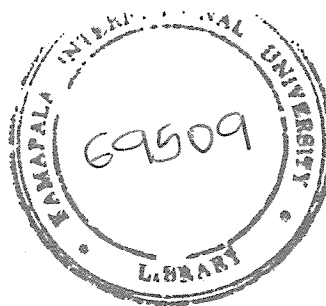


**COMMUNITY PARTICIPATION IN THE MANAGEMENT OF
HIV/AIDS PROGRAMMES INLARI DIVISION,
KIAMBU DISTRICT, CENTRAL
PROVINCE KENYA**

BY

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**A RESEARCH REPORT SUBMITTED TO THE INSTITUTE
OF CONTINUING AND OPEN STUDIES PARTIAL
FULFILLMENT OF THE AWARD OF THE
DEGREE OF EDUCATION ECPE OF
KAMPALA INTERNATIONAL
UNIVERSITY**

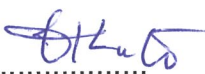


AUGUST 2008

DECLARATION

I **SAMMY K. RUTTO** declare that the material in this book has not been presented elsewhere for any academic qualification.

SIGNED

22/9/2006 

SAMMY K RUTTO

DATE:

.....

APPROVAL

This research report is submitted for examination with my approval as the supervisor.

Signed



MR MULEGI TOM

23/9/2008

DEDICATION

This book is dedicated to my the entire family for their love, care and support. God bless you all.

ACKNOWLEDGEMENT

To have a meaningful life is some times to have encountered different people. People of different character and walks of life together. It is thus difficult to list down by name all the people whom I met, on my journey to where I am.

I wish I would not mention anybody because I and my achievements specifically pertaining to this academic work is a summation of them all I have met.

However, I want to be particularly grateful to Mr. and my wife and children for their love, care and financial support before and through the course.

Sincere appreciation to my supervisor Mr. Mulegi Tom for his academic advice and corrections whenever I needed him during my research. To all my lecturers, May God bless you all!

Lastly and not least, to God Almighty who has always been there for me and on whom I have relied for my success.

DEFINITION OF TERMS

AIDS- Acquired Immune Deficiency Syndrome

Gender mainstreaming.

It's a strategy for making women and men's concern and an integral dimension in the design, implementation, monitoring and evaluation of policies and programmes, such that inequality between men and women is not perpetuated.

HIV - Human Immune Deficiency Virus

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ABSTRACT

This study was an inquiry into gender mainstreaming in HIV/AIDS programmes within Lari division, Kiambu district. It closely focused on identifying gender issues that existed within the community & challenges faced by programme implementers.

This study was carried out in four NGOs in Kiambu providing care and support to people living with HIV/AIDS. Respondents totaled to 40 out of a population of 146. they fell in three categories namely service beneficiaries, direct service providers and management teams.

Data was collected using self administered questionnaires and interviews.

Findings from the study revealed that norms that prevent within the community put women in vulnerable and disadvantaged positions. Regarding challenges, the results indicate that organizations in Kiambu appreciate the role of gender in HIV/AIDS epidemic.

The study recommended that project teams need to get informed of gender issues and at the same time make considerations while designing care and support programmes.

CHAPTER ONE

1.1 Introduction

This chapter presented the background of the study and conceptual framework that guided the research process. The study focused on gender issues, challenges, efforts and opportunities available within the organization dealing with HIV/AIDS, in Kiambu District to mainstream gender.

1.2 Background Information

The Human Immuno Deficiency Virus (HIV) Acquired Immune Deficiency Syndrome (AIDS) continues to be among the biggest killer disease in the world. The number of people living with AIDS has been rising throughout the world in the past three years. The number of people infected with AIDS was estimated to be 386 million globally by the end of 2006, with approximately 4.1 million new cases reported by the end of 2005, 2.8 million reported having lost their lives (Joint United Nations Programme on HIV/AIDS (UNAIDS) report, 2006). The Sub-Saharan Africa being one of the regions most affected, (NNAIDS, Report 2006).

In Kenya the prevalence of rate of HIV/AIDS is 6.4% among the adults, the prevalence is higher among women than men, 8% and 5% respectively (MOH, 2006). Reports from the AIDS Support Organisation reveal that women account for 65% of the clients receiving HIV/AIDS care and support services (The AIDS support organization 2005 Information booklet).

