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Original Research Article

Level of knowledge associated with practice of safe sex for HIV prevention among administration police officers in Uhuru camp, Nairobi City County, Kenya

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ABSTRACT

Background: Safe sex behaviors are important for protection against sexually transmitted infections including HIV. In 2020, about 37.7 million persons were HIV positive globally with nearly two-thirds in Sub-Saharan Africa. In Kenya, 1.4 million people are HIV positive with a prevalence of 4.8%. This study assessed the level of knowledge towards safe sex practices for HIV prevention among administration police officers in Uhuru camp, Nairobi City County, Kenya.
Methods: This was a cross-sectional descriptive study. Stratified and systematic random sampling techniques were utilized to choose 372 participants. Quantitative and qualitative data were collected using questionnaires and key informant interview schedules respectively. Essential ethical and logistical clearances from appropriate authorities were requested and informed consent acquired. Quantitative data was analyzed through the Statistical Package for Social Sciences version 20.0 and triangulation of qualitative findings as direct quotes. Inferential statistics were computed using chi-square tests.
Results: 58.2% of administration police officers in Uhuru camp, Nairobi City County were not practicing safe sex. About 47.8% had moderate level of knowledge on safe sex practice which was significantly associated (p=0.036) with safe sex practice.
Conclusions: About 4 out 10 police officers practiced safe sex. The level of knowledge on safe sex practice was moderate. These findings form a basis for improvement of HIV prevention among administration police officers. This may inform policy formulation and implementation by the National Police Service, Ministry of Health and other relevant stakeholders thus increase chances of practicing safe sex.

Keywords: Administration police, HIV Prevention, Knowledge, Safe sex practice

INTRODUCTION

Safe sex behaviors such as monogamous relationship, consistent and correct condom use among sexual partners are important for protection against sexually transmitted infections (STIs) including human immunodeficiency virus (HIV). Worldwide 37.7 million people were living with HIV in 2020 and majority live in resource limited settings with Sub-Saharan Africa accounting for almost two-thirds.[1] Approximately, 1.5 million new HIV infections were reported showing a 52% reduction rate from its peak in 1997. In Kenya, the overall HIV prevalence is 4.8% with 1.4 million people living with HIV. There are about 44,789 annual new infections in the country.[2] In 2017, around 25% did not know that they had the virus since the beginning of the epidemic, an

estimated 77.3 million people worldwide have contracted HIV, and 35.4 million have died from opportunistic diseases associated with HIV.[3]

In Kenya, HIV is a generalized epidemic, mostly driven by heterosexual transmission. About 1.5 million people aged 15 years and above were HIV-infected in 2017, an HIV incidence of 0.19 among adolescents and adults.[2] HIV prevalence among teenagers and adults aged 15 to 64 was 6.5% higher in urban regions than in rural ones, which was 5.1%.[4] Nairobi is one of the counties with the highest HIV load in Kenya, with HIV prevalence of 6.1% and incidence of 13.6%.[2] The risk of getting HIV rises due to the in-and-out travel of estimated 55,000 refugees and asylum seekers living in the city.[5] It is home to a sizable percentage of key populations such as sex workers, drug injectors, and males who have sex with men. A high level of poverty increases the risk of developing HIV, and UN Habitat estimates that 58% of Nairobi's population lives in slums or similar conditions.[5] In Nairobi, heterosexual unions, or intimate relations between common partners and between sex workers and their clients, is the primary means of HIV infection. Due to the nature of their employment, Administration police officers frequently interact with different communities, putting them in danger.[2]

In several African nations, military and police are frequently infected and killed by human immunodeficiency syndrome. Data from Central African Republic, Cameroon, and Uganda, rates of HIV infection among military and police personnel have surpassed those among the general population. Several reasons put police officials at higher risk of contracting the virus.[3] Younger sexually active police officers have higher risk of HIV infection. They are frequently stationed for extended periods of time away from their homes and families.[6] Due to their independence from the constraints of their societal standards and typical social contexts, individuals may indulge in risky sexual practices like unprotected sex with sex workers and drug usage.[4]

