzoia District, Kenya]*
- *"Keep your virginity." [Female, age 15, Homa Bay District, Kenya]*
- *"You don't have time to waste in thinking of sex and so read better." [Male, age 13, Homa Bay District, Kenya]*

Negative effects of not having sex mentioned in Uganda included impotency, losing social status, not knowing what to expect after marriage, endless menstruation, painful sex after abstinence, and, particularly for girls, not having children. In Kenya, no female participant raised a negative concern. Some participants mentioned that there were no effects of not having sex. Male participants mentioned being tormented with the urge to have sex, wet dreams, and a need to masturbate.

Sample responses:

- "Think about girl then sperm gets out at night during dream." [Male, age 12, Mombasa District, Kenya]
- "You become infertile." [Female, age 15, Iganga District, Uganda]
- "Menstruate until death." [Female, age 12, Mukono District, Uganda]
- "When you die childless, no one remember or inherit you." [Female, age 13, Mukono District, Uganda]

Knowledge about condoms

Moderators asked the 15-year-old participants to stay a few extra minutes to have a private discussion about condoms. In Uganda, these participants described condoms as being made of an elastic or rubber material or as "balloons that are protective during sex." Kenyan participants described condoms as "gadgets," "tubes," or "rubber balloons" worn on the penis that "prevent male fluid from mixing with female fluid" during sex. Most groups mentioned that they provide protection from pregnancy and disease.

Participants described various messages they have heard about condoms. Some said that condoms can prevent pregnancy as well as HIV and STIs. In both countries, some participants said that condoms are not 100 percent safe or protective and can tear or burst. Groups went on to say that condoms contain HIV, have holes in them, or can get stuck in a girl's vagina.

Sample responses:

- "The Bukusu community believes using a condom is like taking a shower with an umbrella on." [Male, age 15, Trans-Nzoia District, Kenya]
- "That condoms contain HIV. That Europeans make condoms with small holes for Africans to use and get AIDS so that when they die [Africans], Europeans will come and take over the jobs." [Male, age 15, Iganga District, Uganda]

Condom use

Participants said that people use condoms for protection from STIs and pregnancy. In Kenya, boys in most groups said that young people use condoms. A minority said young people do not use them because the condom is too big for the penis, there is no pleasure in sex with condoms, or they do not know how to use them. In Uganda, very few of the groups commented on whether young people use condoms. When they did talk about condom use amongst young people, responses were mixed: in two groups, all participants stated that young people do use condoms; participants in another group said that young people do not use them.

Sample responses:

- *R1: "To protect from pregnancy and disease."*

  R5: "Some people use it without proper understanding…People may have condoms hoping to use them, but in time of act they forget to use."

  R6: "To have some hope that they are protected…Commercials (adverts) encourage people to use." [Males, age 15, Homa Bay District, Kenya]
- *"They don't because they are so big for the penises." [Male, age 15, Bushenyi District, Uganda]*

- *"I don't use them because if I do, I don't get satisfaction." [Male, age 15, Bushenyi District, Uganda]*
- *"Use them but not in a proper way because they are not informed." [Male, age 15, Bushenyi District, Uganda]*

In Kenya, most participants felt that the man and woman in a relationship decide to use condoms together or that either could propose using them. In Uganda, participants had mixed feelings about whether the man or woman should make the decision. Those who said it was the man argued that men know more about STIs and AIDS or that it is easy for the man to use the condom. Those who said it was the woman argued that she is the one who fears pregnancy. Some said both the man and the woman decide, either out of love or because they both fear the consequences of unprotected sex.

Sample responses:

- *"It's both of them because the boy may not decide but the girl will demand." [Male, age 15, Homa Bay District, Kenya]*
- *"Man because they are the ones who have access to condoms, since female condoms are not readily available." [Male, age 15, Trans-Nzoia District, Kenya]*
- *"When you love each other, both of you decide." [Male, age 15, Bushenyi District, Uganda]*

Analysis of combined research

In addition to conducting field research through focus groups and interviews, PATH conducted an extensive literature review and training needs assessment to contextualize the field research findings and compare results with other studies in the region. By analysing these combined research activities, we are better able to hone in on the most persistent behavioural issues and gaps in knowledge and develop activities and interventions that are more sustainable, locally-owned, and precisely suited to meet the needs of young people in Kenya and Uganda.

Recreational activities

The literature clearly shows that community programmes, such as sports clubs and community service organizations, can successfully improve health-related knowledge and behaviours among adolescents.[16] Girls' participation in sports, in particular, has been linked to beneficial health and social outcomes in Kenya.[16] Because sports and self-help groups have historically been oriented toward boys, organizations need to make a concerted effort to include girls by locating facilities close to neighbourhoods, engaging directly with communities, and offering activities that girls might enjoy.

To help Scouts attract more girls who can benefit from the SfS programme, PATH explored reasons why girls join the Scouts. Both boys and girls said they joined Scouts with the desire to help others and gain new skills, as well as to be active and make new friends. Girls, in particular, reported interest in various sports, as well as reading, drama, writing poetry, and films. Incorporating positive dialogue about health into these activities could be a good way to reach adolescents with information about HIV and AIDS. Conversely, incorporating sports, art, and social activities into other types of HIV and AIDS prevention programmes may achieve similar outcomes.

Because Scouts expressed a keen interest in helping others, there may be ways to channel this energy into a commitment to learning about HIV and AIDS prevention and engaging youth in constructive educational activities within their communities.

Sources of information

Myths and misinformation about HIV persist among adolescents

Research in Uganda has shown that some young adolescents have misconceptions about HIV infection and symptoms, including that transmission can occur via mosquitoes and that a healthy-looking person cannot have HIV.[8] Several young adolescents in our field research expressed uncertainty about whether HIV can be transmitted via casual contact.

Studies have found that adolescents also underestimate their own risk of infection. In Kenya, a study of nearly 3,000 youth found that only approximately 20 percent report feeling at risk of HIV infection, and 20 percent did not know whether they were at risk.[17] These misperceptions about HIV and AIDS and misunderstandings

about risk indicate a deep need for more and better resources for youth with regard to information about HIV and AIDS.

Adult advisors are in short supply

Studies in Kenya have identified a need amongst young people for information, education, and skills that will help delay sexual initiation.[5] One study amongst youth in Kenya demonstrated that the most commonly sought service was counselling on a range of issues, from contraceptives to sexuality and HIV and AIDS. However, only approximately half of health care providers were trained in counselling.[3] In our formative study, most participants in all groups said they would refer a friend seeking advice on HIV and AIDS to someone at a health facility. This finding is interesting as it contradicts other research findings on the topic. A program in Western Kenya that actually trained and developed supportive youth services in health facilities found that very few young people used the health facilities, even after extensive awareness and promotion of the program.[18]

Some participants also suggested speaking with a teacher, particularly a science teacher, or another trusted adult, such as the friend's mother or aunt. Scouting organizations may choose to work with teachers and other trusted adults to ensure that they understand and are committed to their important role as a source of information about adolescent health. SfS can also help these adults become involved in educational activities for Scouts, providing a healthy and supportive environment for adolescents in need.

