FACTORS INFLUENCING MANAGEMENT OF HIV/AIDS IN PUBLIC SECONDARY SCHOOLS, IN SIAKAGO DIVISION, MBEERE NORTH DISTRICT, EMBU COUNTY, KENYA.

BY

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DECLARATION

This research study is my original work and has not been presented for a degree in any other university.

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DEDICATION

I wish to dedicate this project proposal to my children Gideon, David and Sharon for their continued support as I carried out the study.

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I wish to acknowledge the people who have been instrumental in making this research project possible. I am indebted to my project supervisors Prof. Maitho and Mr. Rugendo for their guidance throughout this process.

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To you all, may God bless you abundantly.

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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AKI	Association of Kenya Insurers
BSS	Behavioral Surveillance Survey
HIV	Human Immunodeficiency Virus
KAIS	Kenya Aids Indicator Survey
KDHS	Kenya demographic and health survey
SPSS	Statistical Package for Social Sciences
PSE	Psycho-socio-environmental
UNAIDS	United Nations AIDS Organization
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing

ABSTRACT

The researcher carried out a study on the factors influencing management of HIV/AIDS in public secondary schools in Siakago Division, Mbeere North District. The objectives of the study were: To investigate the social factors influencing HIV/AIDS status in public secondary schools in Siakago Division in Mbeere North District, to examine the economic factors influencing HIV/AIDS in secondary schools in Siakago Division, Mbeere North District, To assess HIV/AIDS education awareness and its effects on management in Secondary schools in Siakago Division, Mbeere North District and to find out the control practices in management of HIV/AIDS in secondary schools in Siakago Division in Mbeere North District. The study adopted the descriptive research design where the target population was 2616 and the sample size of 190 students. The study used both stratified random sampling and simple random sampling techniques. Data was collected using questionnaires. Descriptive statistics was used to analyze the data. It was found from the study that alcohol and drugs were a major contributor to the spread of HIV/AIDS. The findings indicate that the students who came from families whose parents were employed or in business were economically empowered and that 84% had both parents, 14% were from single parents and 2% were orphans. Awareness on how the virus spreads created by the stakeholders was a major contributor on its effect on HIV/AIDS management. The control practices in management of HIV/AIDS in public secondary schools in the area were majorly abstinence. According to the findings that were generated in the study at Siakago division, the researcher concluded this based on adequate conclusive evidence depicted from the summary of the major findings. The recommendations went to the Kenyan Government, the school management and medical practitioners and researchers. The management of HIV/AIDS in Mbeere North District was influenced greatly by the factors that were discussed in the study. The research findings will be of significance to the future research bodies as it will add to the existing body of knowledge on the management of HIV/AIDS in Kenya. The researchers will use the report as a reference point for future research. The policy makers in the health sector may also benefit as they will initiate or come up with policy that addresses the various factors. Lastly, the Government and NGOs will benefit as they will understand the management of HIV/AIDS in Siakago Division.

CHAPTER ONE

INTRODUCTION

1.1 Introduction

This chapter consists of the background of the study, the statement of the problem, the purpose of the study, limitations of the study, delimitations of the study, objectives of the study, the research questions, the scope of the study, definition of significant terms, the basic assumptions of the study, and organization of the study.

1.2 Background of the Study

The HIV/AIDS epidemic entered its third decade and has continued to be a major public health threat, especially in the developing world (Lisa and Carr, 2003). More than 65 million people have contracted the HIV virus - globally. Of this, 22 million people have died from HIV related illnesses, mostly from AIDS, and 17 million of them have been from Africa. Africa has remained to be the hardest hit continent with less than eleven percent of the total global population; the continent has more than 70 percent of all HIV/AIDS related cases in the world. As well as a harrowing catalogue of lives lost, the implications of this human tragedy reach into the structure of economies, the capacity of institutions, the integrity of communities and the viability of families. In the extreme, the survival of some states may be called into question (Haacker, 2001), Millennium development goals Number 6.

Already, communities across large parts of the continent have been facing a day-to-day reality of declining standards of living, reduced capacities for personal and social achievement, and an increasingly uncertain future. This in turn profoundly constrains what can be achieved today. Meanwhile, HIV/AIDS is also diminishing the capacity

of African states to maintain what was secured over past decades in terms of social and economic development (Haacker, 2001).

It is sad that the HIV prevalence has continued to rise in Africa. In the few years past, some 2.3 million Africans died of AIDS, while an estimated 3.4 million people contracted the HIV virus. According to UNAIDS (2010), this brought the total number of people living with the virus on the continent to nearly 30 million. Southern and eastern Africa has the most severely affected regions. Seven countries have an estimated adult (15-49) HIV prevalence of 20 percent or greater: Botswana, Lesotho, Namibia, South Africa, Swaziland, Zambia, and Zimbabwe. In these countries, all in southern Africa, at least one adult in five is living with HIV (Haacker, 2001). An additional six countries, Burkina Faso, Cameroon, Central African Republic, Kenya, Malawi and Mozambique, have adult HIV prevalence levels higher than ten percent.

More worrying still, the death toll from AIDS is expected to continue rising before peaking around the end of the decade (Haacker, 2001). This means that the worst of the epidemic's impact on our societies and economies is yet to come. The most chilling aspect of this prediction is that HIV/AIDS has already had a devastating impact on African communities. Already, life expectancy has dropped to levels not seen since the 1960s and hard won gains in child survival are being reversed (UNAIDS 2010). In Zimbabwe, for example, life expectancy is 40 instead of 69. In fact, seven countries in Sub-Saharan Africa: Angola, Botswana, Lesotho, Malawi, Mozambique, Rwanda, and Zambia have life expectancies below 40 years of age. Each of the countries, except Angola, would have an estimated life expectancy of 50 years or greater without AIDS. AIDS mortality is producing population pyramids that

have never been seen before. Particularly in those countries with projected negative population growth, Botswana, Lesotho, Mozambique, South Africa, and Swaziland, population pyramids have a new shape "the population chimney."

Many governments across the globe in general and specifically in sub-Saharan Africa where the prevalence was high have therefore put in place strategies aimed and containing the spread of HIV/AIDS with the support of international partners (Booysen, 2004). Kenya has invested significantly in the fight against HIV/AIDS since the discovery of the first AIDS case in the early 1980s. Kenya has trodden a similar path to many African countries in the struggle to come up with an HIV/AIDS strategy and policy guidelines for effective response to the pandemic. Kenya's participation and ratification of many recommendations for finding appropriate, relevant and responsive interventions to the HIV/AIDS pandemic are well known. However, like most other African countries the shock of that came with the discovery of the first case of HIV/AIDS sent many stakeholders looking for medical solutions to the pandemic first and foremost.

1.3 Statement of the Problem

Since the first AIDS case was discovered in Kenya over two decades ago, HIV/AIDS still has remained to be a big problem for the country in its efforts for social and economic development. There is therefore the need to go beyond the mere numbers and percentages of the infected, ill, and dead to the impact that such numbers on individuals, families, communities, and nations. Perhaps it was only with clearer evidence of such impact anecdotal and descriptive, as well as statistical that the

magnitude of HIV and AIDS has become apparent. Governments have put up strategies aimed at curbing the spread of the virus. Despite the collaboration between government and non-government agencies, the work to inform, educate and support people must become more focused and systematic (Haris, 2001).

The Kenyan government has displayed good intention and commitment to the reduction and management of HIV/AIDS. The intentions of the government to control and manage HIV/AIDS was made clear when the government made the counseling and testing for the virus free for all Kenyans and providing the necessary equipments needed. The governments together with other stakeholders in the fight against HIV/AIDS have intensified their campaigns to sensitize the citizens on the virus. The government also set up a department; the National AIDS Control Commission (NACC) in 1999 and has a National Strategic Framework for HIV/AIDS. However, the prevalence of HIV/AIDS has not declined despite the effort by the government and other stakeholders. The objectives of the government as regards prevention, control and management of the epidemic may be unachievable, if Kenyans continue to display ignorance to the efforts for the management and prevention of HIV/AIDS.

Several studies have been done on HIV/AIDS prevalence in Kenya. For instance Tari (1998) did a study on the underwriting practices of life officers in response to HIV/AIDS in Kenya. Rarieya (2001) did a study on social responsiveness of pharmaceutical firms to the HIV/AIDS pandemic in selected firms in Nairobi. Study by Murambi (2002) on human resource policy responses to the HIV/AIDS pandemic in insurance firms in Kenya. While these studies highlight the prevalence of HIV/AIDS in Kenya, little has been done to investigate the prevention and

management of HIV/AIDS in Siakago Division, Mbeere District, Kenya hence a knowledge gap which this study seeks to fill.