Police personnel occasionally indulge in extramarital sexual encounters as a result of their spouses living apart.[6] Alcohol abuse also raises the risk of HIV infection as it impairs judgment and makes people less likely to use condoms during sexual encounters. There is a link between risky sexual behavior, alcohol usage, and job moves that affects fidelity to spouses or other partners.[1] Nevertheless, because relocation frequencies are unpredictable, transferring families from one station to another may not be practicable. For instance, 15% of police officers in Nigeria had between five and ten transfers, and majority of them had a difficult time transferring from one station to another with their families.[1] These issues were linked to having several sexual partners and extramarital affairs. Another contributing cause is the poor living conditions of the junior cadre, who make up a sizable proportion of the workforce. Additionally, the environment in the police barracks has various characteristics that can encourage dangerous sexual conduct such as congestion, excessive facility sharing, and lack of adequate recreational facilities.[6]

METHODS

The study adopted a cross-sectional descriptive study design. Both quantitative and qualitative data was collected. Three hundred and seventy-two (372) administrative police officers were recruited for interview. Stratified sampling method was used for the primary participants where they were classified into three strata; constables, non-commissioned officers and commissioned officers followed by systematic random sampling at an interval of 8. Additional information was collected using key informant interview (KII) participants which were purposively selected.

The study included consented administration police officers at Uhuru camp who had been stationed there for a period exceeding one year. Those who were sick, on leave and unwilling to participate were excluded from the study.

Approval was sought from Kenyatta University Graduate School. The study obtained an ethical clearance from Kenyatta University Ethics and Review Committee. The National Commission for Science Technology and Innovation (NACOSTI) authorized the study through provision of a research permit. Further authorization to gather data was sought from the commandant security of government building (SGB) and VIP protection unit. Informed consent was sought from study participants and the researcher ensured collected data was treated with confidentiality and privacy it deserved. The study was conducted between March to June 2021. Data analysis was done by use of SPSS version 20.0. Chi-square was used to calculate inferential statistics which showed the association between level of knowledge and safe sex practice for HIV prevention at a confidence interval of 95% and p value of 0.05. The presentation of results was done by use of charts, frequency tables and percentages. Qualitative results from FGDs and KIIs were triangulated with quantitative findings as direct narrations.

RESULTS

Distribution of socio-demographic characteristics among respondents

In Table 1, results showed that 89 (25.6%) of participants were aged between 38 to 47 years, majority 254 (73.2%) were male and 301 (86.7%) were Christians. Only 165 (47.6%) had completed secondary education, 215 (62.0%) were married, 187 (53.9%) were staying with their spouses, 85 (24.5%) participants had worked between one to five years and constables rank made up more than half of the participants at 201 (57.9%).

Table 1: Socio-demographic features among participants (n=347).

Variables	Participant response	Frequency	Percentage
Age in years	18-27	78	22.5
	28-37	122	35.2
	38-47	89	25.6
	Over 47	58	16.7
Gender	Male	254	73.2
	Female	93	26.8
Religion	Christian	301	86.7
	Muslims	46	13.3
Highest level of education attained	Secondary	165	47.6
	Certificate	93	26.8
	Diploma	58	16.7
	Degree	31	8.9
Marital status	Single	76	21.9
	Married	215	62.0
	Divorced/ widowed/ separated	56	16.1
Staying with partner	Yes	187	53.9
	No	160	46.1
Years in service	1-5	85	24.5
	6-10	121	34.9
	11-15	67	19.3
	Over 15	74	21.3
Rank	Constable	201	57.9
	Non-commissioned officer	90	25.9
	Commissioned officer	56	16.2

Safe sex practice

From the study findings, more than half 202 (58.2%) of participants at Uhuru camp had not engaged in safe sex (Figure 1).

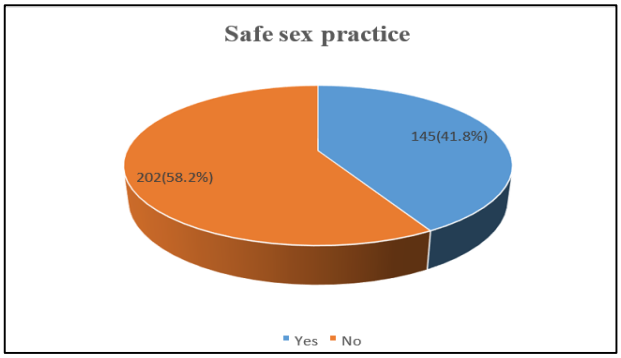

Figure 1: Practice of safe sex among participants

Aspects of safe sex

On the aspects of safe sex practice, a little over half of the participants 182 (52.4%) were involved in sexual activity with multiple partners, 104 (57.1%) of participants who had multiple sexual partners did not consistently use condoms, 194 (55.9%) of the then did not know the status, more than half 188 (54.2%) of the participants did not negotiate for safe sex and 257 (74.1%) of participants had never engaged in sexual activity while under the influence of any drugs (Table 2).