Parent-adolescent communication on reproductive health is limited or absent

Literature suggests that in both Kenya and Uganda, communication about sexual and reproductive health topics between parents and adolescents is limited. Fewer than 40 percent of Kenyan parents and only about 30 percent of Ugandan parents report giving their children any information about sex and sexuality.[19,20] Sometimes parents may even block access to information—one study in Kenya revealed that parental restriction is actually one of the biggest barriers to reproductive health information and service provision to adolescents.[3] Parents may avoid conversations about reproductive health because of their own discomfort with these issues or because they do not perceive their children as old enough to have this type of conversation. Parental perspectives—in particular, that reproductive health is an immoral issue—also have a negative effect on parent-adolescent communication.[21] Parents' level of education may be a mediating factor. A Kenyan study found that increased years of education improved the chances of parent-adolescent communication.[3]

When parents and adolescents do communicate about reproductive health, young people in our field research and in independent studies indicate that mothers are the source of reproductive health information more often than fathers.[20] In some cases, this was because participants felt more comfortable with their mothers. In other instances, participants said that their fathers were too busy or would refuse to answer questions or tell them to come back later.

Studies have shown that communication between parents and adolescents on health and sexuality can have positive health outcomes. A study in the Kumi District of

Uganda found that greater parent-child communication about sex was associated with a delay in adolescent sexual debut.[8] Studies investigating communication between parents and adolescents have identified potential mechanisms for improving this communication. One Kenyan study found that in Africa, programmes that take into account local culture and traditions are more effective because they are consistent with local customs, garner community support, and embrace the local context for communicating about reproductive health.[3] Another Kenya study found that creating and sustaining positive roles for parents in adolescent health projects is essential in galvanizing their support.[3] SfS will work with the parents of Scouts to improve their skills and increase their level of comfort with talking about health issues, so that parents can become more confident and secure about engaging their children in conversations about health and sexuality.

Credibility and trust are big issues for peer-to-peer mentoring

In our study, youth explained that they do not trust their peers as a reliable source of information. In Uganda, the word "rumours" was evoked frequently, and participants said they knew people who were "rumour mongers." Understanding that information sources must be trustworthy and credible when educating young people about health, and knowing the importance of involving youth in the design, implementation, and monitoring of reproductive health activities, SfS will design interventions so that information comes from Scout leaders and older peers.[3]

Gaps in knowledge can be addressed in educational materials

Print materials and other media can help discredit myths and disseminate correct information about HIV, abstinence, the physical changes that occur during adolescence, and condoms. Scout participants in both countries referred to the newsletter *Straight Talk* as a source for HIV and AIDS information—one example of youth-friendly media/educational materials that address myths and misinformation.

Based on field research, we know that there are gaps in knowledge that can be addressed in educational materials. New materials, for example, should describe safer and riskier behaviours and clearly explain how the virus is transmitted. Adolescents also need more information on abstinence, reassuring them that abstinence has no negative physical effects—for example, contributing to impotency or infertility. It may be useful to describe abstinence in terms of hopes and dreams for a family and a future and to explore ways in which delayed childbearing and avoiding STIs can help Scouts meet their hopes and dreams. Similarly, natural functions such as wet dreams and masturbation (about which our study found boys to be particularly curious) should be clearly explained in human sexuality educational materials or curricula to reduce anxiety and give youth greater understanding of their bodies and more confidence in the decisions they make about sex. Such materials should also present medically accurate facts about the effectiveness of condoms and how to use them correctly.

Media influences behaviour

We found that many youth are attentive to the media, particularly television, radio, and newspapers and newsletters, such as *Straight Talk*, that are accessible and targeted to youth. Many participants explained that young people, especially boys, watch

pornography videos and may be influenced by them. Activities that allow youth to critically evaluate the persuasive power of media and to address or counter the media's pressure or influence will enable youth to determine what is right for them as individuals, regardless of what media messages encourage them to do or believe.

Gender

Gender norms and expectations influence sexual behaviour

Gender norms are amongst the strongest underlying social factors that influence sexual behaviours and can place both young men and women at risk of HIV infection.[22] Although the relationship between gender norms and health status has been researched among adult populations, it is now considered a key area to investigate in adolescent populations. Social norms that encourage early childbearing, male promiscuity, and young girl-older man relationships appear to contribute to early sexual activity among adolescents.[8] In Uganda, several studies suggest that these kinds of cultural norms also compromise young people's ability to control their reproductive health, thus contributing to economic and health problems later in life.8,10 Another issue related to social norms is gender violence, which greatly inhibits girls' ability to control the terms under which they have sex and exposes them to diseases such as HIV.[23]

Gender norms related to education and chores vary across a wide spectrum

Our focus group findings showed that perceptions of gender roles on issues relating to household chores and attending school vary across a wide spectrum. Although these findings suggest that gender norms may be evolving or are not always predetermined, inequalities remain that cause undue hardship or risk to young people. Many participants were able to articulate ways in which it is difficult to be a young woman in their community. According to the Government of Kenya, out-of-school girls work eight times as many hours in unpaid domestic work as do out-of-school boys. Boys, on the other hand, work more hours than do girls in paid employment; as girls grow older, their lack of livelihood skills narrows their options for paid employment.[16]

The literature shows that when girls attain higher levels of education, they marry later, desire fewer children, are more likely to use contraceptives effectively and avoid STIs and HIV, and have greater means to improve their economic livelihood.[24] Yet in Uganda, far more girls leave school prior to graduation than boys, and overall rates of school attendance are lower than in other similar African countries (68 percent in Uganda versus 76 percent in Ghana and 71 percent in Tanzania).

In Kenya, FGD participants believe that it is just as important to educate girls as boys. This may be the result of recent campaigns in Kenya on the importance of educating girl children and the expansion of free education for all. However, a 2005 study in Malindi and Kilifi districts of Kenya showed that a significant number of boys feel that males should be given priority in education over females.[17] Focus group responses in Uganda, however, were mixed. These mixed perceptions of gender equity can be discussed amongst Scouts—opening the door to changing social expectations regarding girls' access to education, performance of household chores, expectations

for early marriage, and other areas of inequality between the sexes. Successfully shifting attitudes about gender equity may address some of the root causes of girls' vulnerability to disease, violence, and economic hardship.

Gender-based violence is seen as commonplace

Our formative assessment results suggest that violence against women in Kenya and Uganda is perceived by youth as commonplace. In Kenya, the majority of participants believed that it was unacceptable for a man to hit a woman, indicating that social norms may be changing; in Uganda, however, the opposite was found. In both countries, but more so in Uganda, some participants felt that hitting would be justified if a woman had cheated on her husband or did not look after their children, or simply because they felt a man has the right to discipline his wife. These findings reveal the complexities of gender-based violence and the need for women and men to change their internalised justifications for violence before it can truly be eliminated.[3]

Scouting activities will need to reinforce healthy dialogue about equitable gender roles, respect for all people, and the inappropriateness of violence. It will also be important to incorporate models of nonviolent masculinity into Scouting education and activities.

