

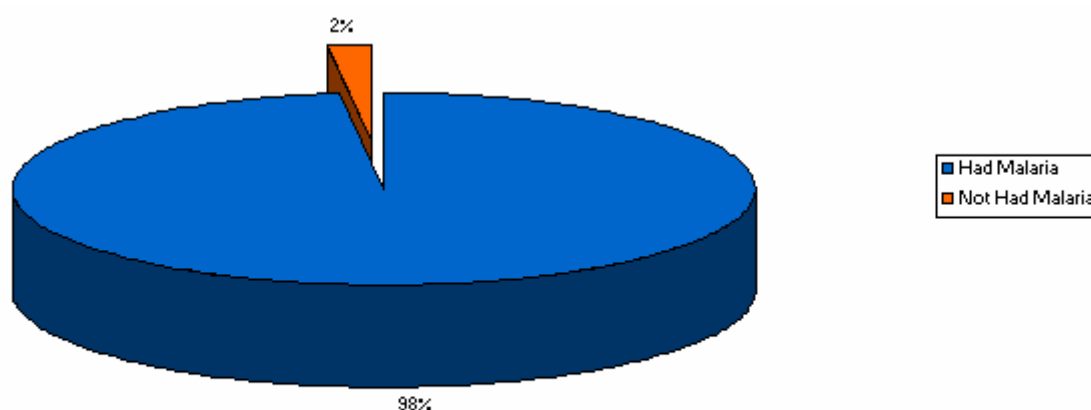
Health Questionnaires: A Comparison of Views and Experiences to do with Health between Dyce Academy, Aberdeen and Otieno Oyoo High School, Kisumu

Questionnaires were designed in class, and presented to pupils aged 16-19 at both schools. At Dyce Academy only boys were asked to complete the questionnaires to make the results comparable with the returns from Otieno Oyoo High School (boys school)

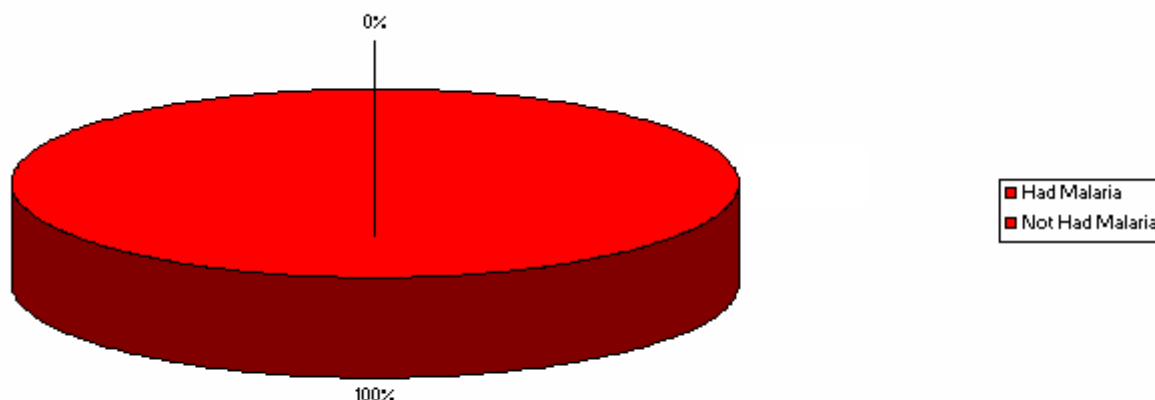
The results from the questionnaire are presented below:

Pie Charts to Show the Percentage Who Have Had Malaria in Kisumu and Dyce

1. Otieno Oyoo High School, Kisumu



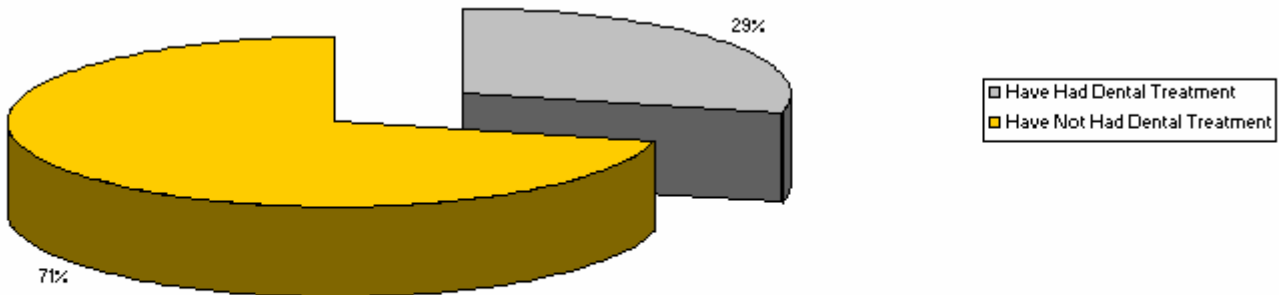
2. Dyce Academy, Aberdeen



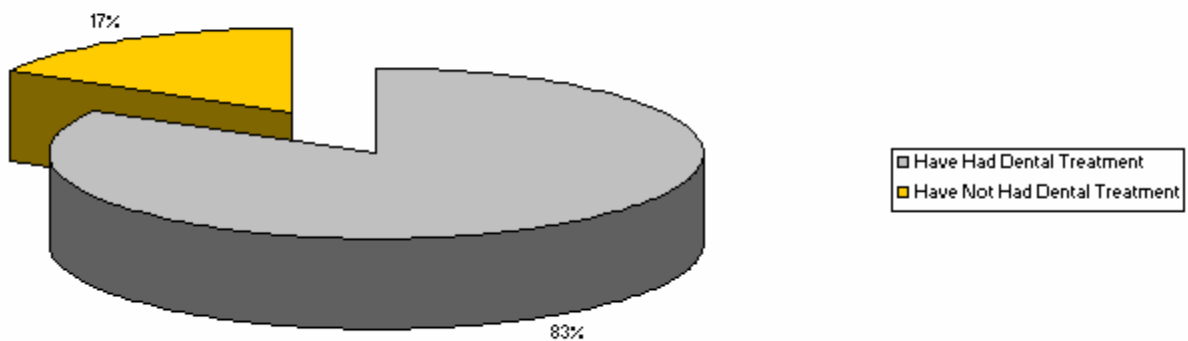
1. What are the differences between the two pie charts?
2. Explain why these differences might have occurred.
3. Is there any information that surprises you? Suggest a reason to explain this result.

Pie Charts to Show the Percentage Who Have Had Dental Treatment in Kisumu and Dyce