Responses on knowledge of safe sex practice

In this study, most 270 (77.8%) of the participants had correct knowledge on the meaning of safe sex, majority 229 (66.0%) had correct knowledge concerning the effects of safer sex practice, more than half 187 (53.9%) of them had correct knowledge on ways of practicing safe sex. Regarding frequency of getting tested for STIs by a person engaged in unsafe sex, results showed that 278 (80.1%) wrong knowledge, 187 (53.9%) of them had incorrect information about whether one instance of risky intercourse was sufficient to get a STI. A little over half of the participants 181 (52.2%) had incorrect knowledge about whether a person who appeared to be in good health would actually be having an STI while more than half of them 201 (57.9%) had incorrect understanding about how to stop the spread of STIs (Table 3).

Table 2: Aspects of safe sex practice in HIV prevention among participants (n=347).

Safe sex practice aspects	Participant response	Frequency	Percentage
Currently having more than one sexual partner	Yes	182	52.4
	No	165	47.6
Consistently use condoms if more than one sexual partner	Yes	78	42.9
	No	104	57.1
Knowledge of partner's HIV status	Yes	153	44.1
	No	194	55.9
Negotiate for safe sex	Yes	159	45.8
	No	188	54.2
Had sex under drug influence	Yes	90	25.9
	No	257	74.1

Table 3: Responses on knowledge of safe sex practice among participants (n=347).

Variables	Participant response	Frequency	Percentage
Meaning of safe sex	Correct	270	77.8
	Wrong	77	22.2
Effects of practicing unsafe sex	Correct	229	66.0
	Wrong	118	34.0
Ways of practicing safe sex	Correct	187	53.9
	Wrong	160	46.1
Frequency of getting tested for STIs by a person engaged in unsafe sex	Correct	69	19.9
	Wrong	278	80.1
A single episode of unsafe sex not enough to contract STI	Correct	160	46.1
	Wrong	187	53.9
Unsafe sex with a virgin cannot lead to contracting an STI	Correct	125	36.0
	Wrong	222	64.0
A person seemingly healthy may be carrying a STI	Correct	166	47.8
	Wrong	181	52.2
Method of preventing STIs transmission	Correct	146	42.1
	Wrong	201	57.9

Table 4: Association of level of knowledge on safe sex practice among participants (n=347).

Variable	Participant response	Safe sex practice		Statistical significance
		Yes (n=145)	No (n=202)	
Level of knowledge	Low	28 (19.3%)	79 (39.1%)	χ^2=6.627
	Moderate	64 (44.1%)	102 (50.5%)	df=2
	High	53 (36.6%)	21 (10.4%)	p=0.036

Levels of knowledge on safe sex practice

The results established that 166 (47.8%) of participants had moderate understanding of safe sex practices (Figure 2). The results were supported by qualitative findings where one of the Clinical Officer who was in charge of a clinic in a key informant interview session reported;

"…In terms of knowledge on safe sexual practice, I can say most of our officers have fair knowledge on the practice due to the fact that we normally share information on the same through different media such as WhatsApp groups. We also have made it a norm to educate the officers on matters of sexual and reproductive health whenever they visit the clinics for any service. We also advise them to be tested so that they can be aware if their HIV status…" (KII participant).

Influence of knowledge level on practice of safe sex

In accordance with the findings, 102 (50.5%) of the participants with moderate knowledge had not engaged in safe sex. There was a statistically significant correlation between participants' level of knowledge (p=0.036) and safe sex practice (Table 4). An OCS in a key informant interview session reported:

"*…I agree we have challenges in the subject of sexual and reproductive health. It is an area we need to do more now that statistics from clinics show an increase in incidence of sexually transmitted infections. We are working with relevant stakeholders in trying to ensure that we sensitize on the matter, provide condoms, counselling as well as encouraging our officers to stay with their partners…*" (KII participant).