According to the surveillance data HIV/AIDS prevalence rate in Kiambu District were on the increase. In 1992, the District recorded 30.8%. However, in the subsequent years HIV infection rates declined to 10.8% in 2002. Although Kiambu recorded a decline in prevalence rates, the

figure is high compared to other districts and the national rates of 6.4% (MOH, 2006).

The incidence of HIV/AIDS among the females is expected to increase, because of their vulnerability. Women face specific challenges as a result of cultural norms, which put them in a disadvantaged social and economic position. The subordinate positions, poverty, low status and lack of authority to make a decision make it difficult for women to avoid the infection. This trend points to the need to come up with realistic strategies to address the HIV/AIDS related problems effectively. Its important that the response addresses the gendered nature of the disease.

1.3 Statement of the Problem

In the global efforts towards fighting the HIV/AIDS epidemic, experience shows that gender determines the individual's vulnerability to the infection, health-seeking behaviour of prevention, care and support services available. The gender inequalities within the socio economic context prevent the best HIV/AIDS intervention. Attempts have been made in Kiambu District to address HIV/AIDS issues with gender consideration; however, these programmes have met little success. Challenges faced by the organization in the process of gender mainstreaming are not yet known. In order to have programmes that meet the needs of individual beneficiaries, it is crucial to make gender consideration in HIV/AIDS programmes, hence this study.

1.4 Objectives of the Study

1.4.1 General Objectives

The major objective of the study was to assess the factors affecting gender mainstreaming in HIV/AIDS programmes in Kiambu district.

1.4.2 Specific Objectives

- (i) To identify HIV/AIDS gender issues that exist in Kiambu district

- (ii) To establish the challenges faced by organizations during gender mainstreaming in HIV/AIDS programmes.
- (iii) To find out the opportunities for organizations to main stream gender in HIV/Aids programmes

1.5 Research Questions

1. What are the gender HIV/AIDS issues that exist in the community?
2. What are challenges faced by the organization in the process of gender mainstreaming in HIV/AIDS programmes?
3. Are there opportunities for organizations to mainstream gender in HIV/AIDS programmes?