1.4 The Purpose of the Study

The purpose of the study was to investigate the factors influencing the management of HIV/AIDS in public secondary schools in Siakago division, Mbeere North District, Kenya.

1.5 Objectives of the Study

The objectives of the study are:

(i) To investigate the social factors influencing the management of HIV/AIDS in public secondary schools in Siakago Division.

(ii) To examine the economic factors influencing management of HIV/AIDS in public secondary schools in Siakago Division in Mbeere North District.

(iii) To assess the effects of HIV/AIDS awareness management and its effects in public secondary schools in Siakago Division in Mbeere North District.

(iv) To find out the control practices in management of HIV/AIDS in public secondary schools in Siakago Division in Mbeere North District.

1.6 Research Questions

The research questions are:

(i) What are social factors influencing the management of HIV/AIDS in public secondary schools in Siakago Division, Mbeere North District?

(ii) Which are the economic factors influencing the management of HIV/AIDS in public secondary schools in Siakago Division, Mbeere North District?

(iii) What is the effect of education awareness in management of HIV/AIDS in public secondary schools in Siakago Division, Mbeere North District?

(iv) Which are the control practices in management of HIV/AIDS in public secondary schools in Siakago Division, Mbeere North District?

1.7 Basic Assumptions of the Study

The study was carried out under the following assumptions;

The residents of Siakago Division will identify factors influencing management of HIV/AIDS in Siakago division; the sampled population will provide information on their HIV status. Lastly the sampled population responses to the questionnaires will be accurate.

1.8 Significance of the study

The research findings will be of significance to the future research bodies as it will add to the existing body of knowledge on the management of HIV/AIDS in Kenya. The researchers will use the report as a reference point for future research. The policy makers in the health sector may also benefit as they will initiate or come up with policy that addresses the various factors. Lastly, the Government and NGOs will benefit as they will understand the management of HIV/AIDS in Siakago Division.

1.9 Limitations of the Study

The students in Siakago Division were busy which made it difficult to get information from them, which was a major hindrance in accessing the required information for the study. The researcher however overcame this by designed the questionnaires in a very straight forward and understandable way that enabled the students to answer the questions very fast.

Factors such as awareness, voluntary and counseling, and poverty reduction involve high realms of decision makers hence reducing the probability of investigation.

1.10 Delimitations

This study focused on the management of HIV/AIDS in Siakago division, Mbeere District with a view to coming up with a solution to the problems of HIV/AIDS.

The research was carried out in public secondary schools Siakago Division, Mbeere North District. Siakago Division was selected because no previous study on management of HIV/AIDS in Siakago division was found. Hence there was need for a study to assess the management of HIV/AIDS in public secondary schools in Siakago Division.

1.11 Definition of Significant Terms

Awareness knowledge or understanding of a subject, issue, or situation

Control the power to make decisions about something and decide what should happen

Economic is the social science that analyzes the production, distribution and consumption of goods and services

Management Refers to the process of reaching organizational goals by working with and through people and other organizational resources. Management has the following 3 characteristics: it is a process or series of continuing and related activities, it involves and concentrates on reaching organizational goals and it reaches these goals by working with and through people and other organizational resources.

Social Living in groups not apart so with the human society.

VCT Refers to is an HIV-prevention intervention initiated by the client at his or her free will.

1.12 Organization of the Study

The report is in five chapters. Chapter one which is the introduction focuses on the general background of the study, statement of the problem, purpose of the study, objectives, research questions, significance of the study, assumptions, limitations and delimitations of the study. Chapter two contains; Literature review and consists of relevant literature on the management of HIV/AIDS. The chapter addresses the management of HIV/AIDS in Kenya, and theoretical framework of HIV/AIDS

reaching organizational goals and it reaches these goals by working with and through people and other organizational resources.

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CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter covers literature on the management of HIV/AIDS in Kenya, social effects of HIV/AIDS on people, the theoretical literature, critical literature, conceptual frame work and the knowledge gap of the study.

2.2 Some theories on management of HIV/AIDS

According to the millennium development goals which were adopted in September 2000 as a blueprint for building a better world 21st Century and were envisioned to bring changes by the year 2015. The goal No. 6 stressed on combating HIV/AIDS, Malaria and other diseases.

Kenya national aids strategic plan 2009/10-2012-13 according to sessional paper No. 4 of 1997 on HIV/AIDS noted that the government was to continue playing its leadership role to create an environment where AIDS related strategies were to be translated into meaningful action to reduce the magnitude of the epidemic, to prevent further spread and to address the impact of AIDS in society.

Vision 2030 and the medium term plan 2008-2012. This is the new long term development plan for Kenya with the Key objectives of transforming the country into a globally competitive and prosperous nation with good quality of life 2030. It is anchored in three pillars – economic, social and political. Under the social pillar, HIV is listed as one of the preventable diseases that have continued to exert a heavy toll on Kenyan population.

The medium term plan for 2008-2012, the first in a series of succession five-year medium term plans to implement vision 2030, acknowledges that HIV and AIDS has continued to pose serious health and social-economic challenges.

The HIV Prevention and control act 2006; This law passed by parliament in 2006, gazetted in 2007 and made operational in early 2009 was an important step in strengthening the human rights framework necessary to support universal access to services.

2.2.1 Social and Economic Factors influencing Management of HIV/AIDS

HIV and AIDS have fronted a multi-pronged attack, damaging the continent's social fabric, its economy, health systems, and its workforce, amongst other sectors. Sub-Saharan Africa remains the region most heavily affected by HIV (UNAIDS, 2009). In 2008, sub-Saharan Africa accounted for 67% of HIV infections worldwide, 68% of new HIV infections among adults and 91% of new HIV infections among children. The region also accounted for 72% of the world's AIDS-related deaths in 2008. The epidemic continues to have an enormous impact on households, communities, businesses, public services and national economies in the region (UNAIDS, 2009).

For Africa, already affected by a plethora of challenges, HIV/AIDS has had devastating effects with a far-reaching impact on all spheres of life on the continent. Households, hospitals, workplaces, schools, and economies have all been significantly affected. For instance, hospitals are overwhelmed by the high demand for care for people living with HIV. Households are disintegrating as parents die, leaving behind siblings who are barely old enough to care for themselves. These children are forced to undergo hardships and trauma because AIDS forces the children to take on the extra responsibilities of earning an income and heading households. In some

instances, the disease has damaged the education sector to a point of collapse, thereby entrenching the cycle of poverty (Avert, 2008).

HIV/AIDS has uniquely been destructive to economies, because it kills people in the prime of their lives. Especially in its early stages, the epidemic tends to strike urban centers, the better educated, the elite in leadership and the most productive members of society. These deaths leach profits out of businesses and economies. There are already several examples of the enormous impact which corporate action can have in the fight against HIV/AIDS. They exist both in the workplace, which is one of the most effective places to educate and reach people, and in global efforts through advocacy, in-kind support, engagement with partners and direct donations (World Economic Forum Report, 2006).

Kenya is made up of eight provinces, namely Rift Valley, Western, Eastern, Nyanza, Central, North Eastern, Coast and Nairobi, which amongst them are home to about 42 ethnic communities. According to the recent Kenya Aids Indicator Survey (KAIS) (See Figure 1.2), Nyanza leads in HIV prevalence rate, with 15.3 percent of the people testing HIV positive, followed by Nairobi (9.3%), Coast (7.9%), Rift Valley (7.0%), Eastern (4.7%), Central (3.8%), and North Eastern (1.0%).

A recent study by the Kenya AIDS Indicators Survey (2007) found that the HIV prevalence in Kenya has been declining in the last two decades. The study estimated the average HIV prevalence among the general population aged 15-49 at 7.4 percent while the Kenya Demographic and Health Survey (KDHS 2008-09) estimated prevalence for the same population at 6.3 percent. Recent EPP and spectrum modeling estimates for 2009 gave a HIV prevalence of 6.2%. This translates to about 1.42

million Kenyans living with HIV/AIDS. The findings show that Kenya's epidemic has stabilized in the past few years. The surveys confirmed that women still have a higher prevalence compared to men: women 8.4 percent against 5.4 percent for men (KAIS 2007) and women 8 percent compared to 4.3 percent for men (KDHS 2008-09). Sex differential is more pronounced among young women 15-24 age group who tend to have HIV prevalence four times higher than young men - 5.6 percent against 1.4 percent respectively (KAIS 07) and 4.5 percent and 1.1 percent respectively (KDHS 2008-09).