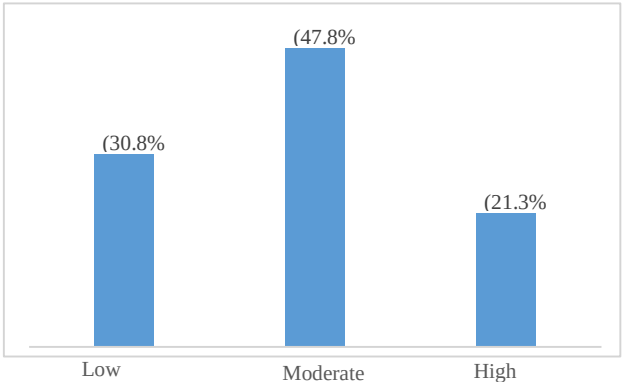

Figure 2: Levels of knowledge on safe sex practice among participants.

DISCUSSION

Practice of safe sex for HIV prevention

The study sought to determine the practice of safe sex for prevention of HIV among administrative police officers

in Uhuru camp, Nairobi City County. The study results revealed that majority of participants didn't engage in safe sex practices. The cops work in demanding circumstances where they may be exposed to several sexual partners in order to satisfy their urges. The findings did not line up with those of a study done in the United States of America, where the majority of the participants engaged in safe sex practices. These individuals who engaged in safe sex typically had only one sexual partner.[7] Similar findings were observed from a Swedish study where the majority of participants were not thought to engage in safe sex. The most common aspect of unsafe sex practice was evidenced as they did not know neither their status nor that of their partners.[8]

Most participants were not engaged in safe sex since they had several partners and weren't routinely using condoms when having sex.[9] Another research done in Nigeria uncovered that the majority of participants did not engage in safe sex behaviors despite having several sex partners.[10] According to a Ugandan study, the majority of participants believed their risky sex practices put them at danger of obtaining HIV.[11]

Studies done in Australia revealed that most participants did not bargain for safe sex practices, which is consistent with the outcomes of this research.[7] In Pakistan, negotiating for safe sex behaviors including the use of condoms was linked to a decline in trust between romantic partners.[12] The majority of study participants did not frequently engage in sexual activity when under the influence of drugs or alcohol. A study in Germany found that the majority of participants who engaged in risky sex practices also struggled with alcohol and drug usage.[13]

Knowledge factors on safe sex practice

The survey aimed to explore the influence of knowledge on practice of safe sex activities among participants. The outcomes established that most of them had correct knowledge on the meaning of safe sex. This finding was in harmony with a study conducted on awareness of safe sex by Martin and colleagues where the study participants were able to explain what safe sex meant.[14] The findings, however, were in contrast to research done in Kaski, Nepal, where the majority of participants had incorrect understanding of what safer sex meant.[15]

The majority of participants could describe the negative repercussions of hazardous sex practices. This is because they were able to recognize problems like acquiring STIs, getting pregnant unintentionally, and HIV/AIDS. The results were in line with research findings from Morogoro in Tanzania where it was reported that contracting of sexually transmitted infections was one of the main effects of unsafe sex practice.[16] The majority of participants in a different Ethiopian study who participated in it were aware that unsafe sex practices can lead to HIV transmission.[17] More than half were educated on how to engage in safe sex practices. This is due to the fact that they were able to promote the use of condoms, ensure that the number of sexual partners is kept to a minimum, and test for STIs together with their partners. The outcomes were in line with a study done in Ghana, where the majority of participants accurately stated that using condoms regularly, especially with those who have several partners, was one of the most efficient ways to engage in safe sex.[18] The findings support an Australian study that found the majority of participants believed having a single sexual partner was one of the safest ways to engage in sexual activity.[19]

Regarding frequency of getting tested for STIs by a person engaged in unsafe sex, the results showed that most of the participants did not have an idea on the frequency of getting tested. The results were contrary to a study done in Southwest Nigeria where majority of the participants had good knowledge on this aspect as they reported a couple of time per year was the most appropriate testing frequency for those engaged in unsafe sex practices.[20] Research findings from Ghana uncovered that numerous participants were knowledgeable about frequency of being tested for STIs once involved in unsafe sex practices.[21]

Majority of them were not knowledgeable on whether a single episode of unsafe sex was enough to contract STI. This is because even if one engages in unsafe sex practice within a limited number of encounters, that is still enough to expose one to contract a sexually transmitted infection. The outcomes contradict to the researches done in West Africa where it was noted that a single episode of unprotected sex was a risk factor for getting a sexually transmitted infection.[22] Also, research conducted on sexual activities and sexual health where similar findings were reported with majority of participants having wrong knowledge on whether this could lead to acquiring an STI.[23]