CONCEPTUAL FRAMEWORK

Independent Variable

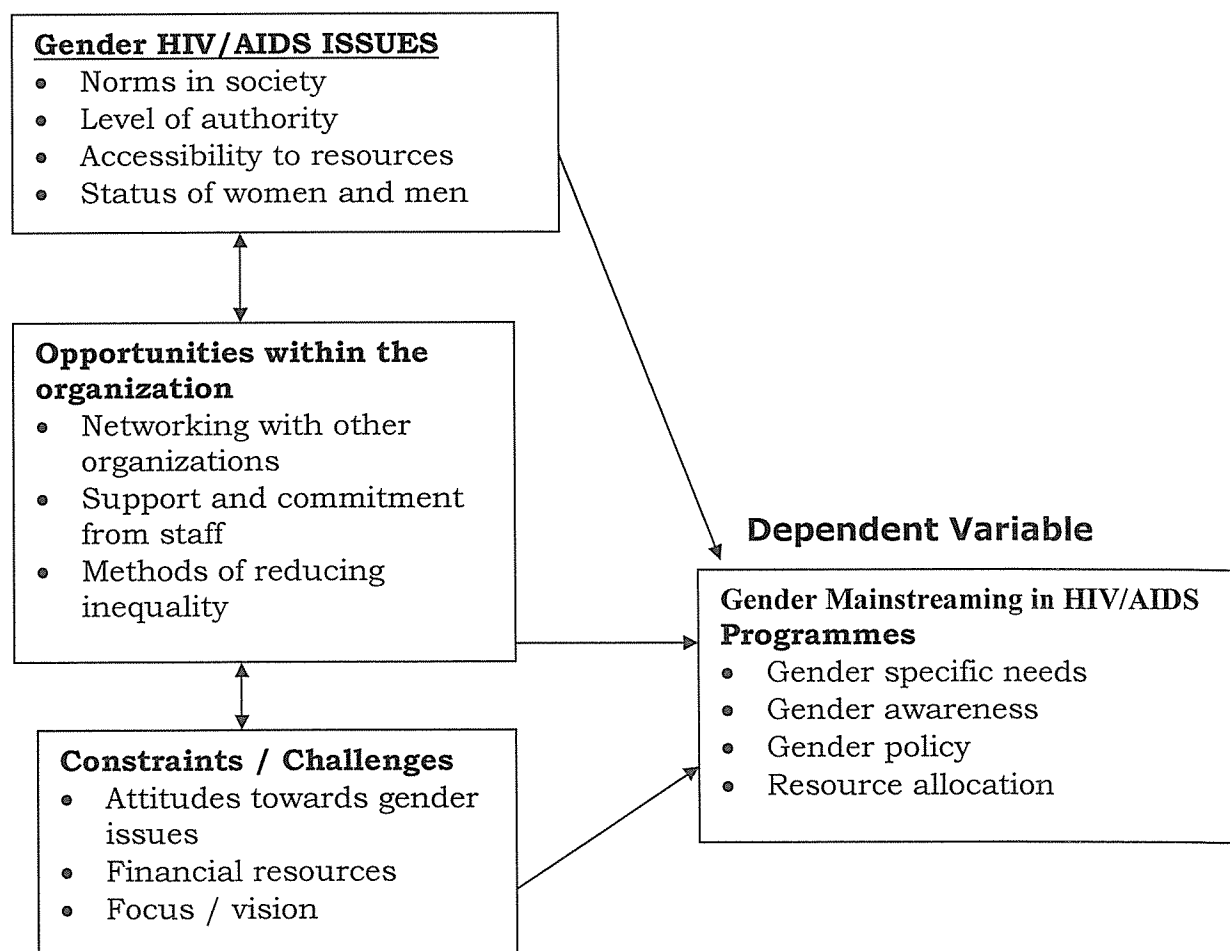


Fig. 1

The conceptual framework shown in Fig. 1, highlight the dependent and the independent variables that will guide the research.

The dependent variable is gender mainstreaming in HIV/AIDS while the independent variable include constraints / challenges that make it difficult to mainstream gender in HIV/AIDS programmes.

Challenges may act as bottle necks towards successful gender mainstreaming. These include financial resources, attitudes towards gender issues, technical resources with in the organization, among others.

Gender issues, which are not attended to throughout the project cycle may hinder effective service delivering. Examples of gender issues include, culture, norms, status of women/men in the society, among others.

Opportunities determine the level, at which the organization may be in position to mainstream gender. Opportunities available may include networking with other organizations in the gender field, support and commitment from senior management among others.

1.6. Scope of the Study

The study was conducted among non-governmental organizations providing direct services to HIV/AIDS patients within Kiambu district. This is because NGOs have been regarded as the key players in HIV/AIDS work and their work interventions have been documented.

The study focused on challenges and opportunities available to mainstream gender in HIV/AIDS programmes within the organizations, with special focus on programmes implemented between 2004 and 2007.

Given the costs, and the time available the geographical scope will be limited to Lari division which is found in Kiambu District, in Kenya.

1.7 Significance of the Study

The study will create awareness of gender HIV/AIDS related issues that exist within the organizations among the project teams.

The project teams will be in position to prioritize gender issues.

The teams will become aware of the challenges of gender mainstreaming in HIV/AIDS programmes.

Project managers will consider integrating gender in HIV/AIDS programme in order to ensure that services meet the needs of individual clients.

The study will increase on the knowledge and skills in the area of gender.

1.8 Limitations of the Study

The researcher encountered the followings problems:-

The bureaucracy within some organizations since the study at certain point required review of organizational documents. To minimize this problem, the researchers sought permission from the authority of the organizations and also explained to the relevant officers the purpose of the research.

Since top management staff, with busy schedules were part of the respondents, the researcher could not get as much time from them as anticipated. This challenge was solved by seeking appointments with them at their convenient places and time.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The literature review focused on three main areas namely gender issues in HIV/AIDS programmes, gender mainstreaming, challenges of gender mainstreaming, and opportunities of gender mainstreaming.

2.2 Gender Issues in HIV/AIDS

2.2.1 The Concept of Gender

The term gender has been confused by sex; sex divides human beings into two biological based categories such as males and females, while gender is a cultural specific construct. Gender refers to the cultural and social ascriptions given to men and women by society. They may include the different attributes, statuses, roles, opportunities, responsibilities, privileges accorded to women and men as well as their access and control over resources (Starvu Poulos, 2003).