2.2.2 Awareness in management of HIV/AIDS

The most common place for people to learn about HIV and AIDS is at school. Due to their capacity and universality, schools are a crucial setting for educating young people about AIDS. As young people are at a high risk of becoming infected with HIV, it is vital that they are educated about HIV transmission before they are exposed to situations that put them at risk of HIV infection (for example, before they are sexually active). Schools play a major role in shaping the attitudes, opinions and behavior of young people and so are ideal environments for teaching the social as well as the biological aspects of HIV and AIDS.

Members of the wider community can also increase their knowledge about HIV and AIDS through the school environment. Teachers who expand their understanding of the subject while planning lessons and receiving teacher training can pass this information on to adults as well as pupils, and the same can be said for children themselves; once informed about AIDS, they can tell their parents or their friends what they have learned.

Information increases the level of certainty in any human decision process; little wonder, Edewor (2010), said that information is indispensable for human development. Likewise, Nwafor-Orizu (2003), while describing sources of information dissemination in the rural areas, avers that, oral sources like face-to-face interaction, radio, television, traditional institutions, associations, and written sources like newspapers and magazines aims to facilitate rural information transfer as a way of eliminating ignorance and superstition. The present information and education campaign to forestall the spread of the disease should be pursued with vigor but some energy has to be dissipated to the care of people already afflicted (Akanmu and Akinsete, 2006).

Mooko and Aina (2007), opine that every individual, whether literate or illiterate, needs information for a variety of issues essential for his or her survival. It is therefore, not surprising that information is needed for awareness, increased productivity, health, and so on. They further assert that users of information are complex, while some are homogenous such as professionals, students, policy makers, researchers, some could be heterogeneous like rural inhabitants, artisans and so on. Ilo and Adeyemi (2010), in their own opinion submit that information is the most potent weapon available for the prevention and cure of HIV & AIDS. HIV is a daily companion, In order to control the HIV epidemic, we all need to learn as much as possible about the disease. As for those living with HIV, comprehensive and up-to-date information is an essential part of a healthy life.

An important, but not sufficient foundation for any prevention effort aimed at young people is to provide them with basic information on how to protect themselves and their partners from acquiring the virus. Although significant progress has been achieved during the past decade, surveys suggest that despite the fact that the majority

of young people have heard of AIDS, many still do not know how to prevent transmission. Furthermore, misconceptions about HIV and AIDS are widespread. They vary from one culture to another, and specific rumors gain credibility in some populations, both on how HIV is spread (by mosquito bites or witchcraft, for example) (70) and on how it can be avoided (for example, by eating a certain fish or having sex with a virgin) (Veinot, 2010).

In 17 countries surveyed between 1999 and 2003, the average proportion of people aged 15–24 years were deemed to have "sufficient knowledge" about HIV/AIDS was 24% among young women and 29% among young men. (Sufficient knowledge was defined as the percentage of young men and women who both correctly identified two ways of preventing the sexual transmission of HIV and rejected three major misconceptions about HIV.) These surveys showed that, in countries with generalized HIV epidemics, such as Burkina Faso, Haiti, Mozambique and Nigeria, more than 80% of young women aged 15–24 still did not have sufficient knowledge about HIV. (Because the indicator has five components, one might not expect a score of 100% even if knowledge levels were high.)

Studies have shown that most of the awareness campaigns for HIV/AIDS have targeted adults (age 25 and older) only minimally (Lisa and Carr, 2003). The major focus of many current HIV prevention efforts targets youth, and due primarily to the dramatically increasing rates of infection among this population and their increased vulnerability to infection. While the current HIV epidemic seems to be rooted among youths, it continues to impact significantly on the older age groups, especially among those aged 25 to 39 (Lisa and Carr, 2003). Therefore, the importance of intervening with members of this population is clear. These persons primarily constitute the

productive and economic bases of the country. Furthermore, both men and especially women are in their reproductive prime, therefore increasing the risk of prenatal transmission, multiple infections within families and HIV-infected orphans (Health Economics Unit, 2001).

Limited published studies were located examining knowledge among adults. A study of Jamaican adolescents and adults (ages 15-49), found that knowledge of transmission risks was high but levels of consistent condom use were low, especially with regular sex partners (Jamaica Ministry of Health, 2000). In this study, when knowledge levels were compared by age, older adults had significantly higher levels of knowledge than did youths.

When examining research findings based in Trinidad and Tobago, one recent study examined levels of knowledge among three adolescent and young adult samples (Allen et al., 2001). Results indicated relatively high levels of knowledge, especially with respect to common known modes of transmission, but lower levels of knowledge for items associated with myths and misconceptions (e.g. mosquito bites and toilet seats). Among these samples, significant vicariate relationships emerged between knowledge and selected sex behaviors. Higher knowledge was associated with ever having had sex, having first sex at an earlier age, and having fewer sex partners. However, no relationship was found between higher levels of knowledge and condom use in the previous six months.

It is commonly accepted, within the field of HIV prevention, that while knowledge is necessary for protective behavioral change, it is not predictive of such change. Even

though much of the previous research has not supported HIV-knowledge as a useful predictor of protective sexual behaviors, it was hypothesize that HIV knowledge does serve an important role in the scope of protective behavior change with respect to HIV prevention. However, the influence of knowledge may be operating through an effect on other mechanisms such as attitudes or non-sexual behaviors that are predictive of protective sexual behaviors. The primary objective of the present study is to examine how knowledge may be impacting on protective behaviors by affecting other mechanisms, such as increasing awareness and concern, and enabling informed discussions about safer sex and condom use, which, in turn, may influence condom use (Allen et al., 2001).

2.2.3 Control Management on HIV/AIDS

New HIV infections have been significantly reduced or have stabilized in most parts of the world. In sub-Saharan Africa the number of new HIV infections has dropped by more than 26%, from the height of the epidemic in 1997, led by a one third drop in South Africa, the country with the largest number of new HIV infections in the world.

In the Caribbean, new HIV infections were reduced by a third from 2001 levels—and by more than 25% in Dominican Republic and Jamaica. Similarly the number of new HIV infections in South and South-East Asia dropped by more than 40% between 1996 and 2010. In India new HIV infections fell by 56%.

However, the number of new HIV infections continues to rise in Eastern Europe and Central Asia, Oceania and Middle-East and North Africa, while it has remained stable in other regions of the world.

and an estimated 4.1 million became newly infected with HIV. In the same year, an estimated 2.8 million lost their lives to AIDS (UNAIDS, 2006). In regions with growing epidemics, governments and civil society are working to stop the spread of the disease, but there is a need for businesses, which have ready access to large numbers of individuals as well as useful skills in disseminating messages and distributing goods, to become more involved in assisting in the fight against AIDS (Sithole, 2006).

2.2.3.1 Voluntary counseling and testing

Voluntary counseling and testing (VCT) for HIV infection is a process for providing individuals or couples with an HIV test. VCT consists of pretest counseling about whether to take an HIV test and what one's personal risks are for HIV infection. If the client decides to take the HIV test, he or she then receives test results during a posttest counseling session. Clients work with the counselor during the post-test counseling session to develop life plans for behaviors that protect themselves and others from HIV transmission and they receive referrals for needed services. While many people get HIV-related counseling and testing, only those who receive pre- and post-test counseling, and test voluntarily, are participating in VCT (UNAIDS, 2001).

The high rates of HIV infection among youth make it crucial to find programs to prevent infection and mitigate the effects of HIV in this age group. Because there is evidence that many adults benefit from VCT (UNAIDS 2001; Weinhardt et al. 1999), there is increasing interest in extending these services to young people. VCT counseling aims to help adolescents evaluate their own behavior and its consequences.

A negative test result offers the opportunity to recognize vulnerabilities and develop risk-reduction plans to adopt safe behaviors. Young people who test HIV-positive can receive referrals for care and have opportunities to discuss and understand what their HIV status means and what responsibilities they have to themselves and others as a result (WHO 2002). Young women who are pregnant and test HIV-positive should be offered special care to safeguard their own health and minimize the risk of passing the virus to the baby.

VCT services were designed when treatment for AIDS was not available in most of the world. Therefore, the original design of VCT services stressed the making of a personal plan with a provider as a way of motivating both people who were HIV-positive and HIV-negative to change their behavior in ways that would prevent their passing the virus to someone else or becoming infected. As initially planned, VCT services were focused on prevention of new HIV infections. Now that treatment is becoming more widely available, more health planners see VCT as a way of identifying those who need care. As the emphasis changes from prevention to care, less attention is being placed on the high-quality counseling that can motivate people to adopt safe behaviors and the usefulness of VCT as a preventive measure is being weakened (WHO 2002).

