



American Journal of Development Studies (AJDS)

ISSN: 2837-6676 (ONLINE)

VOLUME 3 ISSUE 1 (2025)

PUBLISHED BY
E-PALLI PUBLISHERS, DELAWARE, USA

Economic Empowerment Approaches for Young Women on HIV Prevention: A Case of Ragana Oruba Ward, Migori County, Kenya

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Article Information

Received: October 21, 2024

Accepted: November 27, 2024

Published: February 22, 2025

Keywords

Economic Empowerment, Young Women, HIV Prevention, Migori County

ABSTRACT

A growing number of HIV/AIDS programmes targets young women with economic empowerment approaches; but if the results are assessed, they tend to be in small scale and inconsistent. Since the number of young women living with HIV has continued to increase worldwide, it is critical that effective preventive and mitigation techniques be developed forthwith. New HIV infection among young women, has been difficult to reduce using traditional HIV preventive efforts because of their emphasis on individual behaviour modification. In Ragana Oruba ward, Migori county, the researcher attempted to find out how economic empowerment approaches on young women's can be used as a strategy for HIV prevention. The purpose of this study was to investigate the effectiveness of technical vocational education, linkage to employment, linkage to micro-finance and entrepreneurship support as strategies of economic strengthening in HIV programming. The study used a descriptive survey research design within a qualitative and quantitative paradigm. The study's representative samples were drawn using a systematic process of purposeful sampling. The study engaged a sample size of 177 participants, majority were young women, their female mentors, and few women working in an HIV prevention program that has incorporated economic empowerment approaches. The questionnaire was used to gather information. Quantitative data was analysed using descriptive statistics including percentages, means, and standard deviations. Bar charts, graphs, and pie charts, as well as descriptive text, were used to illustrate the data. Majority of the women interviewed indicated that including economic empowerment approaches techniques into HIV prevention initiatives significantly lowered the number of new HIV infections. It is evident that most women are not economically independent and they prefer to start their own business or linked to employment to be able to improve their interpersonal relationships and in turn influence cultural attitudes about the roles of men and women. The result show that promoting micro-financing in the vulnerable population stimulates the establishment of Income-Generating Activities (IGAs) with an adverse effects on household and individual stability. The researcher suggested changes to county policy and HIV prevention initiatives based on these findings. To reduce new HIV infection amongst young women and alleviate poverty amongst them, the government has to develop and execute community-based micro-finance understanding for young women to gain access to resources and information on saving and loaning to boost self-sufficiency.

INTRODUCTION

The HIV epidemic is one of the few crises in history that poses more of a risk to human well-being and social and economic development than the current pandemic. This is especially upsetting in light of the knowledge that much of the misery and poverty brought on by the virus might have been avoided. With concentrated effort, HIV infection may nonetheless be prevented, and its associated suffering and poverty may be mitigated. The data suggests that economic situations increase girls' and young women's vulnerability to HIV (Hallman, 2005; Turmen, 2003; Weissman *et al.*, 2006). A growing body of research indicates that women's economic autonomy boosts their economic security, health, and status in society (Dworkin & Blankenship, 2009). As worldwide HIV prevalence among girls and young women has continued to climb, it is critical that effective preventive and mitigation techniques be developed immediately. The risk of HIV infection among some at-risk populations,

such as girls and young women, has been difficult to reduce using traditional HIV preventive efforts because of their emphasis on individual behaviour modification. In the context of HIV and AIDS, there is an increasing interest in HIV programming that addresses the underlying social and economic vulnerabilities of girls and young women (Gupta *et al.*, 2008; Kippax, 2008; Sumartojo *et al.*, 2000). According to a previous study by UNICEF (UNICEF Kenya, 2017), a major barrier to reducing HIV infections in East Africa is a lack of availability of HIV prevention awareness-raising and education initiatives, as well as knowing that adolescents girls and young women are particularly susceptible due to gender inequality. Women have a greater infection rate than men do, 0.6% versus 0.4% (UNAIDS, 2008), and young adults between the ages of 15 and 24 account for over half of all new HIV infections in adults. Young women and girls, especially in Southern Africa, were among the most at-risk groups in the world. The AIDS epidemic's escalating toll on

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young women was plain to see. There were differences in HIV prevalence and incidence between regions, but the disease's global impact was expanding (UNAIDS, 2009). Efforts to include economic empowerment tactics in HIV/AIDS programming for young women and orphans/vulnerable children have been minimal in scale, with varying results when evaluated (Glennerster & Takavarasha, 2010).