Sexual violence is widespread and reinforced by social expectations

Sexual assault and sexual coercion are common experiences for young people in both Kenya and Uganda. Data from studies in Kenya indicate that at least one in four or one in five girls are coerced or forced into their first sexual experience.[17,25] Likewise, a survey in Uganda found that almost 10 percent of girls and 6 percent of boys reported being lured into or raped at their first sexual experience.[20]

Focus group participants in both Kenya and Uganda reflected these high levels of violence by expressing fear of sexual assault. Both boys and girls made reference to young girls being forced or pressured into sex by their peers; however, girls mentioned sexual violence more frequently and expressed more fear of it. Girls in particular expressed fear of rape. Young women in a study in Kenya said that boyfriends were the most common perpetrators of sexual coercion.[21,26]

Peer violence is not the only threat, however. A number of FGDs with girls, particularly those in Kenya, raised the issue of incest, or fathers having sex with their daughters. This fear is mirrored in a Ugandan study indicating that fathers, uncles, cousins, and brothers reportedly commit incest with their daughters, stepdaughters, sisters, nieces, and in-laws.[21] The same study finds that most adolescent victims of child sexual abuse are physically and economically vulnerable to the abusers.[21]

Because of their economic vulnerability, many adolescent girls exchange sex for money.[16] A study in Uganda, for example, demonstrates evidence of sex for gain in as many as 20 percent of girls surveyed, with money and clothes being the most common gifts. The same study showed that females aged 10 to 14 years were more likely to have sex for gain than were males of the same age.[27] FGDs corroborated this research, with both male and female Scouts making frequent mention of an

exchange of material gifts or monetary support for sex. In most cases, the man was expected to give money or material support for sex with the young woman. These were often older partners who were referred to as "sugar mummies" and "sugar daddies." Based on the participants' comments, this practice was common and socially acceptable to both girls and boys. Not only does the possibility of financial or material reward make it more difficult for girls with few economic opportunities to refuse sex, but it also contributes to their vulnerability to infection with HIV and other STIs and early pregnancy.

According to the literature, addressing sexual violence in youth programmes may help prevent long-term negative health outcomes that result from violence and eliminate the community perception that sexual violence is the victim's fault.[26] Given the context of increased sexual violence, sexual exploitation, and heightened sexual activity amongst boys and girls in Uganda, some researchers have argued that an "abstinence until marriage" strategy is inappropriate.[23] Girls are under pressure to be sexually active whether or not they are married. To address these concerns about gender norms and violence, researchers in Kenya suggest that gender training should be integrated into adolescent health programmes.[16] Researchers in Uganda further suggest that to reduce girls' vulnerability to HIV and AIDS, the government should enact and enforce laws that protect girls from violence and discrimination.[23]

Because incest, forced sex, and other forms of sexual violence are major social issues, they may be most effectively addressed through media and education and through wider-ranging legal and political channels. Changing social norms related to forced sex will require a rethinking of gender roles and expectations that shape perceptions of masculinity and femininity. SfS will tackle these issues with Scouts by demonstrating models of nonviolent masculinity and helping male and female adolescents learn to develop healthy, nonviolent ways of resolving conflict in their intimate relationships.

Boyfriend-girlfriend relationships

Definitions of boyfriend-girlfriend relationships can be further broadened

Our field research suggested that older boys and girls demonstrated a more nuanced understanding of boyfriend-girlfriend relationships than did younger boys and girls. For example, younger participants talked about romantic relationships in terms of "playing sex" (intercourse) and kissing, whereas older participants defined a range of activities that boyfriends and girlfriends might do together. A Kenyan study in which most adolescents used only narrow, sexually-oriented definitions for boy-girl relationships suggested that adolescents may not be familiar with other, nonpenetrative sexual activities that could be promoted as safer sex.[27] Alternatively, older (14- to 15-year-old) youth in our study could be beginning to embark on romantic relationships themselves and may have a clearer view of the breadth of what those relationships might entail.

In either case, offering adolescents a wider perspective on romantic relationships will be important because research shows that approximately 40 percent of 10- to 16-

year-old boys and 20 percent of 10- to 16-year-old girls in Kenya have already had a girlfriend/boyfriend.[17] A positive and informative message promoting abstinence requires that youth understand the many ways that boys and girls can relate without having sex.

Negative messages about early sexuality have clearly reached young people. In Kenya, many respondents in all groups, except the groups of older boys, discussed boyfriend-girlfriend relationships in conjunction with "bad" activities. Girls were able to articulate negative consequences of these activities, such as unplanned pregnancy or AIDS and other STIs. When asked why youth want boyfriends/girlfriends, Kenyan girls of all ages mentioned that boys want girlfriends to impregnate them or ruin their lives. This suspicion of malevolence suggests that some girls in Kenya may receive the negative social message that boys deliberately try to harm girls. This dynamic should be explored with boys and girls through gender-awareness education activities.

When asked how boyfriends/girlfriends show that they care about each other, male Scouts from both countries proposed ways of limiting the risk of STIs. Older Kenyan boys mentioned being faithful, and some of the younger boys mentioned not having sex. Some of the groups of older Ugandan boys also emphasized that boys can advise their girlfriends about HIV or agree not to have sex until both partners have been tested. These positive and caring messages for boyfriend-girlfriend relations should be expanded and reinforced in safer-sex campaigns among youth.

Sexual activity

Age of sexual initiation is younger than most adolescents say is appropriate

Measuring sexual behaviour amongst adolescents is difficult, and increasing evidence suggests that there may be considerable misreporting on premarital sexual behaviour.[3,27] Research in Kenya and Uganda offers mixed statistics on age of sexual debut. Several studies in Kenya and Uganda report the mean age at first sex to be 15 years.[8,27,28] Other studies show that between 15 and 31 percent of boys and 6 to 15 percent of girls have experienced sexual intercourse by age 15. [19,28,29]

Despite these statistics, most participants in our study said 18 is an appropriate age to begin having boyfriends and girlfriends—although responses ranged from age 10 to age 35. The Kenyan female Scouts tended to propose higher age ranges (primarily ranging from 18 to 25) than the Kenyan males (primarily ranging from ages 12 to 18), reasoning that a young person should finish his or her studies first or saying that at age 18 young people are mature enough to initiate a sexual relationship.

Using these data as a starting point, Scout programmes can discuss boyfriend-girlfriend relationships in the context of Scouts' personal goals and opportunities. Discussions about appropriate timing for sexual activity could include weighing the advantages and disadvantages of having sex and possibilities for abstaining or delaying sexual debut until they are adults, married, or mature enough to handle emotional relationships.

Peer pressure to have sex is significant

Numerous factors influence adolescents in their decisions about sexual activity. Peer pressure is a formidable problem that compels youth to engage in experimentation, sometimes well before they are mature enough to evaluate the potential risks and consequences. Curiosity, hormones, and physical changes during puberty likely contribute to early-adolescent sexual activity.[8] Our formative assessment findings reflect the strong influence of peer relationships amongst adolescents in Kenya and Uganda. Peer pressure is common amongst girls and boys of all ages, and the focus group participants often mentioned that they are subject to pressure from their friends to adopt both healthy and unhealthy behaviours. Many participants also said that they were influenced by their brothers and sisters, whom they look up to or from whom they observe and learn.

Countering this peer pressure to have sex requires that programmes redirect the pressures that young people are subject to and use positive peer pressure to help young people make healthy choices.