To date there are no studies that have followed youth in the developing world to determine whether they reduce their HIV risk behaviors as a result of undergoing voluntary HIV testing and counseling. There are, however, such impact studies among adults in developing countries and among youth in industrialized countries (UNAIDS 2001; Weinhardt et al. 1999). Taken together, information from these sources suggests that VCT may be an appropriate and effective strategy for young people.

Studies among adults in developing countries report behavioral change after VCT on a range of indicators, including condom use, reduction in number of partners, and reduction in STI incidence. For example, a multi-center VCT efficacy trial in Kenya, Tanzania, and Trinidad found a number of changes due to VCT (Voluntary HIV Counseling and Testing Efficacy Group 2000). The trial had a randomized sample of 3,120 individual volunteers and 586 couples. Results showed that there was a significantly greater decline in the proportion of individuals who had unprotected sex with non-primary partners, among the group that received VCT as compared with the group that received a health education intervention. Also, HIV-infected individuals were likely to reduce sexual risk behaviors with primary partners and HIV-infected men were likely to reduce risk behaviors with non-primary partners as well. For couples, those who participated in VCT were significantly more likely to reduce unprotected intercourse with their enrollment partner when compared to those who received health education only. The study concludes that VCT is efficacious in promoting behavior change.

In fact, the populations for these and other studies already include youth because many youth are reached through programs intended for such populations as mothers, factory or mine workers, sex workers, drug users, or clinic clients. The high proportion of young people in many of the programs that have been successful in reducing risk behavior suggests that the youth in the VCT efficacy trial may be among those who changed behavior. Unfortunately the researchers who worked on the VCT impact study have not disaggregated their data by age, so it is not possible to see how VCT affected those in the study who were younger than 25 years old. This study of

adult programs in developing countries does not tell us how effective VCT may be for young people (Voluntary HIV Counseling and Testing Efficacy Group 2000).

Studies of VCT impact among youth in the United States do provide evidence that some youth adopt safe behaviors after testing. Although the U.S. studies often focus on high-risk individuals such as drug-users, runaways, and those in high-prevalence areas, they do look at the behavior of young people. Among these groups, several studies indicate behavior change. The combined evidence suggests that VCT may help youth in developing countries adopt safe behaviors. Eventually, of course, studies will provide more fine-tuned results, such as data indicating whether program effectiveness differs by service approach, test results, gender, marital status, kind of partner, and so on (Voluntary HIV Counseling and Testing Efficacy Group 2000)

2.3 Critical Literature

According to UNAIDS and WHO estimates, 47% (6.6 million) of the estimated 14.2 million people eligible for treatment in low- and middle-income countries were accessing lifesaving antiretroviral therapy in 2010, an increase of 1.35 million since 2009. The 2011 UNAIDS World AIDS Day report also highlighted that there are early signs that HIV/AIDS treatment is having a significant impact on reducing the number of new HIV infections.

2.3.1 Global HIV/AIDS Situation

Across the globe, HIV/AIDS continues to pose a grave threat to health and living standards. An estimated 38.6 million people worldwide were living with HIV in 2005, and an estimated 4.1 million became newly infected with HIV. In the same year, an

estimated 2.8 million lost their lives to AIDS (UNAIDS, 2006). In regions with growing epidemics, governments and civil society are working to stop the spread of the disease, but there is a need for businesses, which have ready access to large numbers of individuals as well as useful skills in disseminating messages and distributing goods, to become more involved in assisting in the fight against AIDS (Sithole, 2006).

At the end of 2010 an estimated: 34 million people globally living with HIV, 2.7 million new HIV infections in 2010, 1.8 million people died of AIDS-related illnesses in 2010 Treatment has averted 2.5 million deaths since 1995.

2.3.2 HIV/AIDS Situation in Africa

Africa is already affected by many challenges and HIV/AIDS is causing effects with big impact on all spheres of life in the continent. Households, hospitals, workplaces, schools, and economies have all been significantly affected. For instance, hospitals are overwhelmed by the high demand for care for people living with HIV. Households are disintegrating as parents die, leaving behind siblings who are barely old enough to care for themselves. These children are forced to undergo hardships and trauma because AIDS forces the children to take on the extra responsibilities of earning an income and heading households. In some instances, the disease has damaged the education sector to a point of collapse, thereby entrenching the cycle of poverty (Avert 2008).

Sub-Saharan Africa remains the region most heavily affected by HIV (UNAIDS, 2009). In 2008, sub-Saharan Africa accounted for 67% of HIV infections worldwide, 68% of new HIV infections among adults and 91% of new HIV infections among

children. The region also accounted for 72% of the world's AIDS-related deaths in 2008. The epidemic continues to have an enormous impact on households, communities, businesses, public services and national economies in the region (UNAIDS, 2009).

2.3.3 HIV/AIDS situation in Kenya

HIV/AIDS was first reported in Kenya in 1983 Kenya is made up of eight provinces, namely Rift Valley, Western, Eastern, Nyanza, Central, North Eastern, Coast and Nairobi, which amongst them are home to about 42 ethnic communities. According to the recent Kenya Aids Indicator Survey (KAIS) (See Appendix 5), Nyanza leads in HIV prevalence rate, with 15.3 percent of the people testing HIV positive, followed by Nairobi (9.3%), Coast (7.9%), Rift Valley (7.0%), Eastern (4.7%), Central (3.8%), and North Eastern (1.0%).

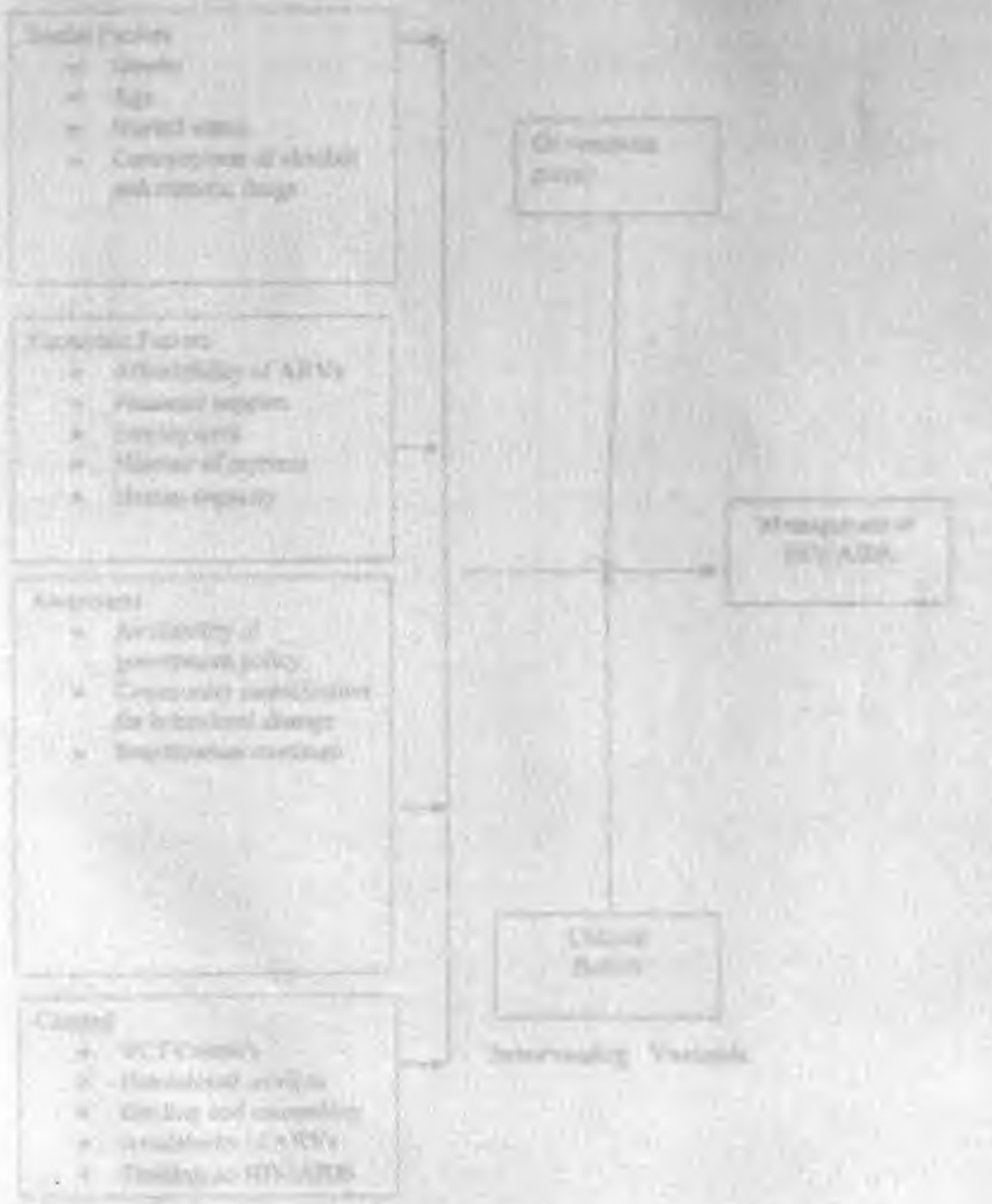
A recent study by the Kenya AIDS Indicators Survey (2007) found that the HIV prevalence in Kenya has been declining in the last two decades. The study estimated the average HIV prevalence among the general population aged 15-49 at 7.4 percent while the Kenya Demographic and Health Survey (KDHS 2008-09) estimated prevalence for the same population at 6.3 percent. Recent EPP and spectrum modeling estimates for 2009 gave a HIV prevalence of 6.2%. This translates to about 1.42 million Kenyans living with HIV/AIDS. The findings show that Kenya's epidemic has stabilized in the past few years. The surveys confirmed that women still have a higher prevalence compared to men: women 8.4 percent against 5.4 percent for men (KAIS 2007) and women 8 percent compared to 4.3 percent for men (KDHS 2008-09). Sex differential is more pronounced among young women 15-24 age group who