The number of new HIV infections among African teenage girls and young women was 380,000 in 2012; that's 7,300 each week and over 1,000 every day. Women make up about 60% of the HIV-positive population in Sub-Saharan Africa, and young women are at an increased risk. UNAIDS (2015) reports that in 2014, ten African nations accounted for nearly half of all new HIV infections among adolescent girls and young women worldwide. These countries include Kenya, Uganda, Tanzania, Lesotho, Malawi, Mozambique, South Africa, Swaziland, Zambia, and Zimbabwe. Girls in South Africa between the ages of 14 and 22 are more likely to make their sexual debut in low-income homes. Women's food insecurity in Botswana and Swaziland has been linked to factors like less frequent condom use, exchanging sex for money, having sexual interactions with family members, and feeling powerless in intimate encounters. New HIV infections can be prevented and mitigated in part by economic measures, but more study is needed in order to clarify the connection between financial hardship and susceptibility and risk of HIV. The HIV epidemic has a disproportionate impact on young women and girls. It is estimated that every day in Eastern and Southern Africa, fifty adolescent girls die from AIDS-related illnesses. Seventy-nine percent of the new infections caused by HIV in young people aged 10 to 19 were in females. According to the UNAIDS "women and HIV" 2019 study for International Women's Day, approximately 460 adolescent girls contract HIV each year.

Gouws *et al.* (2008) and UNAIDS (2009) found that among Kenyans aged 15–24, young women were three to five times as likely to be infected with HIV than their male counterparts. Gouws *et al.* (2008) observed that the peak age of HIV infection for both sexes was in the twenties and thirties, with the highest rates of infection seen in women. Migori county in Nyanza province has the greatest occurrence in Kenya at 14% among the same age group, though this varies widely across the country. Women were 1.6 times more likely than men to be infected nationally in 2007 (KAIS, 2007). Poverty is worsening for AIDS-affected families. When faced with unexpected medical bills or funeral costs, many families resort to exhausting their funds or taking on additional debt. As bills continue to pile up, valuable possessions are liquidated to pay them off. If these families lose their means of subsistence, they have less of a chance of bouncing back and starting over. When a parent dies, many low-income families take their kids out of school, especially the females (Sidibe, 2009). According to Nyangweso (2010), female vulnerability to

the HIV/AIDS epidemic is exacerbated by poverty. Low-income women are disproportionately affected by the HIV pandemic because they are more likely to engage in risky behaviours.

Migori County has a higher prevalence of HIV among women (15.7%) than men (13.6%; Kenya HIV Statistics 2014). As of 2013, around 5,262 pregnant women in the County were HIV positive. About half of all pregnant women living with HIV in the county do not give birth in a medical facility. Only around half of expecting mothers go to all four prenatal appointments (KAIS, 2014). According to the Ministry of Health's 2016 Fact Sheet (MOH FACT SHEET), 49% of Migori County's residents are under the age of 15. Adolescent girls and young women should not be viewed as a single demographic group (Urdang, 2007). Women vary greatly in age, marital status, and educational attainment. The political, economic, social, legal, and ecological environments in which girls grow up have a significant impact on the roles they play at home and in their communities. Infected individuals comprised an estimated 8.7% of all females and 5.6% of all males aged 15-64. Research shows that the number of HIV infections among women is rising faster than among men. Health care, schools, public works, homes, and jobs are all heavily taxed by a young population. If young people in a country are given the chance to complete their educations and become productive, responsible adults, that bodes well for the country's progress. Therefore, for the country to achieve Vision 2030, all levels of government, partners in development, and other stakeholders need to pay special attention to this demographic.

Economic empowerment strategies, educational institutions, and government institutions have all been incorporated into interventions aimed at reducing the spread of HIV among young women. Child and family health, as well as women's quality of life and autonomy, have been found to benefit the most from these interventions. An increasing body of evidence suggests that women who feel empowered are more likely to engage in health-promoting behaviours themselves, as well as encourage their married daughters and daughters-in-law to do the same.

The study has also encouraged programmatic innovation by providing essential baseline data to promote the creation of cross-sectoral collaboration models for combining economic empowerment with HIV prevention activities. Health experts at national organisations like the National AIDS Control Council (NACC) and the National AIDS and Sexually Transmitted Infection Prevention and Control Programme (NASCOP) will benefit from this research because it will shed light on the efficacy of a wider range of strategies for responding to the HIV epidemic. Thanks to the study, stakeholders now have data on the efficacy of economic empowerment programmes targeting young women in the context of HIV prevention.

LITERATURE REVIEW

Economic Empowerment Framework

The idea of economic control in young women proposes that access to education, services, and investments can encourage girls to remain in school, reduce the likelihood of transactional sex, delay marriage and pregnancy, and mitigate the effects of HIV in the home. The world-wide AIDS epidemic falls disproportionately on women and young people. Empowerment, as described by Malhotra and Schuler (2005), is a multi-step procedure that necessitates access to two key elements:

- (1) Resources, such as money and productive assets;
- (2) Possibilities, abilities, relationships, and other factors related to the environment; and
- (3) Agency, the capacity to act in one's own best interests despite external constraints.