Cranny et al (2003) looks at gender as a system that organizes every realm of lives for example sleeping and eating. And it operates as a set of hierarchically arranged roles, making the masculine half the equation positive and feminine negative. This puts women in an inferior position and gives more privileges to males. Gender is a set of roles that could be acquired through formation of family structures. Gender could be looked at as a political social and economic relations of power between women and men, (Dorothy and Hodgson, 2001).

2.2.3 Gender Mainstreaming

The term gender mainstreaming refers to the process of assessing the implication for men and women in any planned action. Gender mainstreaming is a strategy for making women as well as men's concerns an integral dimension in the design, implementation, monitoring and evaluation of policies and programmes such that the inequality between women and men is not perpetuated. Gender mainstreaming involves identifying and addressing gender concerns in development projects throughout the project cycles, (Ministry of Gender, Labour and Social Development, 1997).

Gender mainstreaming is therefore a development strategy whose major aim is to bring gender concerns to the attention of development workers. It's intended to reduce poverty, increase productivity as well as promoting an efficient use of resources and social reforms (Tiessen, 2004). The strategy was adopted by funding agencies, international and national in order to reduce the problem of marginalizing women. NGOs have made the efforts to challenge the existing structures that subordinate women, in order to promote development with a gender perspective.

2.3 Gender Issues

2.3.1 Culture / Norms

Cultural beliefs have been key in diminishing the position of women in development. In Africa, Cultural and traditional values emphasize the traditional roles of women as a mother and wife, whose roles rotate around child bearing and household management. The perception of what is expected of men and women has also been key, in increasing the inequalities. Karange (1992) noted that the society believes that men are responsible for income generating activities while women are responsible for activities which are household bound.

According to Rahman and Tarbia (2000) female circumcision is practiced in some communities with the aim of controlling the women's sexuality, while others aim at reducing the women's sexual demands on a man which provides an opportunity to man to have multiple several partners.

Customs such as bride price paid to bride's family in the rural setting gives the man a right to own a woman and authority to control her labour activities in a home. (Rahaman and Toubia, 2000).

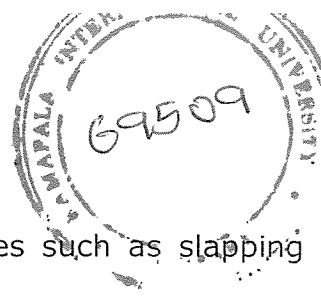
2.3.2 Status of Women and Men

Status is defined as a condition that determines one's position in relation to others in a given society. On several occasions women are the first to receive the news of their positive status (Ms Mag, 2003). This takes place during the pre-natal screening or when babies are born. Breaking the News that they are HIV positive often means being identified as the person who has caused the infection.

In many societies, women occupy an inferior position (Gender and Development Journal, 2000), and their ability to influence decisions in the community is still limited.

Wallace and March (1991) observed that the society perceives prostitutes as being mainly female and in most cases they are responsible for transmission of the HIV/AIDS virus. However, the role of mates as client to the prostitute is not considered.

In the study conducted by (Suzanne and others, 2000), the majority of women reported violence as a major problem in their lifetime. 38.5% of the women had at least one partner who had been physically abused and 16.7% had had a partner who had been sexually abused. If a third of the



women had experienced physical violent episodes such as slapping and twisting of the arm.

2.3.3. Level of Authority

Lower levels of authority contribute to the likelihood of HIV/AIDS transmission among the women. Women's involvement in decision making regarding sexual matters is still limited in most communities. In addition to their biological formation, women are exposed to sexually transmitted diseases because they have insufficient control of the promiscuous nature of some of their husbands. This is coupled with the demanding social roles that make women ill. Data from many health units reveal that women's utilization of health services exceeds that of men. (Robson and Richardson, 1997).

2.3.4 Access To and Control of Resources

Limited access to and control of resources is partially responsible for the current gender inequality and also increases women's vulnerability to HIV/AIDS epidemic. According to the World Bank Report (2001), Women who have attained high levels of education are still limited to certain occupation and in management positions.

Mbilinyi and Omari (1996) noted that 98% of the economically rural women are engaged in primary commodity production in agriculture. However, their access to and control over land, largely depends on the relationship they have, either as daughter, sister or wife.