HIV and AIDS and prevention

Knowledge about HIV, AIDS, and STIs is still superficial

Our field research as well as published research in both Kenya and Uganda finds that most young people have heard of HIV and AIDS but lack deeper knowledge, such as the ability to recognize the symptoms of AIDS.[17,28] A study in Uganda identified gender disparities in HIV knowledge, with males more knowledgeable than females.[23] Studies in Uganda have conflicting findings on knowledge of STI and HIV prevention. One study found that the vast majority of Ugandans know the major "ABC" means of protection (abstinence, be faithful, and use condoms), but another study found that knowing about HIV and AIDS does not translate into knowledge of how to prevent infection, especially amongst women and girls.[10,23] Knowledge of STIs is less developed amongst adolescents than awareness of HIV and AIDS. One Ugandan study suggested that although the majority (80 percent) of young people aged 10 to 14 have heard of STIs, approximately one-fifth have not.[28] This study also found that knowledge of adolescent health services was very low, with 75 percent of adolescents having never heard of them.[28] An important component of the SfS project will be to provide accurate basic HIV information and correct misinformation about HIV transmission through materials and activities.

Youth keenly fear abandonment and the problem of orphans

The crisis of orphaned children and youth is extensive in East Africa. Kenya is estimated to have the ninth-highest prevalence of HIV in the world, with about 14 percent of the adult population infected and an estimated one million orphans.[9,27] Similarly, in 2001, 15 percent of all children under age 15 (and more than 200 million children under 18) in Uganda were orphans, and more than half of these had lost their parents to AIDS. Researchers agree that orphaned youth experience psychosocial distress in many areas of their lives.[30] A study in Uganda found that few orphans have the option of abstinence, because poverty and hunger routinely drive them to engage in paid sex, further perpetuating the AIDS crisis.[23] A considerable number of adolescents know someone who has AIDS or has died of AIDS, and

approximately one in five adolescents say they have cared for a person living with HIV and AIDS.17 In our study, this close knowledge of people suffering from HIV and AIDS translated into a clear worry about the disease amongst Scouts. In addition to worrying about acquiring HIV and AIDS themselves, participants in our focus groups described worries about having parents die and about children in their communities becoming AIDS orphans. They alluded to this concern even when talking about reasons that boys would need to learn to do housework—citing circumstances in which parents might die and the children would be left to fend for themselves. Encouraging Scouts to talk about HIV and AIDS with their parents and other adults in their communities might give them a sense of control and a mechanism for working to address this particularly scary issue.

Abstinence and being faithful messages work, but not for everyone

A study in Kenya found that adolescents lack information about the option of faithfulness to one partner as a way of avoiding infection, although they were aware of abstinence and condom use.[27] These findings are worrisome, given that sexual relations with multiple partners is common in East Africa, particularly for men, and that this trend begins at a young age. Close to one-third of young, sexually active Ugandan males report having two or more partners. They also report occasional (nonregular) sexual partners, including "sugar mummies."[23] Providing accurate and factual information about the risks of acquiring HIV from exposure to multiple partners and the option of being faithful will be important for young Scouts in Uganda and Kenya.

Regarding abstinence, many adolescents report conscious abstinence from sexual activity, particularly those with high self-esteem who have support from parents.8 A study in Uganda found that abstaining adolescents indicate a desire to concentrate on their education and postpone pregnancy.[8] Focus group participants echoed these motivations, and showed they understood the concept of abstinence, known in Kenya as "ku chill."

According to data from an adolescent health report, secondary abstinence is very common (45 to 73 percent of boys and girls) in Western Kenya.[27] A study in Kenya indicated that boys and girls who lived with at least one parent were more likely to report secondary abstinence.[3] In Uganda, researchers have found that 10- to 14-year-olds who initiate sex are likely to stop having sex after their curiosity is satisfied.8 Interestingly, the same study found that secondary abstinence is less likely for adolescents ages 15 to 19.

Saying "no" to sex is not always perceived as being easy. The majority (more than 70 percent) of girls in a study in Kenya felt sure of their ability to say "no" to sex, but a significant minority were not confident in their ability to control their own sexual experiences.[17] Research in Kenya suggests that empowerment and the development of skills and self-esteem amongst youth is a key element of successful programmes.[3]

Researchers in Uganda have suggested that the government should provide adolescents with complete, factual, science-based, and unbiased information/education on HIV and AIDS, rather than limiting information to abstinence-

only messages. They argue that abstinence-only programmes violate the rights of adolescents to information and knowledge that they would use to protect themselves from HIV.[23] Studies have shown that exposing boys and girls to accurate and factual health information decreases the number of girls and boys who reported approving of premarital sex and early childbearing.[27]

Addressing the needs of different adolescents will require a multi-pronged approach that offers information and discussion on strategies for abstinence and being faithful, while also providing mentoring and counselling for youth who do not feel confident in their ability to control their own sexual experiences.

Condom knowledge does not necessarily translate to condom use

Throughout Uganda and Kenya, many adolescents are familiar with condoms. In Uganda, 95 to 97 percent of adolescents believe that if condoms are used correctly and consistently, they can provide protection from STIs, including HIV infection.[8] However, this belief does not always translate to correct and consistent use of condoms, particularly at time of first sex. A study in Uganda found that six out of ten young people reported that they did not use condoms the first time they had sex.[8]

Although 77 percent of male and 65 percent of female adolescents report future intentions to use condoms to avoid HIV, other STIs, and pregnancy, adolescents may still practice unsafe sex.[28] Ugandan adolescents listed reasons for using condoms, such as avoiding STIs and pregnancy; they also listed reasons for non-use, including lack of access to condoms and trusting the partner.[20] The issue of trust could be an interesting issue to explore further, as a Ugandan study found that condom use with nonregular partners was higher, with 49 percent of boys and 38 percent of girls reporting condom use. A study of young people in Kampala in 2002 found that more than 20 percent thought that those who used condoms were promiscuous.[23]

Our field research showed that most of the 15-year-old Scouts who were asked about condoms know what they are and that they are not 100 percent safe, but some also believe that condoms contain HIV, or are made with small holes through which HIV could pass. Given these misperceptions, it will be important to provide scientifically grounded information about condom effectiveness and to emphasize when their use is appropriate. Skill-development activities that address condom negotiation and concerns about perception of promiscuity will also be helpful.

Recommendations

One of the biggest—and most overlooked—challenges of comprehensive research projects, such as this one, is to assimilate the vast amount of new information, insights, and ideas into solid programme strategies and to transform those strategies into action. Because good research always tests original assumptions, we must look for places where our assumptions have been challenged and redirect programme strategies or emphasize areas that may have been overlooked in the original programme design.

Based on what we learned in the formative assessment, we have developed a set of recommendations that will help us—and groups like us—focus, refine, and redirect programme strategies to better meet the needs of communities in East Africa and to help adolescents adopt healthier behaviour to protect themselves against HIV and AIDS.