High-risk populations are where the HIV/AIDS pandemic is most heavily felt, and males are more likely to be infected than females, according to UNAIDS (2009). Young women's involvement in the economy has the potential to strengthen social networks and alter cultural perceptions of traditional gender roles. When economic empowerment efforts are combined with education about gender and HIV, there may be good effects on gender equality, understanding of transmission of HIV and prevention strategies, and awareness for the importance of gender dynamics in the setting of HIV and AIDS. Women's economic independence has been linked to positive economic, social, and health outcomes, according to research compiled by Dworkin and Blankenship (2009). The data suggests that economic situations increase girls' and young women's vulnerability to HIV (Hallman, 2005; Turmen, 2003; Weissman *et al.*, 2006). UNAIDS (2009) reports that the disease burden appears to be growing for women in some Central American countries as well as some indigenous tribes.

Concerns centre on the fact that women and, by extension, girls, are still at a disadvantage as compared to men and boys in a variety of economic and social spheres. Sustainable development relies on the participation of all members of society, and their ability to contribute economically to production processes. The following are some examples of such industries: agriculture, mining, production, building, conveyance, trade, finance, and social services (Morduch, 2008). Cima (2009), which sought to find out the role of financial empowerment in HIV Prevention, found that women's financial vulnerability and dependence on men makes them more vulnerable to HIV by reducing their ability to negotiate conditions like sexual abstinence, use of condoms, and multiple partnerships that shape their risk of infection. In most economies, men and women have different socioeconomic profiles, in terms of the professions they hold, the hobbies they pursue, and their overall economic standing. The benefits of economic growth will be experienced differently by men and women. Strengthening the significance of entrepreneurship and financial management skills to Women loan borrowers to

complement each other for effective poverty reduction as well as women empowerment. (Abbakary & Kilamly, 2024).

It's not necessary to consider gender dynamics as a zero-sum game, where males automatically lose ground as women gain independence. Instead, men and women must be given the tools they need to form relationships based on mutual respect and equality if they are to foster the kind of behavioural shifts necessary to prevent the spread of HIV and other STDs. Because no one else can provide women the capacity to make their own decisions for them, the methods used to empower women must be facilitating rather than directive. Whether on an individual or group basis, women must engage in thought, analysis, and action in order to make and implement decisions concerning matters of vital importance to their lives. Gender issues at the personal level require careful consideration because they pose challenges to entrenched power structures amongst men and women (Mabala, 2006).

Overview of Economic Empowerment in Young Women

Economic empowerment has been shown to promote health and minimize health inequities, according to studies conducted by the Health Knowledge Network (Makani *et al.*, 2003). Some development programmes view increased economic autonomy as an aim in and of itself, while others view it just as a means to an end. However, while progress is being made in developing a framework and criteria for assessing women's empowerment, there is currently no commonly accepted technique for doing so. According to the HEN summary study, empowerment is an effective public health strategy that can lead to positive health outcomes. "multilevel empowerment approaches to HIV prevention which address gender disparities have enhanced the health status and diminished HIV infection rates" (Mikkola, 2005), which is helpful to know despite the fact that the reproductive and sexual health aspects of HIV are only a part of a multi-sectoral development challenge.

Young women are disproportionately affected by the AIDS pandemic because they are more likely to be infected than young males are in many nations. There was a 2% prevalence among young women and a 1.7% prevalence among young males in Honduras in 2004 (UNFPA 2004), and a 3% increase in new infections among young women aged 15-24 in Argentina since 2004. HIV/AIDS impacts young women disproportionately throughout the Caribbean, as the region experiences both localized and widespread epidemics. About half of all new infections are found in women (UNAIDS, 2009), with young women being especially at risk. The majority of new HIV infections in the Caribbean are acquired through heterosexual contact, and the region's inhabitants are disproportionately young. UNAIDS (2008) reports that among Haitian adults, 0.6% of men and 1.4% of women between the ages of 15 and 24 have HIV. The number of young adults infected with HIV in Malaysia

and India is rising and is projected to do so until 2025 (Aids, 2031, 2009).

More than 60% of girls forced into sex work before the age of 15 were HIV positive, compared to 38% of adult women, in a study of women and girls trafficked from Africa to India for sex work (Silverman *et al.*, 2007). This greatly increases the vulnerability of females in high-risk populations to contracting HIV. The theory of financial empowerment suggests that young women should have control over economic assets like access to education, services, and investments in order to keep girls in school, reduce the likelihood of transactional sex, delay early marriage and being pregnant, and lessen the effect of HIV on a household.

