

Kenya: The AIDS Epidemic

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Suggested Grade Level: 8th /adaptable through grade 12

Class length: 110 minutes

Overview:

Through a role-playing exercise, students will come to understand the dissemination, causes, and effects of the AIDS epidemic in Kenya.

Inquiry Question:

Why is AIDS so prevalent in Kenya and what can be done about it?

Materials:

Case study, pen, paper, map, poster board, markers, chalkboard

Procedure:

1. The teacher will give a brief overview of the AIDS epidemic in Kenya after questioning students on what they believe is the leading cause of death in Kenya.
2. During the open class discussion, the students will brainstorm on the why's of the AIDS epidemic.
3. The teacher will pass out a reading selection and an anticipation guide. The students will pair off, read, and answer the anticipation guide while the teacher walks around.
4. The teacher will lead a brief class discussion on the anticipation guide and reading selection.
5. The teacher will pass out case study information on the Kenyan AIDS epidemic. The students will be divided into groups, assigned a specific section of the case study, and complete information for this case study.
6. The students will present group assignments.

Activities:

- What does the map of Kenya's cities and highways as well as the information you have tell you about the relationship of these routes and the spread of AIDS throughout the country? Illustrate this in the form of a letter to the Ministry of Health in Kenya.
- You are a reporter for CNN, assigned to report on how cultural and political issues are allowing in the AIDS epidemic to exist and prevail. Use the case study on AIDS in Kenya to write your report. You may choose to interview people or visit government officials.
- Create a Venn diagram to compare and contrast AIDS in the US and AIDS in Kenya. You may choose a sub-topic such as cultural differences, prevention, spread, or other. You may also choose to do more than one.

Closure:

- What steps can Kenyan leaders take to assure that AIDS will not depopulate their country any further?
- How can Kenyans change some of their cultural views that make them so susceptible to the transmission of AIDS?

Evaluation:

Rubric, student work and presentation, observation, participation (group work and class discussion), and teacher test.

The text of the case study is below:

Kenya and the AIDS Epidemic: A Case Study

Lesson Overview

This case study will discuss the current AIDS epidemic in Kenya. We will look at cultural issues such as polygamy (men married to more than one woman), superstition, and attitudes about sex. We will also look at how the politics of Kenya and how the political struggles in that country have kept the Kenyan government from addressing the AIDS crisis its people face. The lesson will also include how the major highways in Kenya do not just carry goods from point A to point B, but also how they carry AIDS. Finally we will compare and contrast AIDS in Kenya to AIDS in the U.S., specifically focusing on culture, politics, spread, and prevention.

Geography

Kenya lies across the equator in east-central Africa on the coast of the Indian Ocean. It is twice the size of Nevada. Kenya borders Somalia to the east, Ethiopia to the north, Tanzania to the south, Uganda to the west, and Sudan to the northwest. In the north, the land is arid; the southwestern corner is in the fertile Lake Victoria Basin; and a length of the eastern depression of the Great Rift Valley separates western highlands from those that rise from the lowland coastal strip.

Politics

On December 12, 1963, Kenya became fully independent. Jomo Kenyatta, a nationalist leader during the independence struggle, who had been jailed by British, became its first president. From 1964 to 1992 the country was ruled as a one-party state by the Kenya African National Union (KANU), first under Kenyatta and then under Daniel arap Moi. Demonstrations and riots pressured Moi to allow for multiparty elections in 1992.

A series of disasters plagued Kenya in 1997 and 1998: severe flooding destroyed roads, bridges, and crops; epidemics of malaria and cholera overwhelmed the ineffectual health care system; and ethnic clashes erupted between the Kikuyu and Kalenjin ethnic groups in the Rift Valley.

In a successful effort to win back World Bank funding, which had been suspended because of Kenya's corruption and poor economic practices, President Moi appointed his high-profile critic and political opponent, Richard Leakey, as head of the civil service. The third-generation white Kenyan, son of paleontologists Louis and Mary Leakey, had been highly effective as head of the Kenya Wildlife Service, introducing a greater amount of efficiency and fairness into the Kenyan government. In his new position as head of the civil service, Leakey made a promising start at cleaning up Kenya's corrupt bureaucracy. But it soon became apparent that the president was not serious about reform, and after 20 months Moi sacked Leakey. Kenya is regularly ranked among the ten most corrupt countries in the world, according to the watchdog group Transparency International.

In August 2000, UN aid workers estimated 3.3 million Kenyans were at risk of starvation due to a devastating East African drought. An anticorruption law, sponsored by the ruling party, failed to pass in Parliament in August 2001 and imperiled Kenya's chances for international aid. Opposition leaders called the law a cynical ploy meant to give the appearance of reform – the proposed law, they contended, was in fact too weak and full of loopholes to make a dent in corruption.

Transporting more than goods

In the realm of HIV prevention programs today, it is generally accepted that extended or repeated overnight travel away from home and community is associated with higher risk of being infected with HIV. This travel can be divided into three types:

1. usually voluntary and job-related (e.g., trucker, trader, mine worker, freelance sex worker);

2. legally required (e.g., military conscription, deportation of illegal immigrants); or
3. coerced (e.g., war-related population movements, political refugees, trafficked sex workers).