tend to have HIV prevalence four times higher than young men - 5.6 percent against 1.4 percent respectively (KAIS 07) and 4.5 percent and 1.1 percent respectively (KDHS 2008-09).

2.4 Summary and Gap to be filled

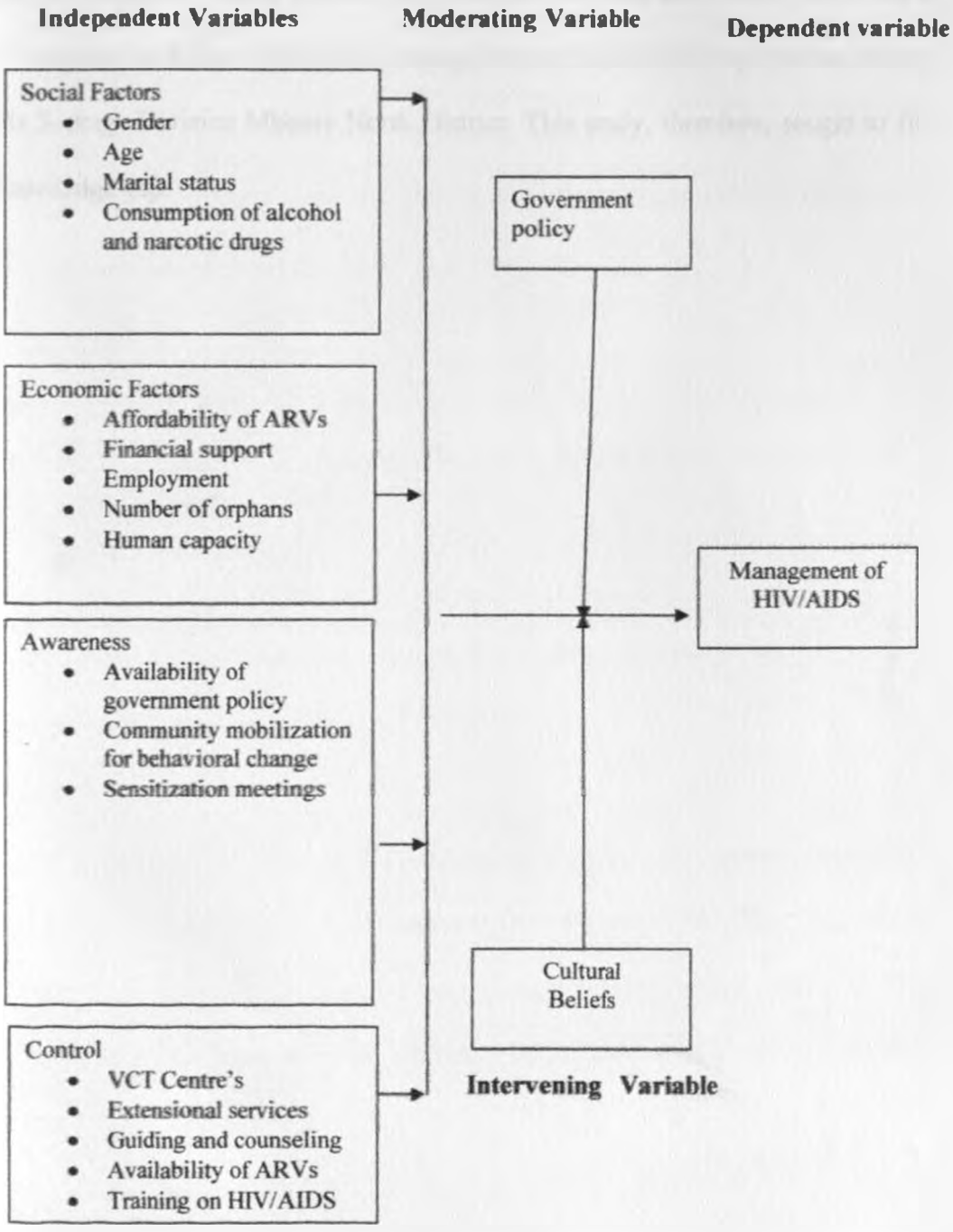
The literature has highlighted the importance of information on the management of HIV/AIDS. For instance, Ilo and Adeyemi (2010) and Veinot (2010) argued that information is the most potent weapon available for management and cure of HIV/AIDS. Lack of information has been blamed for the spread of HIV/AIDS. The review also revealed that counseling and testing has been linked to HIV/AIDS. For instance it was noted that when people visit VCT, they are significantly likely to reduce their promiscuity. The literature review has also linked poverty to the spread of HIV/AIDS. Study by Booysen (2004) found that women from poor household were more likely to engage in risky sexual behavior. While these studies highlight the relationship between variables, most of these studies were done in Asia and Europe where the setup may be different from those in Africa. There is therefore a need to

investigate factors influencing management of HIV/AIDS in public secondary schools in Siakago division, Mbeere North District in particular.



2.5 Conceptual Framework

A schematic representation of the conceptual framework of the research study in figure 1



2.6 Knowledge gap

Literature on factors influencing management of HIV/AIDS in some countries has been reviewed. However, no previous study known to the researcher amongst the Resident of Siakago Division Mbeere North District has been done hence there exist a need to explore the factors influencing management of HIV/AIDS in public secondary schools Siakago Division Mbeere North District. This study, therefore, sought to fill this knowledge gap.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter deals with the research design, target population, sample size and sampling techniques, data collection, pilot study, instrument validity and reliability, data collection procedures, data analysis techniques, ethical considerations and Operationalization of variables.

3.2 Research Design

The research study used the descriptive research design which determined and reported the way things were, (Mugenda and Mugenda, 2003). This approach was appropriate for this the study because it involved fact finding and enquiries from the public secondary schools in Siakago Division about the management of HIV/AIDS. The design explored and evaluated in details the relationship among independent and dependent variables on management of HIV/AIDS.

3.3 Target Population

The target population for the research study included the public secondary schools in Siakago Division. According to the information from the education office, there are 8 public secondary schools (3 boarding and 5 day school in the division). The population of the secondary students according to the Divisional Education Officer was 2,616.

3.4 Sample Size and Sampling Techniques

According to Welman and Kruger (2001), sample size is that finite part of a statistical population whose properties are studied to gain information about the whole population. The sample consisted of students from the four sampled public secondary schools. Stratified random sampling was used to select students according to the year of study. The sample size was selected at 95% level of certainty 190 students (Sampled proportionally as per class population). The study used simple random sampling to select 4 schools in the Division i.e. two boarding schools one for boys, one for girls, two day schools one for boys and one for girls. A sample formula by Yamane 1967, presented below was used.