Social Determinant factors to HIV Prevention in Young Women

Opting out of school, being married at a young age, being abused, and engaging in transactional sex have all been linked to an increased risk of HIV transmission in young women by numerous studies. Inadequate health care services in these places place a disproportionate burden on women and children to treat and care for HIV at home (Urdang, 2007). Many young women and girls sacrifice their own education and career prospects in order to care for others (Opiyo *et al.*, 2008). To tend to sick family members, girls in countries with a high prevalence of HIV are more likely to be taken out of school than males (Urdang, 2007). Young Rwandan female household heads exhibit higher rates of depression and exposure to maltreatment (including sexual assault, abuse, and theft) than their male counterparts (Brown *et al.*, 2008). Sexual abuse of girls is a widespread problem in Zambia, as documented by Fleischman (2007). This includes cases of sexual abuse committed against female orphans by male guardians.

Females with lower levels of education are at a greater risk of contracting HIV and other negative outcomes for development, such as marriage at a younger age, having more children (with fewer resources to care for those children), and having fewer opportunities to participate in the job market and secure formal, paid employment. Having a talk about HIV prevention with a partner, advocating for condom usage, and negotiating sexual activity are all easier for girls and women who have finished at least a little education.

Several studies (Levine *et al.*, 2008) have found that girls are less knowledgeable than boys their age regarding HIV transmission and prevention methods. Child marriage is still far more common in some parts of the world than others. This is especially true in South Asia, Sub-Saharan Africa, some regions of Latin America and the Caribbean, and the Middle East (Mathur *et al.*, 2003). Research Mathur *et al.* (2003) shows that young women living in rural areas with poor income are more likely to be married at a young age. Lloyd (2009) found a correlation between dropping out of school and having children at a young age. Clark's (2004) research in high HIV prevalence areas

in Zambia and Kenya found that partners of married women were twice as likely to be infected with HIV as those of their unmarried, sexually active counterparts. A person's level of social support and the strength of their friendship networks may influence whether or not they engage in high-risk activities related to HIV. Living in a "non-cohesive" society or having weak social networks has been connected to both early sexual initiation and the usage of non-consensual sex (Bruce & Hallman, 2008).

Research Gaps Existing in the Reviewed Literature

Fewer programmes have specifically targeted youth HIV susceptibility through economic empowerment strategies. Most studies showed reduced risk behaviour and greater HIV/AIDS knowledge, but quantitative data for financial empowerment in young women was not available, according to Street Kids International (2002). Although young women make up a disproportionate share of the world's orphans and vulnerable children, they are often overlooked when it comes to economic and social programmes that aim to empower vulnerable populations.

According to Ruland *et al.* (2005), many initiatives aimed at bolstering the economic security of orphans and other marginalised children as well as members of the households fail to explicitly address gender issues and may pay insufficient attention to the unique needs of older adolescent females. As their bodies and minds develop, the requirements of older vulnerable children become more nuanced than those of younger children.

UNAID (2009) claims that despite progress in reducing HIV/AIDS impacts on the population, little evaluation of the effectiveness of economic empowerment initiatives with an extra HIV related component on HIV/AIDS risk behaviour change has been conducted. Because of the lack of information on the effect of economic empowerment on women's HIV risk behavior change, this study emphasized the importance of conducting a thorough and illuminating evaluation of this strategy.

Only female sex workers were included in the 2019 Project Shikamana study, which examined the effects of community empowerment-based combined HIV prevention on the prevalence of HIV and care continuum outcomes among sex workers in Iringa, Tanzania (Kerrigan *et al.*, 2019).

There is a discrepancy between how and when young women should be engaged with donor-funded projects, and the present research do not provide a comprehensive description of economic independence on the sustainability of strategies for young women to HIV prevention.

The chapter summarised prior discussion of economic autonomy and its definition. This chapter provided a synopsis of the literature on economic disenfranchisement of young women and HIV prevention programmes for young people. increased Employment, vocational training, links to microfinance, and encouragement of entrepreneurship as means of reducing young women's

economic vulnerability to HIV. Since empowerment approach in preventing HIV in young women specifically haven't been conducted, but only on other subjects like sex workers, who aren't a representative sample of all young women infected with HIV, the global literature and empirical investigation that has been done before can be beneficial in deducing that financial independence among women contributes towards decreasing new HIV infection in young women. Some of the studies' missing pieces were also brought to light.

MATERIALS AND METHODS

Research Design

The research plan is the road map to accomplishing goals and solving problems. It is a concise overview of study design as a schedule of tasks and deadlines. The framework it provides is useful for elucidating the interrelationship of the variables under investigation (Cooper & Schindler, 2011). The research strategy used in this study was descriptive. Descriptive research aims to paint a picture of the world as it currently is. Descriptive research, as defined by Polit and Hinger (1999), aims to describe behaviour, values, and traits without attempting to influence the environment in any way. Participants completed similarly worded self-reported measures, which helped eliminate interviewer bias and further validate the findings, hence this design was deemed appropriate for the study.