Build upon existing strengths of Scouts

As anticipated, Scouts provides exactly the type of recreational opportunities that adolescents enjoy along with a safe place to discuss and learn about various health topics. This environment helps adolescents stay in school, avoid unhealthy behaviours, and build self-esteem. Because Scouts are seen as role models in their schools, many try to live up to high expectations by taking up leadership positions and getting involved in many activities in the schools. Building on these strengths, SfS should:

- Incorporate the Scout model of "learning by doing" into as many SfS activities as possible, including program-level activities such as editing the SfS newsletter and developing activity packets.
- Channel existing leadership skills and willingness to help people into activities where Scouts can discuss and educate family and community members about HIV and AIDS prevention.

Cultivate credible sources of information

Because information sources vary across communities, we have learned that it is best to involve Scouts in identifying the most appropriate and credible information sources for HIV and AIDS information at a local level (this also reinforces the "learning by doing" approach). That said, we know from the formative assessment that likely sources of information for adolescents include health care providers, adult family members (particularly females), teachers (particularly science teachers), and Scout leaders. Some recommendations on how to further develop and strengthen these sources of information include:

- Invite health care professionals to participate in and learn more about relevant Scout programs so that Scouts can see them as trusted, knowledgeable, credible, nonjudgmental sources of information. Scouts organizations can also create linkages with health facilities or offer referrals to physicians that offer youth-friendly services.

- Develop materials aimed at mothers and aunts to help them dialogue and build awareness of issues to discuss and share with children. Work with the parents of Scouts to improve their skills and increase their comfort with talking about health issues, so that they can effectively support their children.
- Work with teachers, particularly science teachers, to ensure a firm understanding of their important role as sources of information about adolescent health and to establish ways in which they can be involved in educational activities for Scouts.
- Further develop the adolescent health counselling skills and role of Scout leaders who can provide credible information.
- Work with Area Commissioners to identify places where young people can go for information and/or services. Possible facilities include youth centres, which provide both health and counselling services and are available even in rural areas.
- Use peer pressure positively to support adolescents making positive choices.

Incorporate gender training into all levels of programming

Gender issues emerged as some of the most important, underlying reasons for early and risky sexual behaviours among adolescents. One of the most disturbing findings of our research is that gender-based violence is widespread and widely tolerated among communities in Kenya and Uganda. When young people see gender-based violence as 'normal' they internalise these feelings, thus perpetuating a feeling of powerlessness among girls and a sense of entitlement among boys, leading to ongoing sexual exploitation and violence. Because SfS will be working with Junior Scouts who are generally at a "behaviour formation" age, there is ample opportunity to reshape gender norms and establish positive attitudes and behaviours from the start. Recommended activities include:

- Reinforce healthy dialogue on such topics as equitable gender roles, respect for all people, boy-girl relationships, and the inappropriateness of violence.
- Organize skill-building activities that allow female Scouts to practice dealing with pressure for sex from peers and older men.
- Work with communities to strengthen supportive environments for girls through after-school clubs, sports clubs, and "big sister" programmes that pair girls with successful older role models. These community venues can provide attention to girls, as well as skills training and emotional support from peers and older women.
- Recruit more girls into Scouts and assist Kenya Scouts Association to achieve their 50-50 gender participation goal by 2010. This means helping to recruit more girls into Scouts, training female Scout leaders for leadership positions all the way to the national level, ensuring that camping facilities are female-friendly, and reviewing the Boy Scout Act to accommodate girls. Not only will this give girls access to reproductive health and HIV prevention information, but it will ensure that more girls have access to all the benefits of Scouts throughout their young adult lives. Boys, too, will benefit from seeing girls and women participate equally in all Scout programs and leadership.

- Conduct activities that enable Scouts to reflect on the benefits and importance of universal education, particularly the benefits of educating girls. Include exercises that allow young Scouts to formulate an educational road map for themselves and plan ways to stay on that path by countering and avoiding deviations. Gender parity in education will empower girls to demand gender equality in society, thus reducing their vulnerability to HIV infection.
- Organize activities and design educational materials that enable Scouts to rethink gender roles and community norms that guide perceptions of masculinity and femininity, emphasizing equity, equality, and shared responsibility for civic and family duties.
- Incorporate models of nonviolent masculinity into Scouting education and activities.
- Involve fathers in communication activities and outings with Scouts to encourage their involvement in learning about and defining healthy concepts of masculinity.

Redefine healthy boy-girl relationships

Lacking specific information, young adolescents often define romantic relationships as, literally, "playing sex." SfS can work with Junior Scouts at this formative age to emphasize the broad range of activities through which boys and girls can relate without having sex. By exploring values within self, family, and friends, SfS can build upon the Scout's value system and set high expectations for integrity and self-esteem among young Scouts and within their relationships with others. Some specific recommendations include:

- Organize activities in which adolescents can discuss and explore their personal goals and the range of options available to them, including weighing the advantages and disadvantages of having sex, abstaining, or delaying sexual debut until they are adults, married, or mature enough to handle physical relationships.
- Reframe abstinence and being faithful as expressions of love and caring. Describe caring partners as people who help each other avoid disease and early pregnancy and who support each other to achieve personal goals.
- Design activities to help adolescents, especially girls, say "no" to relationships based on favours and gifts, develop their own economic goals, and explore ways to meet their financial needs that are not based on exchange of sex.
- Develop activities and materials that address concerns about negative physical effects of abstinence. Frame strategies in terms of hopes and dreams for a family and a future, building on the perceived positive effects of abstaining.

Prioritise skill-building exercises that address top concerns about sex

Although young people are concerned about HIV and AIDS, their most immediate and pervasive concerns relate to sexual violence and abuse, self-esteem, relationships, and peer pressure. Recognizing the validity of these concerns, SfS will prioritise activities, exercises, discussions and workshops that help young people navigate the difficult terrain of sexual exploitation, peer pressure, and unhealthy sexual behaviours. Specific recommendations include:

- Construct activities that allow youth to critically evaluate the persuasive power of media and to enable them to determine what is right for them.
- Use skill-building exercises to enable young people to practice facing and resisting the strong influence of peer pressure. Encourage youth to identify personal goals and positive practices that help them resist social and peer pressures.
- Challenge youth to think critically about unhealthy behaviours that may be modelled by their peers, their siblings, or adults in their community. Engage adults in the community to support positive behaviours on which youth choose to focus.
- Conduct skill-building activities that allow Scouts, particularly girls, to practice dealing with pressure for sex from peers and older men.
- Encourage young people who experience rape, forced sex, or sexual violence to go to a trusted adult for assistance, be that a family member, teacher, Scout leader, or other.
- Provide resources and support to community members to whom young people may talk about their experiences with sexual violence.
- Address community-level obstacles that may make it difficult for young people to make healthy choices about their sexuality. For example, conduct campaigns to bring attention to the problem of sugar daddies and sugar mummies or to discourage early marriage.
- Provide scientifically grounded information about condom effectiveness while emphasizing when their use is appropriate. Introduce skills-development activities through which older Scouts can learn and practice condom negotiation and how to use condoms effectively.