1. Otieno Oyoo High School, Kisumu



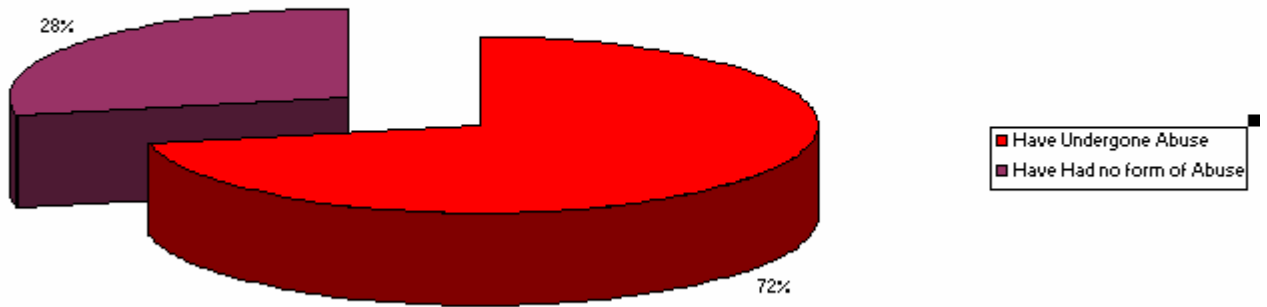
2. Dyce Academy, Aberdeen



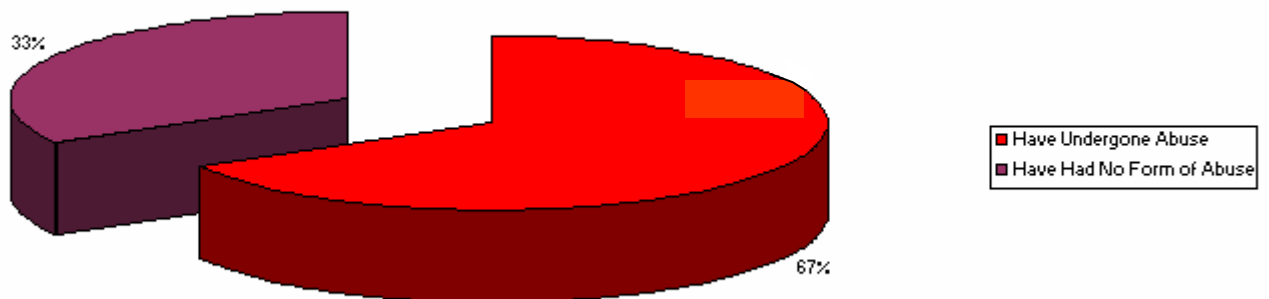
1. What are the differences between the two pie charts?
2. Explain why these differences might have occurred.
3. Is there any information that surprises you? Suggest a reason to explain this result.

Pie Charts to Show the Percentage Who Have Suffered from Physical or Mental Abuse

1. Otieno Oyoo High School, Kisumu



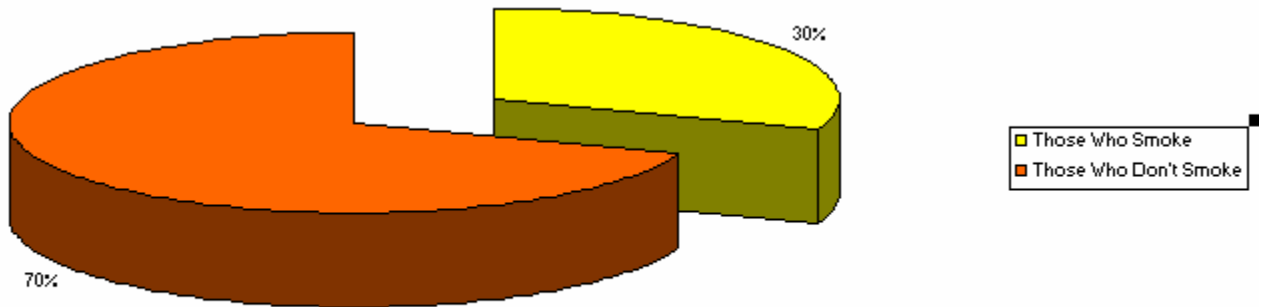
2. Dyce Academy, Aberdeen



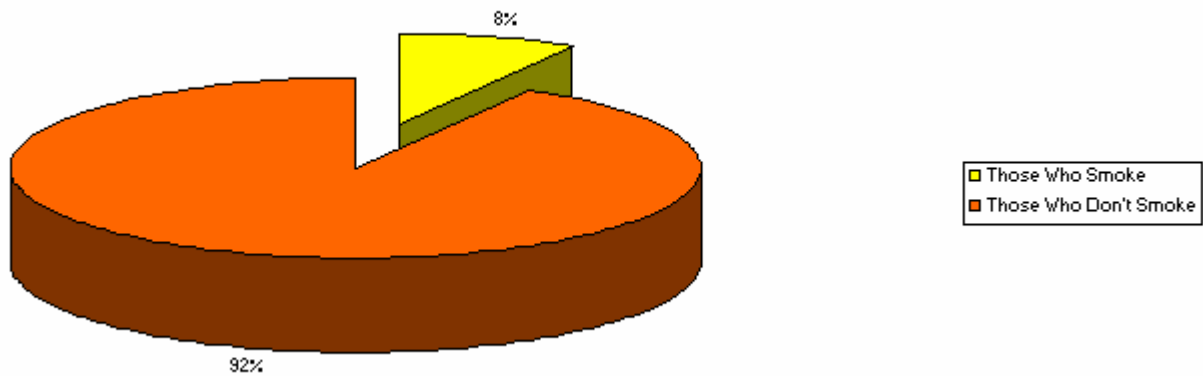
1. What are the differences between the two pie charts?
2. Explain why these differences might have occurred.
3. Is there any information that surprises you? Suggest a reason to explain this result.