The methodology's descriptive strengths made it a good fit for this investigation. High-quality, genuine data was acquired thanks to the fact that descriptive research could be carried out in the respondents' natural settings. In addition, descriptive studies were frequently employed to assist identify the object's current state and underlying trends. Each variable was monitored, and respectable results were drawn, thanks to the use of quantitative methods and the non-invasive study approach. It was also used to confirm the existence of a disease or other health problem in a large group of people. This allowed for the tracking, variation, diversification, and overall assistance of data that had not been scheduled for collection. Quantitative methods were used for data collecting in this study to improve the overall quality, range, veracity, and depth of the results. Comprehensive and appropriate, the method allowed us to see both the data's strengths and limitations (Orodho, 2009).

The Study Target Population

The persons who fit the specified profile are the target population. Target populations are defined by Mugenda and Mugenda (2003) as complete sets of people, events, or things that have a particular attribute. It's the total group of things about which conclusions can be drawn from the survey data (Creswell, 2013). According to De Vos (2005), the population is "the set of entities in which every measurement of interest to the operator or researcher are represented." In order to better understand the processes employed in economic empowerment, the

researcher sought out staff and mentorship of young women within the HIV preventive measures programme, as well as young women who are participants of the programme in all 57 villages at Marindi and Oruba Sub - location. All of the professionals and mentors are fluent in the local languages, have a firm grasp of the subject matter, and have experience working with HIV-positive and -affected young women. According to the most recent national census (2019), there were 32,847 residents of the ward. Table 1 shows the demographic breakdown of the intended audience.

Table 1: Target Population

Position in Program	Frequency (n)	Percentage (%)
Mentors who are young women	24	14.0
Staff	14	8.0
Young woman	139	78.0

Source: Researcher (2022)

Sample and Sampling Techniques

A sample is a representative subset taken from a larger population. It's a smaller group that shares the same traits as the whole (Kothari, 2014). The instructors and young women participating in the HIV prevention programme based on economic empowerment will serve as the sampling frame. The primary goal of any sampling strategy is to collect enough information about a population to draw conclusions about that population as a whole. Ogula (2005) argued that a minimum sample size of 25% is sufficient for a descriptive study, while Mugenda & Mugenda suggested that a basic size of between 10% and 30% of the available population is enough. Using the formula developed by (Yankholmes & Lin, 2012), the minimal required sample size was determined. Migori County has a current HIV prevalence of 13.3% (Starnes *et al.*, 2021). The minimum number of samples for this investigation was determined based on the assumption of a prevalence of 13.3%.

$n = (z_{\alpha}^2 pq) / d^2$ Where:

Z_{α} = standard normal deviate = 1.96

p = estimated prevalence. = 0.133

q = (1 - p) = 0.867

d = (Precision) = 0.05

$n = [(1.96)^2 (0.133) (0.867)] \div [(0.05)^2]$

n = 177 participants

n = 177 participants

177 participants were the required sample size for the study.

Given this, the researcher chose a sample that is representative of the 57 villages that make up the Oruba Ragana ward's two sub-locations (Marindi and Oruba). Researchers used a sampling frame of 57 communities in Marindi and Oruba to choose a random sample of 139 young women to participate in the study. All 24 young women's mentors and 14 staff members at HIV projects

serving young women in the Oruba Ragana ward were also handpicked for their roles. This amounts to 177 people who filled out the survey.

Methods and Instruments of Data collection

All questionnaire replies were definitive via a pilot test performed before the actual investigation. It was the self-administered questionnaire that was used to gather information. In keeping with the goals of the study, the questionnaires included both open-ended and closed-ended items. Fox and Boyat (2007) define a questionnaire as “a set of questions compiled by a researcher and for which the respondent provides information and answers.” It is a tool for gathering information, and it is typically employed in studies of local communities. The survey was completed at the respondent’s leisure. Neuman (2006) argues that a self-administered questionnaire’s benefits include lower costs and the ability for a single researcher to carry out the survey. For these kind of questions, we utilised a five-point Likert scale where 1 was the lowest and 5 was the greatest. The researcher obtained written informed consent from each participant in their native language and then administered and recorded each participant’s responses to the questionnaires in that language. There were 5 questions in the survey. Respondents’ demographic information was provided in the first section, and their thoughts and feelings about the study’s aims were gathered in sections two through five. To aid in the data collection process, we hired research assistants. Two weeks were allowed for responders to complete the surveys. The researcher kept a tally of all provided surveys to make sure they were all returned. A research assistant entered the data into Excel.

Data Analysis Procedures

In order to examine, cleanse, transform, and model data to highlight relevant information, offer conclusions, and help decision making, data analysis is defined by Mugenda and Mugenda (2003) as the process of examining, cleansing, transforming, and modelling data. The returned questionnaires were proofread for accuracy and consistency before being processed. In order to answer the specified inquiries and present consistent and convincing results, the researcher had to perform data analysis, which entailed combining the data gathered variables for thorough examination, developing summaries, seeking trends, and using statistical methods to produce information. Closed-ended questions were analyzed using descriptive statistics. Data analysis was performed using SPSS, a statistical programme designed specifically for the social sciences. To determine the extent to which responses to closed-ended questions were consistent with one another, the mean, an indicator of central tendency, was used. The standard deviation was used to determine how far the data were scattered around a given mean value. Tables with frequency and percentage displays were used to present the data. The data was analysed using a quantitative method.