Make information about HIV and AIDS accessible

HIV and AIDS affect a large number of young people in East Africa; many are infected themselves and/or have lost parents, relatives, friends, or teachers to AIDS. Lacking information or a safe place to ask questions about the disease, young people can feel powerless to protect themselves or those they love—some are obviously traumatized. By giving adolescents detailed, accurate information about HIV and AIDS, SfS gives young people a sense of control along with practical tools to protect themselves and loved ones from the disease. Specific recommendations include:

- Develop a mechanism that encourages Scouts to raise awareness about HIV and AIDS with their caregivers and other adults in their communities and to help them address their fears.
- Provide Scouts with accurate HIV information and correct misinformation about HIV transmission. Discuss ways in which delayed childbearing and avoiding STIs could help Scouts meet their hopes and dreams.
- Use positive peer pressure. Provide training that allows Scouts to become knowledgeable about HIV and adolescent health issues as well as training in interpersonal communication, peer counselling, leading small-group discussions, and facilitating group exercises on these topics.

Show that we are listening

Although not directly part of the formative assessment, two additional key recommendations emerged from the research:

- Acknowledge and reflect the many types of family situations common among Scouts. A good proportion of Scouts live with surrogate parents, extended family, relatives, or even an older sibling.
- Where possible, printed materials should be translated and activities should be conducted in the local language. Many young people, especially those in rural areas, do not speak or understand English very well.

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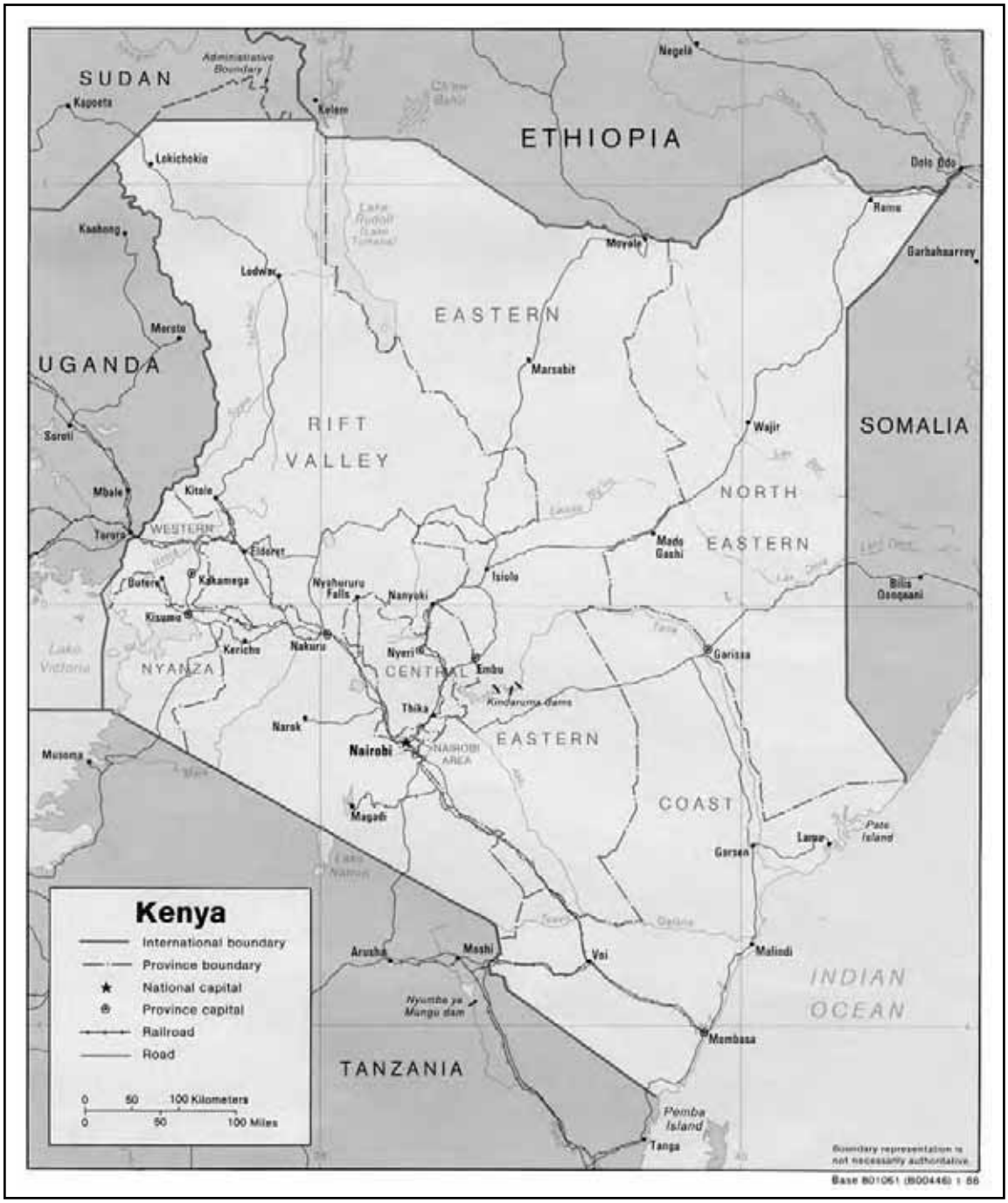
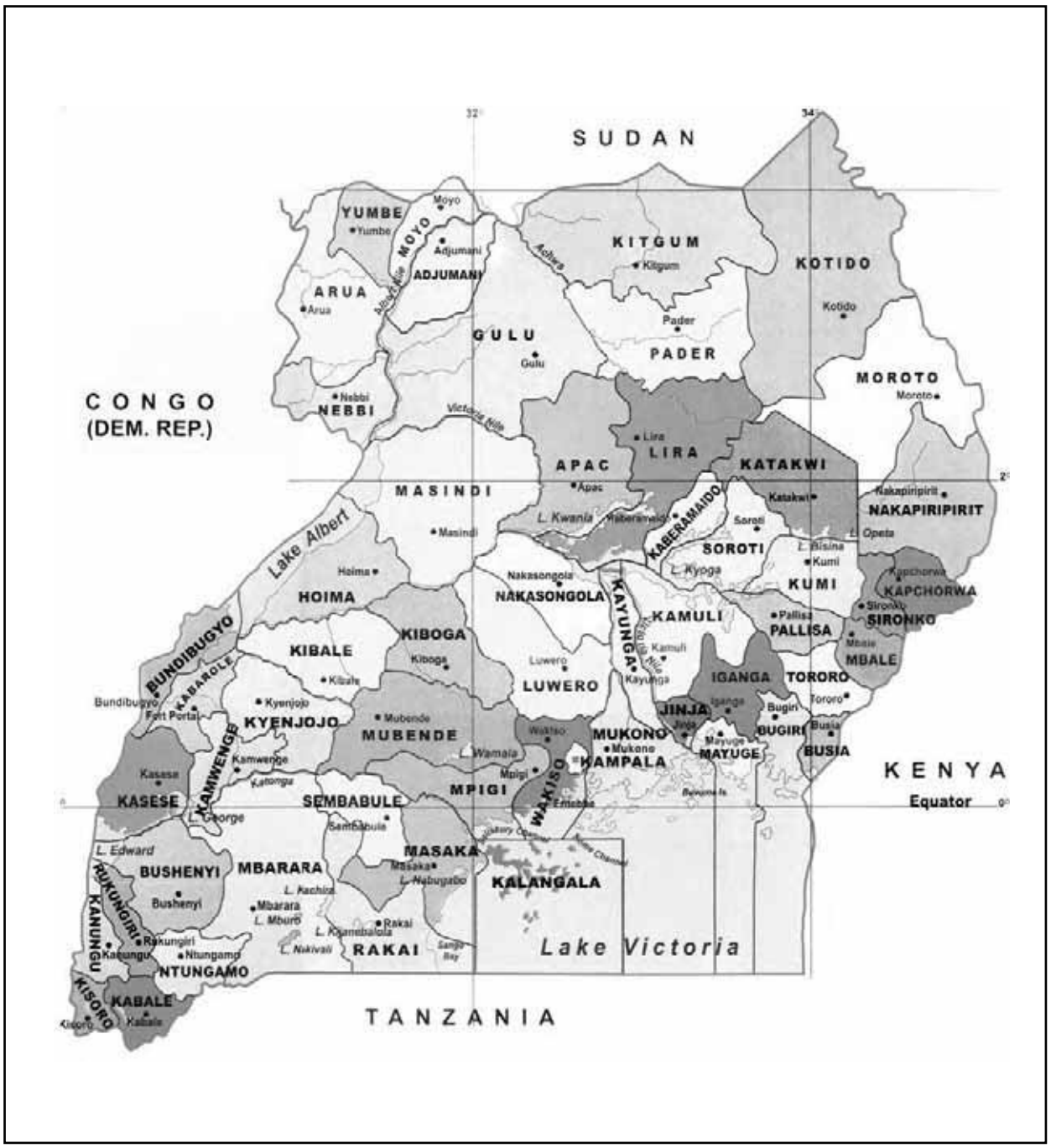
Appendix 1: Map of Kenya