Pie Charts to Show the Percentage Who Smoke

1. Otieno Oyoo High School, Kisumu



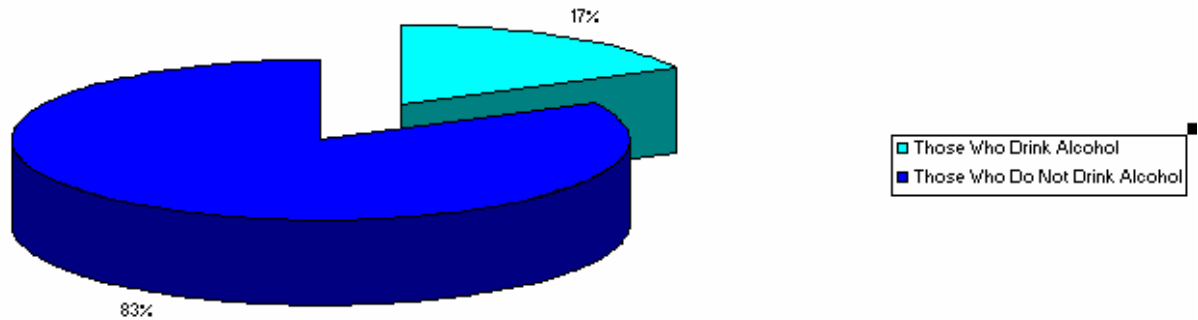
2. Dyce Academy, Aberdeen



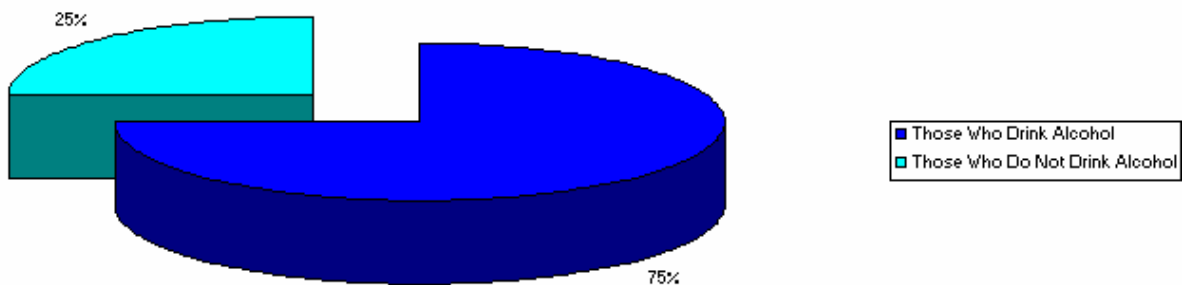
1. What are the differences between the two pie charts?
2. Explain why these differences might have occurred.
3. Is there any information that surprises you? Suggest a reason to explain this result.