RESULTS AND DISCUSSIONS

Presentation and Discussion of Research Finding

In order to better understand how economic empowerment strategies can help reduce the spread of HIV among young women, researchers in Migori county’s Ragana Oruba ward conducted this investigation. Results from the descriptive statistical analysis of the qualitative and quantitative data obtained are presented in this chapter. As a component of the answer to HIV mitigation and prevention in Ragana Oruba Ward, the study’s findings demonstrate and describe the connection between financial vulnerability and HIV risk and vulnerability. Researchers in Ragana Oruba wanted to learn more about the impact of economic empowerment strategies like linkage to employment and entrepreneurship support, as well as the benefits that access to microfinance can bring to young women living with HIV. They also wanted to see how vocational training plays a role in HIV prevention efforts.

Response Rate

Table 2: Response rates

Variable	Frequency(n)	Percent (%)
Mentor	24	14.0
Staff	14	8.0
Young woman	139	78.0

The table shows the number of respondents categorized into mentor, staff, young woman and their corresponding percentages. Table 2 shows that out of 177 surveys sent to respondents, 100% were completed and returned on time. The sample included 14 people total; the bulk (139) were young women; 24 were adult mentors; and the remainder 7 were staff.

Respondents’ Demographic Factors

Age of Respondents

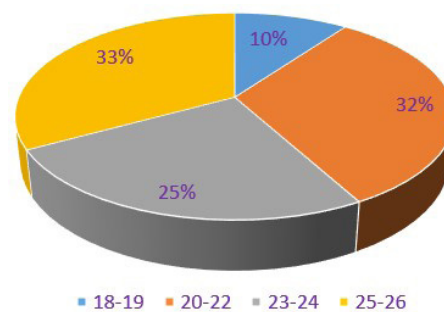


Figure 1: Respondents age categories

Source: Researcher (2022)

The percentage of each age group is shown in the pie chart. Figure 1 shows that the oldest group of respondents was between the ages of 25 and 26, followed by those between the ages of 20 and 22, and finally those between the ages

of 18 and 19. Findings show that women between the ages of 25 and 26 are disproportionately affected by HIV and have a greater need for empowerment than women between the ages of 18 and 19.

Table 3: Level of education

Variable	Frequency(n)	Percent (%)
No education	7	4.0
Primary level	39	22.0
Secondary level	87	49.0
College level	32	18.0
University level	12	7.0
	177	100

According to the study's results, the respondents' educational backgrounds varied widely. The vast majority of responders (49%) have completed secondary school, while 25% have completed post-secondary education. Only 22% had completed secondary school, and only

4% had completed only primary school. Respondents' educational backgrounds suggest the breadth of their employment options.

Distribution by Marital Status and Gender

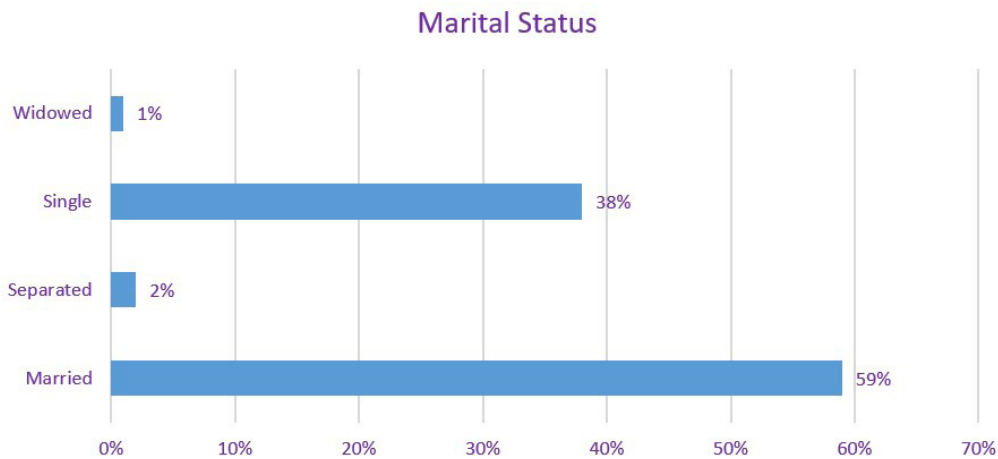


Figure 2: Distribution by marital status

Source: Researcher (2022)

It was discovered that while 59% of respondents were married, 38% were single, and only 2% and 1% had been divorced or widowed at the time of data collection. Statistically speaking, this means that most Ragana Oruba

women in their twenties are already married.