2.4 Challenges of Gender Mainstreaming

2.4.1 Attitude towards gender mainstreaming

After the Beijing Conference in 1995, a number of International Donors adopted the gender mainstreaming strategy. International and national

NGOs also took up as a response to the donor demands. However, few of these have been successful.

In countries where efforts have been made to incorporate gender, there is a feeling that it relates to women issues alone. Therefore there is a tendency to push these women issues to specific Ministries such as Ministry of social Services, (Ostergaard,1992) rather than integrating it into relevant Ministries, for example the Ministry of Finance.

2.4.2 Technical / Resources

Successful gender mainstreaming heavily depends on the intellectual capabilities of staff, institutions to understand and challenge the existing gender inequality, (Gender and Development Journal, 2000), coupled with staff commitment. However, the literature demonstrates that institutions do not have adequate skills to mainstream gender.

2.5 Strategies and opportunities available for gender mainstreaming

2.5.1 Networks

HIV/AIDS intervention remain ineffective especially if gender considerations is not made amidst the challenges. There is need to explore the opportunities for gender mainstreaming.

Fenella (1999) identified a number of opportunities available. Among those mentioned included performing allowances, networking and cultivating a relationship with the people who share commitment to gender issues e.g. the leadership. The government encouragement of women initiative in Uganda has created a positive environment for formation of women's organizations (Tripp and others, 2002).

CHAPTER THREE

METHODOLOGY

3.1. Introduction

This Chapter looked at the design the researcher applied. It spelled out the sample selection procedures and the different instruments that were used. It describes the procedures for Data Collection, and Data Analysis.

3.2 Area of the Study

The study was carried out in four NGOs recognized by the local government as leading in the HIV/AIDS field found in Kiambu. These included; Lari Branch, AIDS information centre, mobile hospice Kiambu and Family Planning Association of Kenya, Kaimbu Branch.

3.3 Research Design

The study used a survey design, where both qualitative and quantitative techniques of data collection were employed. Questionnaires and interviews were used to collect data from a cross section of the population. The research was designed in such a way that respondents were in position to identify gender issues in HIV/AIDS, challenges and opportunities of gender mainstreaming.

3.4 Population and Sample

The respondents were drawn from the four selected HIV/AIDS service organizations within Lari division. The respondents fell in the categories of top management, direct-service providers and service beneficiaries as illustrated by the table 1 below;

Table 6 Categories of Sample

Categories of Respondents	Population	Sample	Responses
Top management	08	4	4
Direct service provider	18	6	6
Service Beneficiaries	120	30	30
Total	146	40	40

Source: primary data

3.5 Methods of Data Collection

(i) Survey

The researcher used self-administered questionnaires. This was applied while collecting data from key staff involved in service delivery since they can read and write. Interviews were conducted among the beneficiaries since the majority can't read or write.

(ii) Key Informants

The researcher conducted key informant interviews with the members of the management teams who play a key role in design and planning for programmes. The interviews were intended to generate information on policy and challenges faced in the process of gender mainstreaming.

(iii) Documentation

The researcher carried out documentary review. The documents consulted include; organization brochures, policy, strategic plans, budgets and work plans.

3.6 Procedure for Data Collection

The permission to conduct the research was got from the relevant institutions, which include, Kampala International University and heads of institutions where data collection will take place.

The research then went ahead to administer questionnaires to the service providers and conduct interviews with the top management and services, beneficiaries in order to obtain information relevant to this study.

3.7 Data Analysis

The research carried out quantitative analysis, where data was converted into numerical codes. The researcher prepared the code sheet specifically for items which were open ended. While for the close ended items, data was entered straight into the computer.

The data was analyzed using a statistical software package known as (SPSS) for social scientists.

CHAPTER FOUR

FINDINGS, ANALYSIS AND INTERPRETATION

4.1 Introduction

This chapter presents the research findings from all the different categories of respondents. The first section looks at the demographic characteristics of the respondents while the second section, focuses on research questions. Findings are presented under the following headings; Gender issues in HIV/AIDS and challenges faced by the organization to mainstream gender.

4.2 Demographic characteristics of the respondents.

4.2.1 Sex

Research findings indicate that out of the 271 service beneficiaries interviewed 185 (68.3%) are females while 86(31.7%) were males.