Most participants were knowledgeable on the methods of preventing STIs. They were able to mention ways such as using protection during sexual intercourse, abstinence and being faithful to one partner. The outcomes contradict to the research done by Visalli and colleagues who reported that most of the participants did not have the right information on the methods of preventing STI transmission.[24] In another study conducted in Uganda, the research findings were inconsistent to this study as numerous participants did not have adequate knowledge regarding STI/HIV prevention methods.[25] Participants to a survey on STI awareness acknowledged regular condom use as one method of reducing sexually transmitted infections.[26]

The participants had moderate knowledge ratings in regards to safe sex practices, according to the findings. This is because a good number of them missed some important aspects thus average scores. Comparable outcomes were reported by a survey done on level of knowledge on safe sex practice where majority of the

participants were moderately knowledgeable.[24] The results were contrary to research findings from Nigeria where it was noted that overall knowledge on safe sex practice was high among study participants.[27] Numerous participants, according to the study's findings, lacked adequate knowledge on safe sex behavior.[28]

The study also found a statistically significant association between participants' practice of safe sex practices and their level of knowledge. This is because having adequate knowledge empowers people with information concerning ways of practicing safe sex and the associated effects thus lure them to engage in such activities. The outcomes were comparable to research conducted in Ghana where it was reported that large part of those who had high knowledge where more likely to engage in safe sex practices.[29] In another study done in India, it was revealed that people with adequate knowledge on safe sex had higher chances of practicing safe sex thus reducing the effects of unsafe sex in the society.[30]

The study encountered some challenges such as sensitivity on HIV and sexuality made some participants shy off. They were convinced that this was an academic work aimed at improving the sexual behavior of administration police officers and prevention of HIV. The researcher emphasized on upholding confidentiality and anonymity. Also, COVID-19 restrictions on social distancing and gatherings prevented conduct of focused group discussions. Only key informant interviews were done with strict adherence to COVID-19 prevention measures.

CONCLUSION

The study concludes that about 4 out 10 police officers in Uhuru camp, Nairobi City County practice safe sex. The level of knowledge was moderate towards safe sex practice. The level of knowledge significantly influenced practice of safe sex for HIV prevention.

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REFERENCES

1. UNAIDS. The Military, Best Practice Collection. UNAIDS, Geneva, Switzerland; 2018.
2. NACC. Kenya HIV estimates report 2018. Kenya HIV estimates report. Government printer, Nairobi; 2018.
3. UNAIDS. UNAIDS Data 2018. UNAIDS, Geneva, Switzerland; 2017.
4. KAIS. Kenya AIDS indicator survey 2012 final report. National AIDS and STI Control Programme (NASCOP): Nairobi; 2014.
5. UNHCR. Assessment of HIV in Internally Displaced Situations. Government printer, Nairobi; 2013.
6. Nwokoji UA, Ajuwon AJ. Knowledge of AIDS and HIV risk-related sexual behavior among Nigerian naval personnel. BMC Public Health, 2014;4(1):1-9.
7. Levine EC, Herbenick D, Martinez O, Fu TC, Dodge B. (2018). Open relationships, nonconsensual nonmonogamy, and monogamy among US adults: Findings from the 2012 National Survey of Sexual Health and Behavior. Arch Sex Behav. 2018;47(5):1439-50.
8. Lindroth M, Zeluf G, Mannheimer LN, Deogan C. Sexual health among transgender people in Sweden. Int J Transgend. 2017;18(3):318-27.
9. Lovett H, Tindel R, Chapman A, Schneider A, Rodriguez J. Safe sex practices among racial and ethnic minority high school students: 2019 US YRBS. 20121.
10. Olatunde O, Balogun F. Sexting: prevalence, predictors, and associated sexual risk behaviors among postsecondary school young people in Ibadan, Nigeria. Front Public Health. 2017;5:96.
11. Kobusingye LK, Aheisibwe I. (2018). The link between university teacher-trainee's self-esteem and their involvement in risky sexual behaviours. Int J Educ Psychol Res. 2018;7(4):74-7.
12. Noor MN, Holt M, Qureshi A, de Wit J, Bryant J. (2021). Sexual risk-taking among homeless young people in Pakistan. Health Soc Care Community. 2021;29(5):1550-8.
13. Graf N, Dichtl A, Deimel D, Sander D, Stöver H. (2018). Chemsex among men who have sex with men in Germany: motives, consequences and the response of the support system. Sex Health. 2018;15(2):151-6.
14. Martin N, Baralt L, Garrido-Ortega C. (2018). What's religion got to do with it? Exploring college students' sexual and reproductive health knowledge and awareness of sexual and reproductive health services in relation to their gender and religiosity. J Religion Health. 2018;57(5):1856-75.
15. Acharya A, Bhattarai S. Assessment of the level of knowledge regarding safe abortion among reproductive age group women, a short cross sectional study in Lekhnath, Kaski. J Inst Med. 2017;39(1):105-9.
16. Jain A, Tobey E, Ismail H, Erulkar A. (2018). Condom use at last sex by young men in Ethiopia: the effect of descriptive and injunctive norms. Reprod Health. 2018;15(1):1-9.