Employment Status



Figure 3: Employment status

Note. The pie-chart shows the proportion by percentage of respondents by employment

Source: Researcher (2022)

The results of the study showed that 21% of respondents were self-employed, followed by 27% of self-employed women, and the highest response rate was 52% of jobless respondents. This is consistent with estimates from the International Labour Organisation (2016) showing that youth unemployment in Kenya has remained stubbornly high at 22%. Furthermore, there appears to be a widespread problem of youth underemployment in Kenya, which threatens to create a “lost generation”; and other nations in Africa record much lower rates of youth unemployment than this seemingly robust economy does.

Head of Families

The vast majority of respondents were not primary breadwinners, as depicted by the doughnut plot. Only 23% of young women were found to be the primary breadwinner in their families. Female household’s headship

is a complex phenomenon, as recognized by Quisumbing *et al.* (1995), who also found that investigating its origins is crucial to understanding poverty.

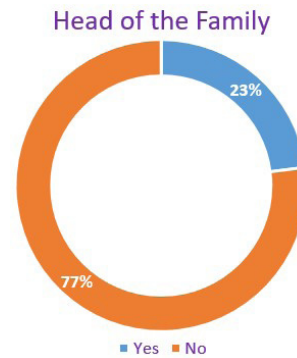


Figure 4: Head of Families
Source: Researcher (2022)

Table 4: Linkage to employment in HIV prevention statements

Statement	Frequency(n)	Mean	Standard Deviation
Linkage to employment helps in HIV prevention among young women	177	4.4	0.9
HIV prevention programs identify jobs opportunity and link or place young women	175	3.8	1.2
The program participates in negotiations for jobs on behalf of young women	175	3.4	1.3
Young women expose themselves to the risk of HIV because they do not have employment	175	3.8	1.4
Employment in young women promotes a sense of belonging and ownership	177	4.7	0.6
Breakaway the dependency mentality and develop self-reliance and self-confidence through linkage to employment	177	4.5	0.7
Overall Mean	177	4.1	1.0

Source: Researcher (2022)

The majority of respondents (mean=4.4, SD=0.9) agreed with the assertion that linking to employment aids in preventing HIV among young women, as shown in table 4.2. Participants also largely agreed (mean=3.8, SD=1.2) that the HIV preventative programme helps young women find employment. The statement “the programme participates in agreements for jobs for the benefit of young women” received a neutral rating from respondents (mean=3.4, standard deviation=1.3). Average agreement among respondents was 3.8 (standard deviation: 1.4) for the statement that unemployed young women put themselves at risk for HIV.

The majority of respondents were in broad agreement (mean=4.7, SD=0.6) that employment in young women promotes a sense of belonging and ownership. Respondents strongly agreed (mean=4.5, SD=0.7) that a dependency mentality can be overcome by establishing a connection to gainful job. Participants in this study indicated a high level of agreement (mean=4.1, SD=1.0) that young women in HIV prevention in Ragana Oruba ward, Migori county are

influenced by linkage to employment.

This result is consistent with a study by (Atakpa, 2013) that found incorporating economic empowerment strategies into HIV prevention significantly improved the success rate of preventing new HIV infections. Young women’s involvement in the workforce and other integrated social economic activities is advocated by Dworkin and Blankenship (2009) to strengthen their social networks and alter cultural perceptions of traditional gender roles. This suggests that HIV programming and the linkage to employment approach of economic authority measures should be combined for a greater gain of promoting gender-equitable, attitude change, and prevention of new HIV transmission and the significance of gender interactions in the context of economic authority for young women. In light of the fact that the HIV/AIDS pandemic is most severe in high-risk communities and that males are more likely to be infected than females (UNAIDS, 2009).

Technical Vocational Training and HIV Prevention

Table 5: Vocational training and HIV prevention

Statement	Frequency(n)	Mean	Standard Deviation
Vocational training helps in preventing young women to acquire the HIV	177	4.0	1.1

Poverty reduction to young women involved in vocational training	177	4.2	1.0
Illiteracy, uncondusive customs, and traditions limit young women from joining vocational training	175	3.9	1.3
Young women have received a source of income after acquiring skills and knowledge from vocational training	175	4.3	1.0
Young women get a chance to identify the course they want and the program supporting them to prioritize and implement the area of their choice	175	4.6	0.8
Vocational training institution involves young women in the creation of the course, and content and conducts a curriculum designed to change their lives	175	4.6	0.8
Overall Mean	176	4.3	1.0

Source: Researcher (2022)

Vocational training assists in preventing young women from contracting HIV, and it reduces poverty for young women who participate in vocational training, according to the study's findings on the opinions of respondents. Mean (mean) and standard deviation (SD) scores for the factors preventing young women from enrolling in vocational training are (mean) 4.0 and (SD = 1.1) 4.2 and (SD = 1.0 and (mean) 3.9 and (SD = 1.3), and (mean) 4.3 and (SD = 1.0), respectively.