$n=N/1+N(e)^2$

Where n =desired sample size

N= proportion in target population with characteristics being used.

e=level of statistical significance

n = 2616/1 + 2616 x 0.07 x 0. 07

n = 190

Table 3.1: Students Sample Size

Schools	Population	Sample size	Size of class per form			
			Form 1	Form 2	Form 3	Form 4
Siakago Boys'	800	58	15	15	14	14
Kune Boys'	566	41	11	10	10	10
Siakago Girls'	750	54	14	14	13	13
Riandu Girls'	500	37	10	9	9	9
Total	2616	190	50	48	46	46

3.5 Data Collection Instruments

The researcher used questionnaires as the instruments of data collection. According to Orodho (2004), a questionnaire allows for measurement for or against a particular viewpoint. He emphasizes that a questionnaire has the ability to collect a large amount of information in a reasonably quick space of time. The questionnaires were used to collect data from selected respondents from the secondary schools which targeted the students from the same sampled schools. Questionnaires were divided into four sections. Section one investigated on social information about the people such as gender, age, level of education, among others. The second section investigated on the economic information. The third section investigated information on awareness on Management of HIV/ AIDS in public secondary schools in Siakago Division. The fourth section investigated the control of practices on Management of HIV/ AIDS in public secondary schools in Siakago Division.

3.5.1 Pilot Testing

Prior to the actual data collection, the researcher did a pilot test to the research questions. A pilot test is undertaken to test the feasibility of the study. The areas of misunderstandings were clarified and the questionnaire was refined further. This was done to ensure that the instruments yielded to the needed data (Orodho, 2004). Six respondents from the public secondary schools in the Division were selected. After piloting, the ambiguous questions were corrected and the questionnaires given were back to the same respondents to check if they yielded to the needed data.

3.6 Validity of Instrument

Validity is the degree to which a test measures what it purports to measure (Borg and Gall 2003). To test the validity of the instruments, the researcher conducted a pilot study using 6 participants from the public secondary schools who were not part of the study sample; they were selected using simple random sampling (Mugenda and Mugenda 2003). After scrutiny, the researcher amended the instruments according to the supervisors' comments.

3.7 Reliability of Instrument

Reliability is a measure of the degree to which a research instrument yields consistent results or data after repeated trials (Mugenda and Mugenda, 2003). The test retest method was used to establish the instrument reliability. The researcher administered the questionnaires to the same group of persons after one week. Computation of the correlation between the scores of the two sets was carried out and the coefficient obtained becomes the reliability estimate (Shiundu, 2008).

To compute the coefficient, the researcher used the following formula:

$$Re = \frac{2r}{r+1}$$

Where Re = reliability of the original test

r = reliability of the coefficient resulting from correlating the scores of the odd items with the scores of the even items.

The research instrument was deemed reliable if the reliability coefficient is 0.8.

3.8 Data Collection Procedures

The researcher booked an appointment with the respondents from the four schools of the Division. Data was collected through actual administration of questionnaires and interviews by the researcher. The participants were assured of confidentiality. The researcher waited for the questionnaires to be filled and then collected them.

3.9 Data Analysis Techniques

Data was edited in order to identify and eliminate errors made by the respondents. Coding was then done to translate question responses into specific categories. The coded items were analyzed using Statistical Package for Social Sciences (SPSS) software. Both qualitative and quantitative data analysis methods were used to analyze the data. Quantitative data was analyzed by the use of descriptive statistics such as frequency distribution and percentages. These made the findings more easily understandable by ensuring clarity and preciseness. Percentages were used to summarize the effects variables on the investigation on the factors influencing management of HIV/AIDS. The frequency distribution was used to examine the distribution of the perceived factors influencing management of HIV/AIDS on public secondary schools in Siakago Division. Qualitative data was analyzed by use of content analysis which is the categorizing and indexing of responses and other field notes into common themes. Content analysis has been defined as a systematic, replicable technique for compressing many words of text into fewer content categories (Mugenda and Mugenda, 2003). It is a technique used for making inferences by objectively and systematically identifying specified characteristics of messages.

3.10 Ethical Issues

The researcher sought permission to conduct the study from the District educational officer and heads of public secondary schools before embarking on the actual data collection. The researcher also assured the respondents of the confidentiality of the information and the fact that the information was only to be used for the intended purpose which is academic.

3.11 Operationalization of Variables

This is operationalizing the research concepts to make them measurable. The research title is translated into objectives, variables and measurable indicators shown in Table 3.3

Table 3.3 Operationalization of Variables

OBJECTIVES	TYPES OF VARIABLES	INDICATORS	MEASUREMENT SCALE	TOOLS OF ANALYSIS	TYPES OF ANALYSIS
To investigate the social factors influencing the management of HIV/AIDS in Siakago Division.	**Independent variables** Social factors	Gender Age Awareness about HIV/AIDS Consumption of alcohol and narcotic drugs Education level	Ordinal	Means Percentages	Descriptive
To examine the economic factors influencing management of	Economic Factors	Affordability of ARVs Family background Financial support	Ordinal Ratio	Means Percentages	Descriptive

HIV/AIDS in Siakago Division in Mbeere District.					
To assess the awareness of management of HIV/AIDS in Siakago Division in Mbeere District.	Awareness	Availability in the syllabus Number of orphans Teacher counselor Training Extensional services	Ratio	Means Percentages	Descriptive
To find out the control practices in management of HIV/AIDS in Siakago Division in Mbeere District.	Control	VCT Centers Testing Number of awareness meetings Promotion of safe sex Provision of safe blood for transfusion. Availability of HIV drugs	Ratio	Means Percentage Correlation	Descriptive

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction

This chapter includes quantitative and qualitative data analysis of the data and the interpretations of the responses. The analysis is correlated to each research question and tables used are compared to the questions on the questionnaire used.

It presents data obtained from the Siakago Division secondary school students in view of the factors influencing the management of the HIV/AIDS virus. The data analyzed was then interpreted in tables. A summary of the interpretations is then made.

4.2 Presentation of findings according to research objectives

Presentation of the findings was done according to the research questions. All the questions were presented in form of tables.

4.2.1 Response rate

This was done to show the number and percentage of respondents whose data was analyzed. A total of 190 questionnaires were administered to the respondents. All of them were completed and returned.

Table 4.1 The response rate

Category	Frequency	Percentage
Response	190	100
Non response	0	0
Total	190	100

Table 4.1, shows that the number of respondents who responded to the questionnaires was 100%, while the number of those who did not respond to the questionnaires was 0%, hence the response rate was higher than that of the non response rate. This response rate is suitable for the study.

4.2 The Bio data

Table 4.2 The gender of the respondents

Gender	Frequency	Percentage
Male	90	47
Female	100	53
Total	190	100

Table 4.2, shows that 53% of the respondents were females and 47% males. This indicates that the number of female respondents were higher as compared to the male respondents. This shows that most of the students in the secondary schools in Siakago division were of the female gender.

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4. 3 Age bracket

Table 4. 3 The age bracket of the students

Age bracket	Frequency	Percentage
Below 13 years	2	1
13 to 15 years	43	23
15 to 18 years	122	64
Above 18 years	22	12
Total	190	100

Table 4.3, indicates that 1% of the respondents were below 13 years, 23% of them were 13 to 25 years, and 12% of them were above 18 years, while 64% of them were between 15 and 18.

This was an indication that most the students go to secondary school at the age of 12 years and above.

4. 4 Indicating the form of the students

Table 4. 4 The forms the students investigated were in

Form	Frequency	Percentage
Form I	45	24
Form II	47	25
Form III	54	28
Form IV	44	23
Total	190	100

Table 4.4, shows that 24% of the respondents were in form I, 25% of them were in form II, 28% of the respondents were in form III, while 23% of them were in form IV. This indicates that the study focused and cut across all the forms in the secondary schools of Siakago division. It was hence assumed that the study sample was quite representative.

4. 5 How long students have been in their schools

Table 4. 5 How long students have been in their schools

Length	Frequency	Percentage
1 Year	51	27
2 years	47	25
3 years	53	28
4 years	39	20
Total	190	100

Table 4.5, indicates that 27% of the respondents had spent 1 year in the school, 25% of them had been in the school for 2 years, 28% of the respondents had been in the school for 3 years, while 20% of them had been in the school for 4 years.

The investigation conducted indicated that some of the students have stayed in the schools for more than 4 years either because of repeating the study years in a form, or even being new students from other schools in the division or from other regions leading them to repeat because of poor performance. Some students have stayed for a shorter period because of transfers hence taking a shorter time to complete their course work. This indicates that these have contributed to their level of awareness on the HIV/AIDS virus and how it spreads and prevented.

4.6 Social factors influencing HIV/AIDS management

Table 4.6 The family status of the respondents to assess the social factors of HIV/AIDS.

Family Status	Frequency	Percentage
Single	18	9
Guardian	4	2
Both parents	164	86
No parents	4	2
Total	190	100

Table 4.6, indicates that 9% of the respondents indicate that they are single parent families, 2% of the respondents indicate they live with guardians, 86% of them indicates they come from families that have both parents, and 2% of the respondents come from families that have no parents.