On the other hand, findings from service providers indicate that out of the 54 respondents 29(53.7%) were males and 25(46.3%) were females. This indicates that the number of males working in the service organizations out number the females.

Table 7: Sex distribution of the service beneficiaries in the researched centres.

Sex	Frequency	Percentage
Male	13	32
Female	27	68
Total	40	100

Source: primary data

Table 2 reveals that more women seek HIV/AIDS prevention care and support services more than men.

Table 8: Gender distribution of the direct service providers

Gender	Frequency	Percentage
Male	22	54
Female	18	46
Total	40	100

Source: primary data

Table 3 shows that there are slightly more male service providers than female.

4.3 Gender issues in HIV/AIDS in Lari division

The first objective was to identify gender issues that existed within the community. The findings are presented below;

4.3.1 Culture /Norms in Lari division

The first aspect the researcher considered while identifying gender issues was norms that prevail within the community. During the interview service beneficiaries were asked to mention some of the gender issues

that existed within the community. A number of the concerns were mentioned.

Out of 271 service beneficiaries interviewed 70(28.8%) said that norms within the society allow men to have multiple seasonal partners, 104(38.4%) said that men have a lot of stigma, 95(35.1%) mentioned that men have poor health seeking behaviour 39(14.3%) said that care for the sick and orphans is left in hands of the women 66(24.4%) women were blamed for bringing HIV in a home, 87(32.1%) women economic status put them at risk of getting HIV and other issues mentioned was that the widows are denied property.

Table 9: Responses of the service beneficiaries on gender issues.

Response	Frequency	Percentage
Multiple sex partners	4	10
Stigma among men	15	38
Poor Health seeking behavior	14	36
Care for the society by women	7	16
Total	40	100

Source: primary data

Table 4 shows gender issues identified by the service beneficiaries. It reveals that among the concerns expressed, stigma among men ranked highest.

Responses from the service providers show that, out of 54 respondents, 7(13.3%) said that they strongly agree, 29 (59.2%) agreed, and only 13(26.5%) disagreed that gender norms may result into different assumption what about good health means to women and men. They also

mentioned multiple sexual partners as being responsible for the increase of HIV infection, especially if one of the partners is HIV positive.

Another factor mentioned was bride price which is still valued among the Lari community. It gives the right to man to control women.

Findings from all the categories of respondents reveal that from common understanding that norms of the community are critical in enhancing the transmission determining ones ability to prevent him or herself from infection and seeking care and support services.

4.3.2 Level of authority of men vis a vis women in Lari division.

Level of authority was another issue considered by the researcher level of authority was determined by involvement in decision making. Service beneficiaries were asked whether women participated in decision making over sex. Out of 271 respondents 162 (52.8%) mentioned that both women and men participate in decision making, 102 were females and 60 were males. Those who mentioned that men only make decision over sex matters totaled to 108(39.9%) out of those 82 were female and 26 were males (refer to fig 4).

Table 10: Responses on decision over sex matter

Response	Frequency	Percentage
Women participate	24	60
Male participate	16	40
Total	40	100

Source: primary data

Table 5 reveals that a big number of women are consulted on issues regarding six.

However, although incases where men make decision alone is lower than where women are involved, the percentage is still big. Its mentioned that those in position to make decision mainly live in urban places and they are educated. Rural women still have challenges.

4.4 Challenges of gender mainstreaming in Lari division.

The objective focused on changes faced by organizational in gender mainstreaming. The findings of the study are presented below.

4.4.1 Attitudes towards gender mainstreaming.

The study set out to establish the attitudes of service providers towards gender mainstreaming. The respondents were asked to rate their responses mainly on too subjects, namely, gender mainstreaming is a responsibility of senior management, and gender mainstreaming is a responsibility of all the project team members.

Table 6: shows the responses.

Item	Strongly agree	Agree	Disagree	Strongly disagree
Gender mainstreaming is a responsibility of senior management.	3(5.9%)	15(29.4%)	27(52.9%)	6(11.8%)
Gender mainstreaming is a responsibility of all project team members.	22(42.3%)	26(50%)	3(5.8%)	1(1.9%)

Source: primary data

Findings in table 6, show that more than 50% of respondents disagreed that gender is a responsibility of senior management, while more than 80% agreed that it is the responsibility of all project team members to mainstream gender into programme activities.