Pie Charts to Show the Percentage Who Drink Alcohol

1. Otieno Oyoo High School, Kisumu



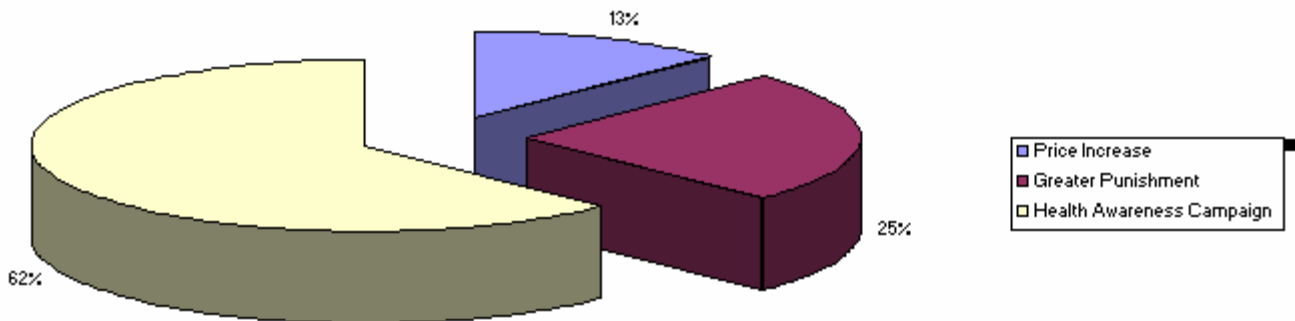
2. Dyce Academy, Aberdeen



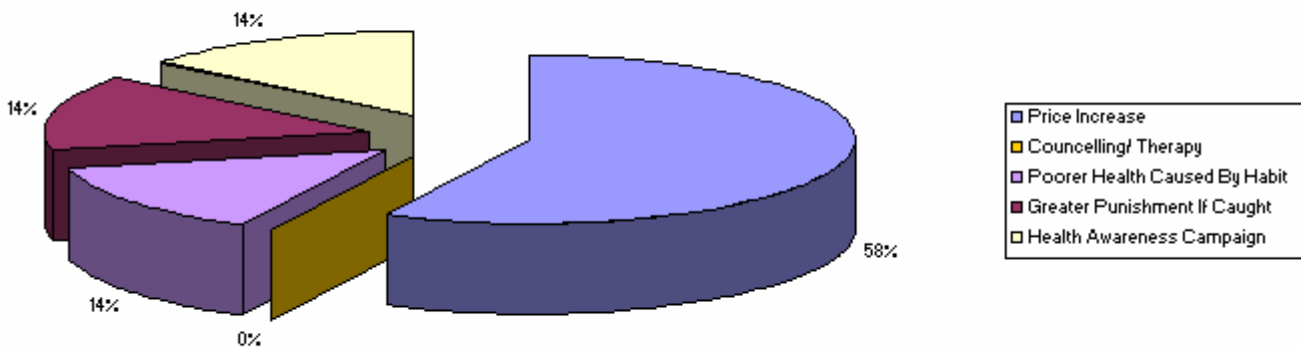
1. What are the differences between the two pie charts?
2. Explain why these differences might have occurred.
3. Is there any information that surprises you? Suggest a reason to explain this result.

Pie Charts to Show the Reasons given by the Pupils' For Why They Should Stop Smoking and Drinking

1. Otieno Oyoo High School, Kisumu



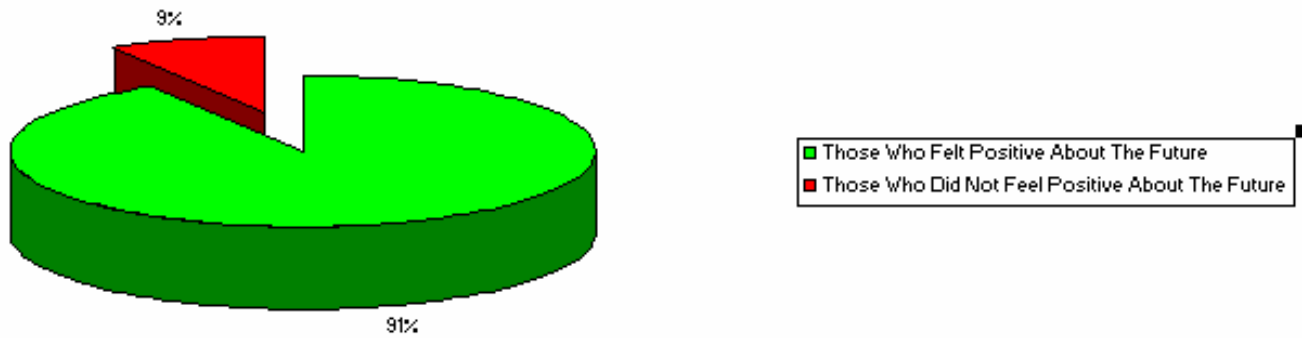
2. Dyce Academy, Aberdeen



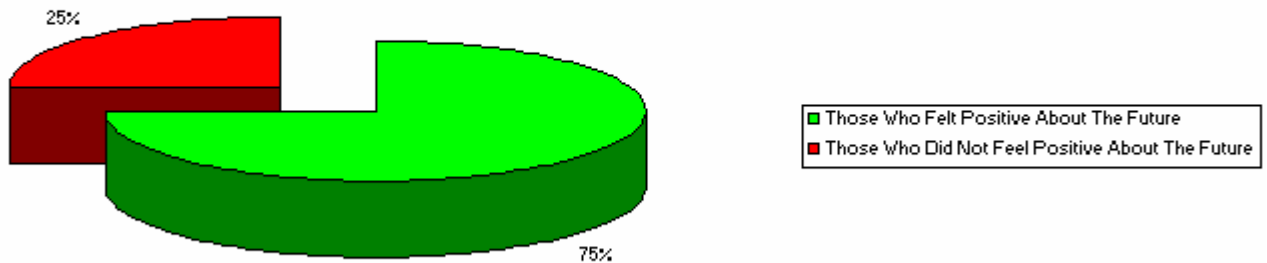
1. What are the differences between the two pie charts?
2. Explain why these differences might have occurred.
3. Is there any information that surprises you? Suggest a reason to explain this result.