Appendix 2: Map of Uganda



Appendix 3: Sample focus group discussion topic guide

Introduction (5 minutes)

COMPLETE BACKGROUND SHEETS TO SCREEN FOR AGE.

1. INTRODUCE YOURSELF AND THE NOTE TAKER

My name is _____ and I will be leading our discussion today.
(first and last)

My colleague's name is _____ and she/he will be recording our discussions during the session.
(first and last)

2. DESCRIBE THE FGD, LENGTH, AND NEED FOR COMMENTS

We are talking together to learn more about what young people know, think, and believe. This information will help us work with the Scouts Association to provide you with information that will be of interest to you and information that you need to live healthy lives and make the decisions to become better Scouts and adults.

Please give your views freely and honestly. There are no right or wrong answers; all information given will be highly appreciated. The discussion will last approximately two hours.

3. CONFIDENTIALITY

Your views in the discussion will not be shared with anybody. This includes your teachers, other Scouts or students, Scout leaders, your parents, or anyone else related to the school or your unit. We will not tell anybody your name or that the information we got was from you. Only the researchers, who have no relationship with the school, will have access to that information. (NB: no teacher, etc. should be in the room during the discussion.)

We will be taking notes during this discussion because we want to be sure that we have heard each of you correctly. However, we will not use the material to identify who said what and we will not keep track of your names. You have the right to ask questions at any time, and if you do not want to continue you can tell us you want to stop.

4. WARM UP EXERCISE

We will play a short game to help everyone get to know each other better. *Take out a tennis ball and:* When you get tossed the ball, catch it and say your first name and favourite animal. Then toss the ball to someone else in the group who has not had a chance to introduce himself or herself. That person will then catch the ball and say his or her name and favourite animal. Keep playing until the last person has introduced himself or herself.

Focus Group Questions

COMPLETE THE BACKGROUND INFORMATION SHEET.

1. INTRODUCTION QUESTIONS – ABOUT 10 MINUTES

Let's begin by getting to know each other a little bit better. I would like to hear more about scouting, the activities you enjoy and what you do when you are not in school.

1. Why did you become a Scout?
2. What kinds of games or activities do you enjoy doing?
3. What TV or radio programmes do you like watching or listening to?

2. SOURCES OF INFORMATION/MEDIA HABITS – ABOUT 15 MINUTES

Now, let's talk about where you go in your community to get information. I am going to read you a story, twice, and then I will ask you some questions. First though, does everyone know what HIV is? Can someone explain it? OK. *Common definition of HIV: HIV is the human immuno-deficiency virus. HIV is the virus that causes AIDS. HIV makes the body weak and unable to fight disease.*

Read story out loud: "A student at school told Mary that she can get HIV from touching someone who has it and she better be careful. Mary doesn't think this is true, but she is not sure. It seems that the older student knows a lot. But she wants to find out the right information."

1. What advice would you give Mary so that she could find the right answer? *Probe each person suggested with* "What would they tell Mary?"
2. What have you wanted to learn about your health or body?
   a. Who did you ask?
   b. Who are you most comfortable asking? *(probe for which parent would be preferred, male or female teacher)*
   c. Who would you not ask?

3. GENDER – ABOUT 15 MINUTES

Now we are going to play a game. We need everyone to stand up and move the benches and chairs out of the way. I am going to read some statements aloud. If you agree with the statement go to the right side of the room, if you do not agree go to the left side of the room. Pick your side as quickly as possible. There are no right or wrong answers, we just want to know what you think. *Facilitator can add a neutral category if needed.*

Facilitator should read each response individually. After the Scouts have moved to their side of the room you should ask one or two people why they agreed with the statement. Then ask one or two why they disagreed with the statement. Then move on to the next statement and follow the same procedure.

1. It is easy to be a young woman in my community.
2. It is more important for boys to go to school than girls.

3. Boys should not do housework.
4. It is okay for a man to hit a woman if he has a good reason.

4. BOY-GIRL RELATIONSHIPS – ABOUT 15 MINUTES

Good job. Now let's talk about friendships and relationships. I am going to pass out papers and a pencil to each of you. Please fold your paper in half, like this. On the left side, please draw a picture of a boy and a girl around your age who are friends doing an activity that friends do together. Now, on the right side, draw a picture of a boy and a girl who are boyfriend-girlfriend doing an activity that boyfriends and girlfriends do together. You will have just a minute to do the drawing and it should be simple.

Would someone like to show their picture to the group? Can you describe what is happening on the left? On the right? How are they different? *(Allow several participants to show their drawings)*.

1. What is the difference between a friend and a boyfriend and a girlfriend?
2. Why do young girls want boyfriends? Why do young boys want girlfriends?
3. How does a girl show that she cares for her boyfriend?
4. How does a boy show that he cares for his girlfriend?
5. What do boyfriends and girlfriends do? Can you give me some examples?
6. At what age do you think people should start having boyfriends or girlfriends?

5. SEXUALITY AND HIV/AIDS – ABOUT 15 MINUTES

Now, we are going to talk about health. Please take about two minutes to think then write down on a piece of paper what sexual intercourse means to you. *After they have finished the facilitator should ask them to read aloud some of their answers. The group should come to a common understanding of the definition (penis entering a vagina) and no one should be allowed to correct their answers.*

On the back side of the paper, draw 10 small circles and assume that those are your friends that are your age. Put Xs inside the circles to represent only those you **think** have had sexual intercourse. For example, if you think **all** of your friends have had sexual intercourse you would mark Xs in all of the circles. If you think **none** of your friends have had sexual intercourse you would leave them all blank. If you think some, etc. *Facilitator should collect all of the papers.*

1. Why do young people have sex?
   a. Why do young women have sex?
   b. Why do young men have sex?
2. Who do they have sex with?
3. What are some of the effects of having sexual intercourse?