The inferences to be derived from the presentation of the findings is that part of the students are victims of the virus, such as the single parents and those being brought up by guardians. There are others who have no parents at all.

4.7 Whether students take alcohol or drugs

Table 4.7 Alcohol and drugs as a social economic factor of the spread of HIV/AIDS

Response	Frequency	Percentage
Yes	63	33
No	8	4
I don't know	119	63
Total	190	100

Table 4.7, shows that 4% of the respondents indicate that some students take alcohol and drugs, 33% of them indicate there are students who take alcohol and drugs. Also, 63% of the respondents indicated that they do not know whether there are students who take drugs or not.

The information presented in this table brings an inference that the 33% respondents who agreed that some students take drugs is a reasonable number to conclude that this was a social factor contribute to the spread of the HIV/AIDS virus because drug addicts and drunkards are also careless in preventing the spread of the virus. The 63%, who also said that they do not know, showed that the school management has not really taken a step of teaching the students on how to detect the use drugs and alcohol by fellow students and the need to report such cases to the teachers for action.

4.8 Economic factors that influence HIV/AIDS management

Table 4.8 The responses of the respondents whether their parents are any employment to assess the social economic factors of HIV/AIDS.

Option	Frequency	Percentage
Yes	119	63
No	71	37
Total	190	100

Table 4.8, Shows that 63% of the respondents said that their parents are employed, while 37% of them said that their parents are not employed.

This clearly indicates that the students come from families that are economically empowered; since a majority of them indicates their parents are employed hence have a reliable source of income; this had an effect on the management of the virus.

4.9 Whether the parents of the students have any businesses

Table 4.9 Whether the parents of the students have businesses to assess the social economic factors of HIV/AIDS

Option	Frequency	Percentage
Yes	114	60
No	76	40
Total	190	100

Table 4.9, indicates that 60% of the respondents said that their parents have businesses, while 40% of them indicates that their parents do not have businesses.

Since, most of the respondents indicate that their parents are in various forms of employment, the findings from the presented information shows that a majority of the parents are in self employment in the form of owning businesses. This was a great contribution to their social and economic welfare.

4.10 Awareness of the students on how the HIV spreads.

Table 4.10 Awareness as a factor in the spread of the HIV/AIDS

Response	Frequency	Percentage
Yes	186	98
No	4	2
Total	190	100

Table 4.10, shows that 98% of the respondents said that they know how the HIV/AIDS virus spreads, while 2% of them indicate that they do not know.

This helps the researcher create an inference that awareness has been greatly enhanced as a factor to control the spread of the deadly virus.

4.11 Sources of information on how the HIV spreads.

Table 4.11 The sources of information on how the HIV/AIDS virus is spread

Source	Frequency	Percentage
Friends	6	3
School class room	40	21
Local NGOS	3	2
Training	7	4
Media	37	19
Teacher counselor	82	43
Dispensary	1	1
Others	14	7
Total	190	100

Table 4.11, shows that 3% of the respondents said that friends are a source of the information on how the virus spreads. Also, 21% of the respondents indicates that they get to know in classes, 2% of them said that local NGOS are a source of information, 4% in favor of training, 19% in favor of the media, 43% answered in favor of the teacher counselor, 1% in favor of the dispensary, while 7% of the respondents answered in favor of other sources of information.

This indicates that there are various ways that have been used to create awareness on how the HIV/AIDS virus is spread and how it can be prevented as indicate in table

4.12 Ways by which HIV is spread

Table 4.12 How the HIV virus is spread and assess whether the respondents are aware of them as factors of managing the HIV/AIDS virus.

Response	Frequency	Percentage
Yes	186	98
No	4	2
Total	190	100

Table 4.12, shows that 98% of the respondents said that they know how the HIV/AIDS virus spreads, while 2% of them indicate that they do not know.

This helped the researcher create an inference that awareness has been greatly enhanced as a factor to control the spread of the deadly virus.

4.13 The various ways by which the HIV/AIDS is spread

Table 4.13 Whether sexual intercourse is a way in which the HIV/AIDS is spread.

Response	Frequency	Percentage
Yes	186	98
No	4	2
Total	190	100

According to Table 4.13, 98% of the respondents agreed that sexual intercourse is a way in which the HIV/AIDS is spread, while 2% disagreed to this. This is a clear indication that sexual intercourse is a major way in which the virus is spread.

4.14 The various ways by which the HIV/AIDS is spread.

Table 4.14 Blood transfusion.

Response	Frequency	Percentage
Yes	159	84
No	31	16
Total	190	100

According to Table 4.14, 84% of the respondents indicate that blood transfusion spreads the virus, while 16% disagreed to this. This was a clear indication blood transfusion is a major in which the virus is spread.

4.15 The various ways by which the HIV/AIDS virus is spread.

Table 4.15 Mother to child.

Response	Frequency	Percentage
Yes	84	44
No	106	56
Total	190	100

According to Table 4.15, 44% of the respondents said that the virus is spread through the mother to the child, while 56% of them disagreed to this. This shows that there many mothers and married couple have been greatly informed on how to prevent infecting the born baby if the parents are victims of the virus.

4.16 The various ways by which the HIV/AIDS is spread.

Table 4.16 Deep kissing.

Response	Frequency	Percentage
Yes	50	30
No	133	70
Total	190	100

According to Table 4.16, 30% of the respondents said that deep kissing spreads the HIV/AIDS virus, while 70% disagreed to this.

This was a clear indication that the virus is spread less through the deep kissing means.

4.17 Awareness of the methods of management of HIV/AIDS by the students.

Table 4.17 Whether the students know the methods that are used in the management of the HIV/AIDS.

Response	Frequency	Percentage
Yes	184	97
No	6	3
Total	190	100

Table 4.17, shows that 97% of the respondents said that they know the methods used in managing the HIV/AIDS virus, while 3% of them indicates that they do not know.

This helps the researcher create an inference that awareness has been greatly enhanced as a factor to control the spread of the deadly virus.

4.18 The method that the students use to manage HIV/AIDS.

Table 4.18 The methods used by the students in preventing the spread of the HIV/AIDS.

Method	Frequency	Percentage
Condom	44	23
Abstinence	143	75
Faithfulness to one partner	3	2
Others	0	0
Total	190	100

Table 4.18, indicates that 23% of the respondents said that they use condom, 75% of them were in favor abstinence, while 2% of them were in favor of being faithful to one partner.

The presentation shows that some of the students are already involved in sex before marriage. However, the largest percentage has said that they abstain from sex which is a powerful way in the control of spreading the virus.

4.19 Whether the level of awareness among the residents helped to manage and prevent the spread of HIV/AIDS.

Table 4.19 The level of awareness among the residents helped to manage and prevent the spread of HIV/AIDS.

Response	Frequency	Percentage
Yes	110	58
No	80	42
Total	190	100

Table 4.19, shows that 58% of the respondents stated that awareness has helped to manage and prevent of HIV/AID, and 42% of them disagreed with the idea that awareness helped in the management and prevention of HIV/AIDS.

This created an inference that despite the fact that many organizations have worked hard to create awareness to manage and prevent the spread of the virus, people are still arrogant and careless and do not apply the information to curb the spread of the virus.

4.20 Whether the students of the secondary schools are sexually active.

Table 4.20 Whether the students of the secondary schools are sexually active as a sign of control practice on the management of HIV/AIDS

Response	Frequency	Percentage
Yes	107	56
No	83	44
Total	190	100

Table 4.20, shows that 56% of the respondents are sexually active, while 44% of them said they are not sexually active.

The inferences made by the researcher is that the HIV/AIDS was spread even among students in the secondary schools since the some of the students indicated that they are already involved in sexual relationships that mostly lead to physical sexual involvement such as kissing, and sexual intercourse that lead to the spread of the virus.

4.21 Whether the students know their HIV status

Table 4.21 Whether the students know their HIV status as a sign of control practice on the management of HIV/AIDS

Response	Frequency	Percentage
Yes	72	38
No	118	62
Total	190	100

Table 4.21, shows that 38% of the respondents indicated that they know their HIV status, while 62% do not know their HIV status.

It is clear indication that the students have not seen the real need of knowing their status which normally acts as a safe ground of a control practice on the management of HIV/AIDS. The percentage of the respondents who know their status is small compared to those who do not know their status.

4.22 Whether the students have ever visited a VCT center.

Table 4.22 Whether the respondents have ever visited a VCT center as control practice on the management of HIV/AIDS.

Response	Frequency	Percentage
Yes	79	42
No	111	58
Total	190	100

Table 4.22, indicates that 42% of the respondents have visited a VCT center, while 58% of them have never visited a VCT center.