Slowing down the movement of populations might slow down the spread of HIV, but no prevention program is proposing any strategy to impede mobility (with the possible exception of anti-human trafficking programs). Instead, most programs try one or a combination of three strategies to access the more vulnerable of the mobile populations, and to extend HIV/AIDS prevention services:

- at the point of origin;
- at the point of destination;
- at the crossroads en route.

Work-related mobility often creates an imbalance in the gender ratio (proportion of women to men), and this facilitates an environment in which sex partner sharing becomes normative. Extreme examples of this are truck stops in which female sex workers, vendors and drink shop owners outnumber the men who may be transiting through the truck stop at any given time. The reverse is true in mining camps where men greatly outnumber women. In both cases, HIV and other STDs tend to flourish because of the greater likelihood of sharing the same sex partners. For example, qualitative assessments of extremely high-risk communities along the Durban-Lusaka highway indicate that men and women change their behavior when in cross-border communities and engage in risk behavior that they would not otherwise do when at home. This phenomenon strongly argues for a contextual and community response to risk-reduction rather than one that focuses on the client.

In addition, while most mobility is domestic, funding agencies and prevention programs need to focus much more on international mobility for the following reasons:

- HIV epidemics tend to erupt at the periphery of a country first before diffusing to the larger cities and rural communities further inland;
- Busy, international border crossings often have a relatively higher risk environment than other trade towns;
- National prevention programs are relatively weaker at border towns and international ports when compared with services in the capitol and central part of the country; and
- Mobile populations can be reached more efficiently at international border funnels than at other points along a travel route.

In sum, populations are becoming more mobile around the world. Without increased prevention action, the distribution of HIV will increase in proportion to population mobility. Programs are already being implemented that expressly intend to serve people who cross borders, or may be away from family and home community due to economic need or coercion.

Culture's Role

There are diverse social/cultural rules in Kenya, given the presence of 40 indigenous cultures and ethnic groups. These groups have different languages and social structures as well as differing traditional cultural beliefs and practices. Some of these practices, such as wife inheritance (taking the wife of a diseased relative to be your own) and polygamy conflict with HIV prevention.

In the various communities, it is the men who decide on issues of economic productivity – such as land, capital, and technology – since the men have more education and economic power than the women. Cultural beliefs and practices also favor men. In addition, the participation of men is more pronounced regarding national and political issues – to the exclusion of women.

Given the resulting lower socio-economic status of women when they are divorced or separated, they are driven into commercial sex work due to the sheer necessity to survive. Also some parents disown daughters who are attending school and become pregnant. Such girls flee to the nearest town and do the only thing they know how to do for money, namely, sex.

Kenya's Daily Nation reported Wednesday that some men in the country believe that they can cure themselves of HIV infection by having multiple sex partners. The Daily Nation noted reports of several dangerous

misconceptions presented at an AIDS workshop in Nairobi. These include the belief by some that it is impossible to contract HIV from some women, including obese women, married women, and schoolgirls.

Some churches in the Mt Kenya region have been accused of buying off stocks of condoms and destroying them on the grounds that they are promoting immorality among the faithful. Fear among shopkeepers in some areas was so deep rooted that they no longer sell condoms. Some shopkeepers are no longer stocking condoms for fear of being put out of their church. This development is frustrating efforts to combat the AIDS pandemic.

Statistics

Kenya:

Men (15-49)	Women (15-49)	Total Adults	Percentage of the total population
900,000	1,100,000	2,000,000	13.95

AIDS Statistics in U.S.A.

At the end of December 2000, 774,467 AIDS cases in the USA had been reported to the Centers for Disease Control and Prevention (CDC).

Of these,

82% were men

17% were women

1% were children less than 3 years of age

43% were whites

38% were blacks

18% were Hispanics

<1% were Native Americans and Alaska Natives

<1% were Asians and Pacific Islanders

46% were men who have sex with men (MSM)

25% were injecting drug users

11% were persons infected heterosexually, and

1% were persons infected through blood or blood products

During the 1990s, the epidemic shifted steadily toward a growing proportion of AIDS cases in blacks and Hispanics and in women, and toward a decreasing proportion in MSM, although this group remains the largest single exposure group. Blacks and Hispanics, among whom AIDS rates have been markedly higher than among whites, have been disproportionately affected since the early years of the epidemic. The proportion of women with AIDS has increased steadily, and the proportion of infected heterosexually has also increased, surpassing (in 1994) the proportion infected through injecting drug use.

Prevention programs have been set up in the United States on the local, state, and national levels. The governments on all of these levels have taken steps to get out the message that AIDS is a killer. Though county health departments' pamphlets, videos, and AIDS awareness programs have given information for the asking to anyone who may be at risk. Television and radio ads spread the word that AIDS and risky sexual behavior do not mix. Prostitutes in some cities are given condoms. The government has committed money not only for prevention but also for the research to find a cure.

Prejudice is still a factor that affects those that are HIV positive and those with AIDS. The American society puts shame on the faces of those infected. People infected are not likely to tell others that they are infected. Thus risking others' exposure to the virus.

Sources:

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