Now, let's talk about abstinence.

1. How many of you have heard of the word abstinence? Do you know what the word abstinence means? Could someone explain it? Does everyone agree? Is there another definition?
2. Why do some young people choose to not have sex?
   a. What are the reasons young women do not have sex?
   b. What are the reasons young men do not have sex?
3. What are some of the effects of not having sex?
4. Is AIDS a problem in your community?
   a. Amongst whom?
   b. Is it something young people worry about?

You all have done very well. Now, I will ask those of you who are 14 years old to please go out and I those who are 15 years old will remain for a about 5 minutes.

After the 14-year-olds have left the room, continue with the discussion:

1. What are condoms?
2. What have you heard about condoms? (prompt for myths and misconceptions)
3. Why do people use them? Do young people use them?
4. Does the man or woman in a relationship decide to use condoms?

Remember to thank the participants for helping you learn more about them and what they find important. Tell the participants that some participants may be asked to continue the discussion in a one-on-one interview after the focus group. Ask if they have any questions for you or the note taker.

The facilitator and notetaker should meet briefly to select in-depth interview topics and a participant.

Appendix 4: Focus group demographics

Table 1. Summary of focus groups in Kenya

Province (district)	Age in years	Age category	Sex	Religions represented	Tribes represented	No. of participants
Coast (Mombasa)	12–14	Younger	F	Catholic, Muslim, Protestant	Giriama, Luhya, Luo, Pokomo, Somali, Taita	8
	12–14	Younger	F	Christian, Muslim	Kikuyu, Luo, Swahili, Taita,	9
	14–15	Older	F	Catholic, Muslim, Protestant	Digo, Giriama, Kikuyu, Luhya, Luo, Mnolomvu	8
	14–15	Older	F	Catholic, Muslim, Protestant	Digo, Kikuyu, Maasai, Mnjomvu, Taveta	7
	12–13	Younger	M	Christian, Muslim	Digo, Doroma, Giriama, Kamba, Luhya, Luo, Taita	12
	12–13	Younger	M	Muslim	Arab, Baruchi, Bohora, Somali, other (unknown)	8
	13–14	Older	M	Christian, Muslim	Digo, Giriam, Luhya, Taita	7
	14–15	Older	M	Muslim, other (unknown)	Barao, Giriama, Kikuyu, Kisii, Luo, Luhya	7
	14	Older	M	Christian, Muslim	Arab, Baganda, Indian	8
Nyanza (Homa Bay)	12–13	Younger	F	Christian	Luo	8
	14–15	Older	F	Catholic, Protestant, Seventh-day Adventist	Luo	8
	14–15	Older	F	Catholic, Seventh-day Adventist	Kisii, Luo	8
	14–15	Older	F	Anglican, Catholic, Seventh-day Adventist	Luo, Luhya	8
	12–14	Younger	M	Christian	Luo	8
	12–13	Younger	M	Christian	Luo	8
	13–15	Older	M	Christian	Luo	8
	15	Older	M	Christian	Kisii, Luo	8
Eastern (Kirinyaga)	12–13	Younger	F	Christian	Kikuyu	8
	12–13	Younger	F	Christian	Kikuyu	8
	13–15	Older	F	Catholic, Protestant	Kikuyu	8
	11–13	Younger	M	Christian	Kikuyu	9
	14–15	Older	M	Christian	Kikuyu	7
	14–15	Older	M	Christian	Kikuyu	8
Rift Valley (Trans-Nzoia)	12–13	Younger	F	Christian	Kalenjin, Kikuyu	8
	12–13	Younger	F	Christian	Kalenjin, Keiyo, Marakwet, Nandi, Sabaot	8
	14–15	Older	F	Catholic, Christian, Muslim	Kalenjin, Luhya, Somali, Teso	8
	14–15	Older	M	Christian	Kisii, Kikuya, Luhya, Mungala, Nandi, Teso	8
	12–13	Younger	M	Christian	Bukusu, Kipsigis, Luo, Nandi	8
	12–13	Younger	M	Christian	Bukusu, Kikuyu, Luhya, Maasai	8
	14–15	Older	M	Christian	Bukusu, Kikuyu, Luhya, Pokot, Sabaot	8
	15	Older	M	Christian	Gusii, Kalenjin, Kikuyu	8

Table 2. Summary of focus groups in Uganda

Province (district)	Age in years		Sex	Religions represented	Tribes represented	No. of participants
Central (Mukono)	12–13	Younger	F	Born-again Christian, Catholic, Muslim, Protestant	Muganda, Mugishu, Munyankoole, Musoga, Muteso	8
	12–13	Younger	F	Adventist, Born-again Christian, Catholic, Protestant	Kiinyan, Muganda, Musoga	8
	12–13	Younger	F	Catholic, Protestant	Lugbwara, Muganda, Munyoro	8
	12–13	Younger	M	Muslim, Protestant	Acholi, Iteso, Kumam, Muganda	8
	12–13	Younger	M	Adventist, Catholic, Protestant	Muganda	8
	13–14	Older	M	Pentecostal	Alap, Lugbara, Muganda, Mugisu, Muroro	8
	14–15	Older	F	Pentecostal	Kagwa, Muganda, Mutoro, Shunna	8
	14–15	Older	F	Catholic, Pentecostal, Protestant	Acholi, Muganda, Muguesi, Munyoro, Musoga	8
	14–15	Older	M	Catholic, Muslim, Protestant	Arabian, Luo, Muganda, Mukiga	8
Eastern (Iganga)	12–13	Younger	F	Born-again Christian, Muslim, Protestant	Musoga	8
	12–13	Younger	M	Catholic. Protestant, Saved	Kumani, Munyankole, Musoga	8
	12–13	Younger	M	Born-again Christian, Muslim, Protestant	Soga	8
	14–15	Older	F	Born-again Christian, Catholic, Protestant	Iteso, Musoga	8
	14–15	Older	F	Catholic	Iteso, Musoga	8
	14–15	Older	M	Catholic, Born-again Christian, Protestant, Muslim	Kumam, Munyankole, Musoga	8 6
	14-15	Older	M	Christian, Protestant	Luuya, Muganda, Samia	8
	12–13	Younger	F	Born-again Christian, Catholic, Muslim, Protestant	Ateso, Kamam, Musoga	8

Province (district)	Age in years		Sex	Religions represented	Tribes represented	No. of participants
Southwestern (Bushenyi)	12–13	Younger	F	Catholic, Protestant	Munyankole	8
	12–13	Younger	F	Catholic, Protestant	Omunyankole, Munyankole	8
	12–13	Younger	M	Catholic, Protestant	Munyankole	8
	12–13	Younger	M	Muslim, Protestant	Munyankole	8
	14–15	Older	F	Catholic, Protestant	Muganda, Munyankole, Munyoro	8
	14–15	Older	F	Protestant	Munyankole	8
	14–15	Older	M	Catholic, Protestant	Banyankole	7
	14–15	Older	M	Protestant	Munyankole	8

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