4.4.2 Clarity of policies /guidelines

The other aspect the researcher looked at was clarity of policies and guidelines. Clarity of policies was assessed basing on whether the organization had gender policy in place and written guidelines for service providers during programme implementation. Only 54 respondents 3 (5.6%) strongly agreed 22 (40.7%) disagreed 7 (13%) strongly disagreed that the organization had gender policy in place. Regarding to guideline the project. Team 1(1.9%) said strongly agree 18(34%) agree, 30 (56.6%) disagreed and 4(7.4%) strongly disagreed.

Table 7:Guideline of gender mainstreaming

Guidelines	Strongly agree	Agree	Disagree	Strongly disagree
Gender policy in place	5.6%	40.7%	40.7%	13.0%
Guidelines for implementation	1.9%	35.0%	56.6%	7.4%

Source: primary data

Findings in table 7 reveal that organizations do have written guideline and if they are available then, project teams are not aware hence, making difficult to address the gender issues.

CHAPTER FIVE

SUMMARY OF MAJOR FINDINGS, RECOMMENDATIONS AND CONCLUSIONS

5.1 Introduction

The study looked at factors affecting gender mainstreaming in HIV/AIDS programmes in Lari division. In attempt to achieve the above, two objectives were developed. This chapter presents the summary conclusion and recommendations.

5.2 Summary of the major findings

5.2.1 Gender issues in HIV/AIDS programmes in Lari division

The first research question sought to identify gender issues that existed with the community and the efforts put in place to address. The study focused on norms / culture within the community and level of authority of men vis-a-vis women.

The findings from service beneficiaries revealed that the respondents had mixed feelings about gender issues. 25.8% mentioned that norms within the community allow men to have multiple partners, 38.4 mentioned that men experience a lot of stigma.

Regarding level of authority, 59.8% of the service beneficiaries mentioned that women get involved in decision making over sex matters although it's limited to those in the urban and the educated.

5.2.2 Challenges of gender mainstreaming in Kiambu district

The second research question focused on establishing challenges that hinder effective gender mainstreaming in HIV/AIDS programmes in Lari division. The study focused on; Attitude towards gender mainstreaming and clarity of policy / guidelines on gender mainstreaming.

The study findings reveal that 92.3% of the service providers agreed that gender mainstreaming is a responsibility of all the project team members.

Regarding clarity of policies / guidelines 64% disagreed that guidelines are in place for project implementers.

5.3 Conclusions

5.3.1 Gender issues in HIV/AIDS programmes in Lari division

The first objective was to identify gender issues that exist within the community. Findings from all categories of respondents reveal that norms prevailing in society put women in a vulnerable position. Also, involvement of women in decision making especially sex matters has great by improved. However, it was observed that exposure to information and access to education increases one's ability to make decisions. Decision making to women in rural areas is still a challenge.

5.3.2 Challenges of gender mainstreaming in Lari division

The second objective focused on challenges faced by the organizations to mainstream gender. HIV/AIDS programmes in Lari have challenges in gender mainstreaming .while starts appreciate that it's their responsibility to take care of gender consideration. There are no project guidelines to provide guidance to the teams during implementation. Where documents exist, service providers are not ware of their existence.

5.4 Recommendations

The following recommendations are based on the findings and conclusions;

1. During programme implementation, it's important that service providers are informed on the gender issues that exist within the community and that it affects one choice of service.
2. While designing prevention and support services, it's important that project teams take care of the existing norms such as status of women and men and control of resource within the community that may hinder successful implementation of the programmes.
3. Organizations should put in place guidelines for gender mainstreaming and avail them to direct service providers during implementation.
4. It's important to examine the capabilities of service providers to mainstream gender.

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APPENDIX A: QUESTIONNAIRE FOR THE SERVICE PROVIDERS

SECTION A (BACKGROUND INFORMATION)

Please tick option that is appropriate to you.