Summary

This research aimed to examine the impact of microfinance and other economic empowerment strategies for young women in preventing HIV in Ragana Oruba wards, Migori county. These strategies included a focus on entrepreneurship support, technical education, and links to employment. Having this information is crucial for evaluating the effectiveness of various HIV preventive programmes, as well as the serious consequences of the disease, public awareness, and economic empowerment. The study's goal, then, is to establish a standard against which to measure the efficacy of HIV prevention programmes aimed at empowering young women economically. The investigation of strategies for empowering young women economically as a means of preventing the spread of HIV was driven by a research question. According to the 2016 Kenya HIV County report, Migori County has one of the highest HIV burdens, with a prevalence of 14.3% compared to Kenya's average of 5.6%. The HIV prevalence in Migori County was recently reported by Starnes to be 13.3% (Starnes *et al.*, 2021). Starnes' findings are consistent with those of our investigation. Thus, the numerous efforts, including economic empowerment strategies, put in place to minimise HIV infections, as detailed in depth in this section, explain the decline in HIV prevalence.

There are a disproportionate number of young women in high-risk communities, according to previous studies. Studying women and girls trafficking for sex work from Nepal to India, Silverman *et al.* (2007) found that over 60% of girls forced into sex work under the age of 15 were HIV positive (as opposed to 38% of adult women in the same study). This study came to a similar conclusion, namely, that if more young women finish high school, that will reduce their vulnerability. The vast majority of survey

takers were college-educated professionals. Seventy-four percent of respondents had completed high school or higher; 22 percent had completed elementary school; and 4 percent had no evidence of having any formal education whatsoever. This is evidence that young women are being encouraged to become educated, independent, and self-reliant so that they may find employment more quickly and with less difficulty. Most respondents strongly agreed (mean=4.5, SD=0.7) that through linkage to work self-reliance and confidence in oneself are developed resulting to a breakaway from dependency mentality, empowering young women to make informed decisions and aid in HIV prevention.

CONCLUSION

The study found that including economic empowerment techniques into HIV prevention initiatives significantly lowered the number of new HIV infections. The effectiveness of any preventative plan depends on incorporating strategies that enable young women to improve their interpersonal relationships and influence cultural attitudes about the roles of men and women. Linkage to employment is considered as a sort of economic development initiatives that should be linked with HIV programming with the goal of empowering young women economically, addressing the role of gender interactions, and preventing new HIV infections. The findings revealed that promoting micro-financing in the vulnerable population stimulates the establishment of Income-Generating Activities (IGAs), which in turn reduces new HIV infection and the adverse effects of HIV on household economies. Financial and productive assets, as well as opportunities, skills, and social networks, and other contextual elements, were all mentioned as part of the process of linking to microfinance. This study provides significant evidence that participation in voluntary saving and loaning clubs improves the economic condition of households and individuals, which in turn reduces young women's exposure to HIV. Conclusions, It is necessary to economically support this group and encourage them to pursue alternative jobs by providing them with entrepreneurship training and providing them with support to launch IGAs because these vulnerable groups engage in commercial sex work due to poverty and the social status that society gives

women. Women living with HIV/AIDS can benefit from the inclusion of IGAs strategies, such as gardening, peanut butter producing, craftwork (sewing, knitting, embroidery, beadwork), piggery, chicken production, modest retail of cooked meals, and many other activities, according to the study's findings.

Recommendation

The results of this study showed that economic empowerment has had some effect on young women's attitudes towards combating HIV in Ragana Oruba, Migori County, but not everywhere. Most notably, when it comes to the following three claims, results imply neutrality on strategies connected to entrepreneurship support. HIV prevention programmes have adopted entrepreneurship support as a strategy to improve the economic standing of young women. This includes providing them with start-up kits to help them get their businesses off the ground. More research and coordinated outreach to young women are needed to tackle neutrality.

Establishing a community-based micro-finance knowledge base for young women will provide them with access to tools and information on saving and loaning that will boost their independence, property ownership, right decision making, and evaluation of their efficacy. The HIV rate can be lowered and young women's economic independence increased. Awareness programmes targeting young women in areas with a high prevalence of HIV in order to achieve financial security for vulnerable women.

Health education should be provided to vulnerable women through community mobilization, seminars, and outreach programmes in order to encourage health-seeking behaviours and healthy lifestyle changes. Possible method of reaching out to younger women in the community and raising their economic empowerment awareness and education. Families living with HIV are encouraged to apply for micro-loans so that they can begin engaging in income-generating activities (IGAs) such as gardening, peanut sauce making, craftwork like sewing/knitting, embroidery, embroidery, piggery, raising poultry, small the retail industry of cooked food, freezer pops, candles, and soap.

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