17. Kaale G, Muhanga M. Sexual health knowledge among secondary school students in Morogoro, Tanzania: half full or full empty. Int J Health. 2017;5(2):120-5.
18. Ahinkorah BO, Hagan Jr JE, Seidu AA, Budu E, Mensah GY, Adu C, et al. Understanding the association between exposure to family planning messages and consistent condom use among never married men in Ghana. Plos One. 2021;16(8):e0255325.
19. Fileborn B, Brown G, Lyons A, Hinchliff S, Heywood W, Minichiello V, et al. Safer sex in later life: qualitative interviews with older Australians on their understandings and practices of safer sex. J Sex Res.. 2018;55(2):164-77.
20. Utuk IG, Osungbade KO, Obembe TA, Adewole DA, Oladoyin VO. Stigmatising attitudes towards co-workers with HIV in the workplace of a metropolitan state, Southwestern Nigeria. Open AIDS J. 2017;11:67.
21. Kwarteng AB, Skokova Y, Agyemang-Duah W. Knowledge and attitudes on HIV/AIDS and HIV testing among basic school students in Tamale Metropolis, Ghana. J Public Health. 2020;28(2):181-9.
22. Osanyin GE, Ogunyemi DO, Oluwole EO, Oyekanmi OD. Knowledge, attitude and preventive practices of sexually transmitted infections among unmarried youths in an urban community in Lagos State, Nigeria. Afr J Prim Health Care Fam Med. 2020;12(1):1-7.
23. Baines S, Emerson E, Robertson J, Hatton C. Sexual activity and sexual health among young adults with and without mild/moderate intellectual disability. BMC Public Health. 2018;18(1):1-12.
24. Visalli G, Cosenza B, Mazzù F, Bertuccio MP, Spataro P, Pellicanò GF, et al. Knowledge of sexually transmitted infections and risky behaviours: a survey among high school and university students. J Prevent Med Hyg. 2019;60(2):E84.
25. Kemigisha E, Bruce K, Nyakato VN, Ruzaaza GN, Ninsiima AB, Mlahagwa W, et al. Sexual health of very young adolescents in South Western Uganda: a cross-sectional assessment of sexual knowledge and behavior. Reprod Health. 2018;15(1):1-8.
26. Genz N, Meincke SM, Carret ML, Corrêa AC, Alves CN. Sexually transmitted diseases: knowledge and sexual behavior of adolescents. Texto Contexto-Enfermagem. 2017;26.
27. Atenchong N, Omisakin FD. Descriptive study of students' knowledge, attitudes, and practices toward safe sex in Niger Delta University in, Bayelsa State, Nigeria. J Midwife Reprodu Health. 2020;8(2):2248-53.
28. Tarkang EE, Lutala PM, Dzah SM. Knowledge, attitudes and practices regarding HIV/AIDS among senior high school students in Sekondi-Takoradi metropolis, Ghana. Afr J Prim Health Care Fam Med. 2019;11(1):1-11.
29. Kaba M. Exploring issues of safe sex and early pregnancies among adolescent girls in the east Gonja District of Ghana. 2021.
30. Dutt S, Manjula M. Sexual knowledge, attitude, behaviors and sources of influences in Urban college youth: a study from India. Indian J Soc Psychiatr. 2017;33(4):319.

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