Pie Charts to Show the Pupils Views of the Future

1. Otieno Oyoo High School, Kisumu



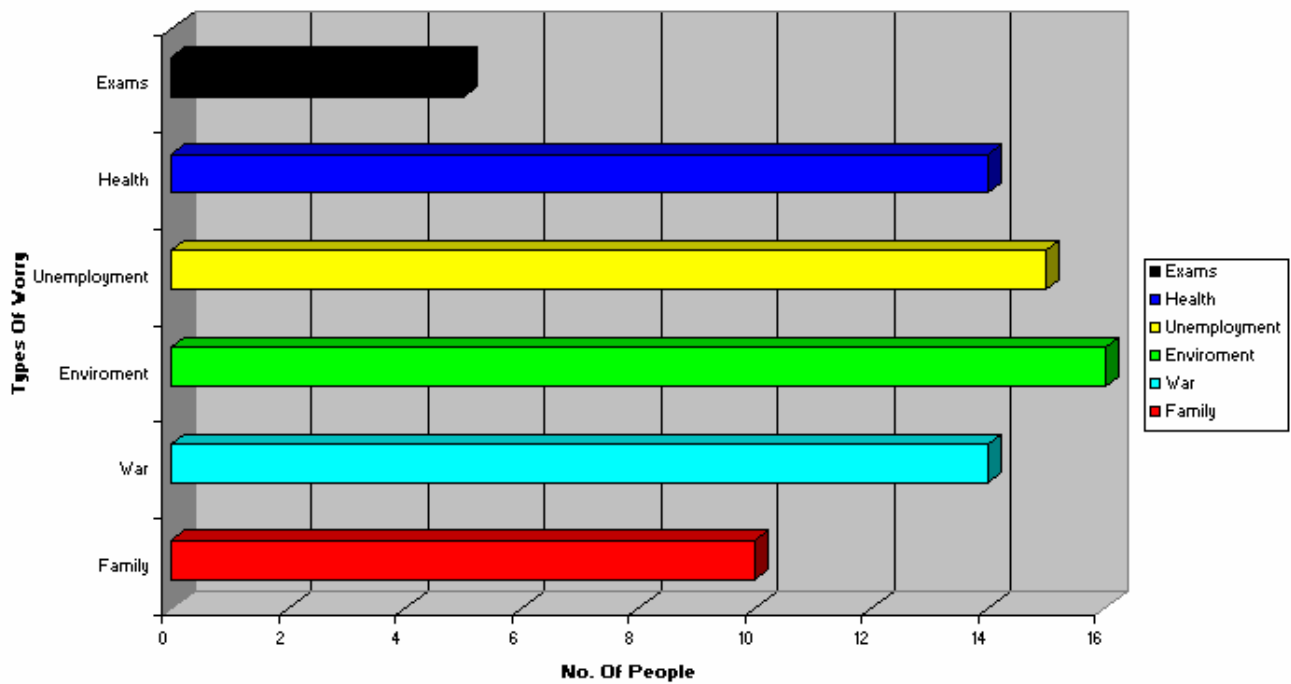
2. Dyce Academy, Aberdeen



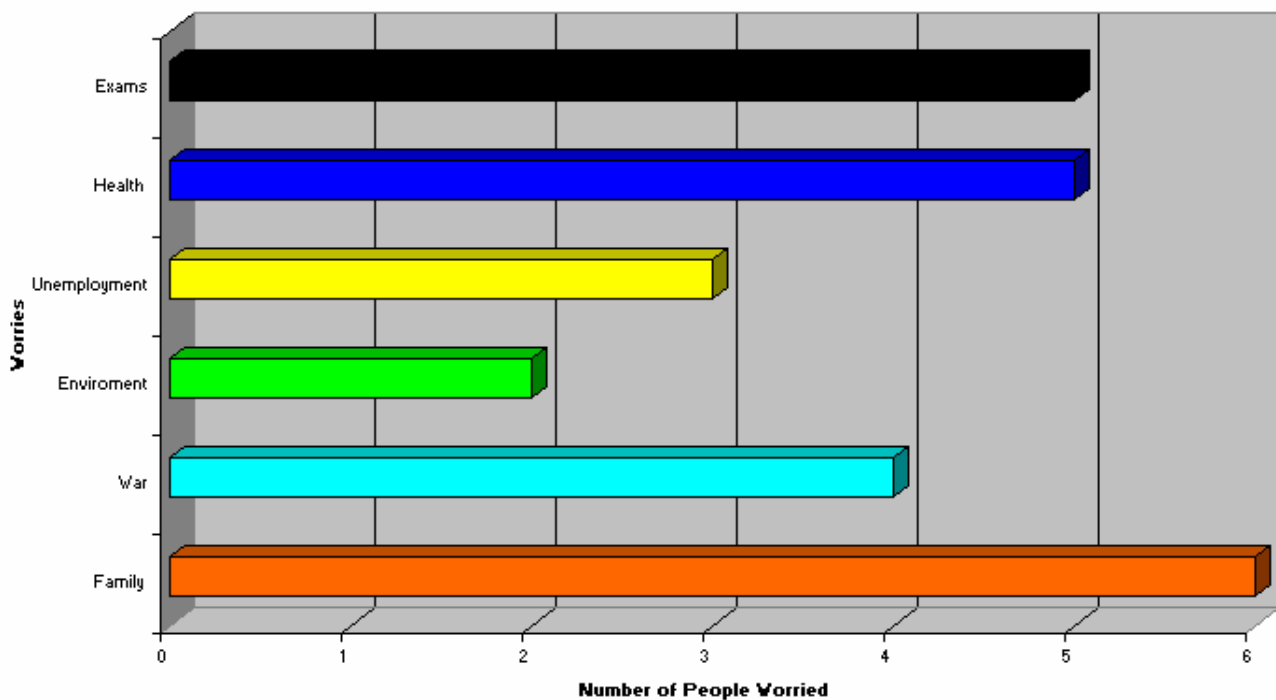
1. Why do you think there are differences between these two pie charts?
2. Explain why these differences might have occurred.
3. Is there any information that surprises you? Suggest a reason to explain this result.

Pie Charts to Show the Pupils' Worries

1. Otieno Oyoo High School, Kisumu



2. Dyce Academy, Aberdeen



1. What are the differences between the two graphs?
2. Can you suggest reasons for the differences?

Analysis of Health Data: HIV/AIDs, Malaria, Diarroheal and Respiratory Disease

In Kisumu district, like other towns in Kenya, key factors responsible for the spread of HIV/AIDS are

- socio-cultural practices,
- unprotected sex with infected persons and
- mother to child transmission during birth.

Wife inheritance is still common in the district and is a mechanism for spreading the disease. This practice is referred to as “chodo kola” which involves cleansing of widows before being inherited. The misfortune of this ritual is the danger of contracting HIV/AIDS and subsequently the potential of distributing to others.

The cultural belief referred to as “chira” or a traditional curse that was believed to befall members of the community who did socially unacceptable deeds is still deeply rooted in the community. A lot of campaign work needs to be done to educate the local people that HIV/AIDS and “chira” are two different things. However, the major cause of the disease remains unprotected sex with infected persons.

HIV/AIDS pandemic has affected many communities and a lot of resources and time is used to care for the victim’s welfare. Migration of sex workers into urban centers and beaches and practices of sex for fish in most beaches still poses a challenge in eradication of the disease. This has made the HIV prevalence in Kisumu District to be much higher than the National figure.

Waterborne Diseases

Three most prevalent waterborne diseases include diarrhoeal diseases, bilharzias and intestinal problems. In 2004, the number of cases reported for diarrhoeal diseases was high at 19,797 cases. The increase noted for diarrhoeal and intestinal cases could be due to improved reporting of such cases. Bilharzia is still a challenge in the district. In 2004, 168 cases of the disease were reported between the months of January to November.

Vector Borne Diseases

Malaria is still the leading cause of death in the district. It ranks high in both outpatient and inpatient morbidity statistics. In 2004 alone between the months of January and November, the total reported cases were 132,589 showing that the disease is the leading cause of inpatient and outpatient morbidity in the district. Several interventions by the Ministry of Health are being carried out such as home hygiene and distribution of mosquito nets among others.

Respiratory Diseases

This group of diseases is also rampant in the district and ranks among the leading causes of both out and inpatient morbidity. In 2004 they ranked second to malaria with the number of reported cases at 64,807 in the district.