1. Gender

a) Male ☐

b) Female ☐

2. What is your job position?

a) Project manager ☐

b) Head of section ☐

c) Director service provider ☐

e.g Nurse, Medical officer

d) Other (specify)

3. For how long have you been working with this organization?

a) Less than 1 year ☐

b) 2-4 years ☐

c) 5-7 years ☐

d) 8 years and above ☐

4. Where is your current residence?

a) Rural ☐

b) Semi-urban ☐

c) Urban ☐

SECTION B

Gender issues that exist within the community. Please indicate the responses that is appropriate to your situation.

Strongly agree	Agree	Disagree	Strongly disagree
4	3	2	1

No	Item	Response
1.	Women's interior position in society is responsible for exposing them to HIV infection.	
2.	Women are exposed to HIV/AIDS because they have insufficient controlled promiscuous nature of their husbands.	
3.	Gender norms may result into the different assumptions about what good health means to women and men.	
4.	Women are not able to make independent decision about their lives.	
5.	Women often have limited access to resource than men, which are necessary for the good health.	
6.	Where women have adequate resource they don't have access to make a decision.	
7.	Women do not have the ability to make decision about sex and their lives inadequately.	

8. Mention some of gender related HIV/AIDS issues that exist and require attention.

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SECTION C. Challenges of gender mainstreaming in organization.

Indicate the response that is appropriate to you.

Strongly agree	Agree	Disagree	Strongly disagree
4	3	2	1

No	Item	Response
1.	Gender mainstreaming in the organization is a responsibility of senior management.	
2.	Gender mainstreaming is HIV/AIDS work is not part of our core business.	
3.	Gender mainstreaming is a responsibility for all the project team members.	
4.	Special budget allocation is made to cater for gender issues in our organization.	
5.	Gender training and sensitization workshops are planned and budgeted for.	
6.	The available staff have clear understanding of the importance of gender consideration in HIV/AIDS work.	
7.	Our organization has gender policies in place	
8.	There are written guideline provided to project team to assist mainstreaming gender in activities.	

9. Mention one of the challenges that may hinder effective gender mainstreaming in your organization.

.....

SECTION D. Opportunities available to gender mainstreaming.

No	Item	Response
1.	Senior management is committed to addressing gender issues within the organization.	
2.	All the project team members are committed to gender issues.	
3.	Available staffs are willing to under take gender training.	
4.	Our organization is willing to collaborate with another to address gender issues in HIV/AIDS work.	
5.	There are organizations to networksin field of gender.	

6. Mention some of the ways to reduce inequalities in relation to gender issues in HIV/AIDS.

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APPENDIX B: INTERVIEW GUIDE FOR THE SERVICE BENEFICIARIES

1. What is your age?

1. Below 19yrs <input type="checkbox"/>	3. 30-39yrs <input type="checkbox"/>	5. 50 and above <input type="checkbox"/>
2. 20-29yrs <input type="checkbox"/>	4. 40-49yrs <input type="checkbox"/>	
2. Gender

1. Male <input type="checkbox"/>	2. Female <input type="checkbox"/>
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3. What is your marital status?

1. Married mono <input type="checkbox"/>	5. Widowed <input type="checkbox"/>
2. Married poly <input type="checkbox"/>	6. Divorced <input type="checkbox"/>
3. Cohabiting <input type="checkbox"/>	7. Not married <input type="checkbox"/>
4. Separated <input type="checkbox"/>	
4. What is your current residence?

1. Rural <input type="checkbox"/>	2. Semi-urban <input type="checkbox"/>	3. Urban <input type="checkbox"/>
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5. For how long have you been receiving services from this organization?

1. less than 1yr <input type="checkbox"/>
2. 2-4yrs <input type="checkbox"/>
3. 5-7yrs <input type="checkbox"/>
4. 8yrs and above <input type="checkbox"/>
- 6.a) Does the organization pay attention to both the needs of men and women?

1. Yes <input type="checkbox"/>	2. No <input type="checkbox"/>
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- b) How different are men treated from women in the organization?

.....
- c) How different are women treated from men in this organization?

.....
7. Do you take decisions over sex matter?

.....

8.a) What are some of the gender HIV/AIDS concerns / problems that exist in the community?

.....

b) How different are men treated in this community in relation to HIV/AIDS?

.....

c) How different are women treated from men in this community in relation to HIV/AIDS?

.....

9. Are there specific things that are done to women that are a problem to men in terms of HIV/AIDS programmes.

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10. Mention some of the concerns that require attention and suggest ways of addressing the problems?

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