The information presented on table 4.22 showed that a majority of the respondents, 58% have not been sensitized on the need of visiting the VCT centers who may be living in fear of knowing their status even they were safe, hence may not know how to plan for their future and interact responsibly with the opposite sex. If this is put into consideration, the spread of HIV/AIDS will be controlled and managed effectively.

4.23 Number of times in which students visited the CVT Centers.

Table 4.23 The number of times in which students visited the CVT Centers as a control practice on the management of HIV/AIDS.

Number	Frequency	Percentage
Less than twice	100	53
Between 2 to 3	68	36
4 to 5	0	0
Over 5 times	15	8
Total	190	100

Table 4.23, shows that 53% of the respondents have visited the VCT center less than twice, 36% of them have visited the center between 2 to 3 times, and 8% have visited the center 4 to 5 times.

The presentation shows that the students do not visit the centers consistently and progressively as a means of updating themselves about their HIV status. This is

because a big percentage, have only gone less than 2 times, 53% and non had gone 4 to 5 times. This was a clear inference that this makes challenging in the control practice and management of HIV/AIDS.

4.24 Reasons why students do not visit the VCT centres.

Table 4.24 The reasons why students do not visit the VCT centers as a control practice on the management of HIV/AIDS.

Reasons	Frequency	Percentage
Fear of knowing ones status	13	7
I know my status	31	16
See no need	146	77
Total	190	100

Table 4.24, indicates that 7% of the respondents had the fear of knowing their status, 16% of them indicate that they already know their status, and 77% of the respondents indicates that they see no need to visit the VCT centers.

The inference derived from the presentation is that the students are still naïve and arrogant on the significance of knowing their status that helps in the control and management of the HIV/AIDS virus. This was supported by the fact that 77% of them who are the majority answered that they did not see the need.

4.25 Whether knowing ones HIV status helps in managing and preventing HIV/AIDS in Siakago division.

Table 4.25 The responses of the respondents whether knowing ones HIV status helps in managing and preventing HIV/AIDS in Siakago division as a control practice on the management of HIV/AIDS.

Response	Frequency	Percentage
Yes	136	72
No	54	28
Total	190	100

Table 4.25, shows that 72% of the respondents indicate knowing ones status helps in managing and preventing HIV/AIDS. On the other hand, 28% of them indicate that knowing ones status does not help in the management and the prevention of HIV/AIDS. Hence, the 28% means that even if one knows his status, some go ahead to indulge in unprotected sex, and having sex with many partners.

4.26 Whether there is stigma and discrimination on HIV/AIDS in the division.

Table 4.26 Whether there is stigmatization and discrimination on HIV/AIDS victims in the division to assess how this influences the management of HIV/AIDS.

Response	Frequency	Percentage
Yes	90	47
No	100	53
Total	190	100

Table 4.26, shows that 47% of the respondents said that there is stigmatization on the victims of the HIV virus, while 53% indicates that there is no stigmatization and discrimination of the victims of HIV/AIDS.

These clearly show that there was no proper management to help the victims of the virus to have a conducive environment to be able to live a healthy human life. This in return has led to poor performance of victims because of depression and other effects caused by this.

4.3 Summary of Data Analyzed

Data about the above variables was collected from a sample of 190 of which students responded using questionnaires. In data analysis, descriptive statistics involving percentage and frequency distribution were used in chapter four.

According to the research carried out, 53% of the populations were females and 47% were male. This was because more girls are admitted to the secondary schools in Siakago division as a result of more emphasis of the girl rights by political figures and Human rights activists.

From the study covered by the researcher, it was found out that there was a balanced representation of all the forms that were picked randomly to gather viable findings for the study. There was a representation of 23% to 28% of all the students from all the forms that entered the sample that was used to generate the findings of the study.

Economic factors of HIV/AIDS; This was pointed out to be a key factor that influences the management of HIV/AIDS in Mbeere North represented by the study covered by the secondary schools in Siakago division. From the study, 86% of the students have both parents and the 14% do not have both parents and others have none. This was an indication that some of the students in the 14% are victims of HIV/AIDS. They are economically powerless because they do not have parents to support them with basic needs like proper education, shelter and other social amenities. Also, 63% of the respondents said that their parents are employed, while 37% of them said that their parents are not employed. This clearly indicates that the students come from families that are economically empowered; since a majority of them indicated their parents are employed hence have a reliable source of income; this had an effect on the management of the virus.

Awareness of HIV/AIDS; This was also key factor that influences the management of HIV/AIDS in Mbeere North represented by the study covered by the secondary schools in Siakago division. The findings showed that 97% of the respondents said that they know the methods used in managing the HIV/AIDS virus, while 3% of them indicated that they do not know. This helped the researcher create an inference that awareness has been greatly enhanced as a factor to control the spread of the deadly virus. From the presentation of the findings, 3% of the respondents said that friends are a source of the information on how the virus spreads. Also, 21% of the respondents indicated that they get to know in classes, 2% of them said that local NGOS are a source of information, 4% were in favor of training, 19% were in favor of the media, 43% answered in favor of the teacher counselor, 1% were in favor of the dispensary, while 7% of the respondents answered in favor of other sources of information.

This indicates that there are various ways that have been used to create awareness on how the HIV/AIDS virus is spread and how it can be prevented.

Control practice on management of HIV/AIDS; This was a major factor that influences the management of HIV/AIDS in Mbeere North represented by the study covered by the secondary schools in Siakago division. The findings showed that 56% of the respondents are sexually active, while 44% of them said they are not sexually. The inferences made by the researcher is that the HIV/AIDS was spread even among students in the secondary schools since the some of the students indicated that they are already involved in sexual relationships that mostly lead to physical sexual involvement such as deep kissing, and sexual intercourse that lead to the spread of the virus. It was also indicated that 23% of the respondents said that they use condom,

75% of them were in favor of abstinence, while 2% of them were in favor of being faithful to one partner. The presentation showed that the some of the students are already involved in sex before marriage. However, the largest percentage, 75% said that they abstain from sex which is a powerful way in the control of spreading the virus.

CHAPTER FIVE

SUMMARY OF FINDINGS, DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The chapter dealt with the summary of the major findings of the study, answers to the research questions, discussion conclusions in line with the research questions or objectives, the recommendations, giving credence and justification to the significance of the study. Also included in the chapter are the suggestions for further study in line to the study scope.

5.2 Summary of the Major Findings

Data about the variables was collected from a sample of 190 of which students responded using questionnaires. In data analysis, descriptive statistics involving percentage and frequency distribution were used in chapter four.

According to the research carried out, 53% of the population was female and 47% were male. This was because more girls are admitted to the secondary schools in Siakago division as a result of more emphasis of the girl rights by political figures and Human rights activists.

From the study covered by the researcher, it was found out that there was a balanced representation of all the forms that were picked randomly to gather viable findings for the study. There was a representation of 23% to 28% of all the students from all the forms that entered the sample that was used to generate the findings of the study.

Social factors: Among the respondents 86% of them indicated they come from families that have both parents, and 2% of the respondents come from families that have no parents.

The inferences to be derived from the presentation of the findings is that part of the students are victims of the virus, such as the single parents and those being brought up by guardians. There are others who have no parents at all. Also, 63% of the respondents indicated that they do not know whether there are students who take drugs or not.

The information presented in this table brings an inference that the 33% respondents who agreed that some students take drugs is a reasonable number to conclude that this was a social factor contribute to the spread of the HIV/AIDS virus because drug addicts and drunkards are also careless in preventing the spread of the virus. The 63%, who also said that they do not know, showed that the school management has not really taken a step of teaching the students on how to detect the use drugs and alcohol by fellow students and the need to report such cases to the teachers for action.

Economic factors of HIV/AIDS; This was pointed out to be a key factor that influence the management of HIV/AIDS in Mbeere North represented by the study covered by the secondary schools in Siakago division. From the study, 86% of the students have both parents and the 14% do not have both parents and others have none. This was an indication that some of the students in the 14% are victims of HIV/AIDS. They are economically powerless because they do not have parents to support them with basic needs like proper education, shelter and other social amenities. Also, 63% of the respondents said that their parents are employed, while 37% of them said that their parents are not employed. This clearly indicated that the

students come from families that are economically empowered; since a majority of them indicated their parents are employed hence have a reliable source of income; this had an effect on the management of the virus.

Awareness of HIV/AIDS; This was also key factor that influence the management of HIV/AIDS in Mbeere North represented by the study covered by the secondary schools in Siakago division. The findings showed that 97% of the respondents said that they know the methods used in managing the HIV/AIDS virus, while 3% of them indicated that they do not know. This helped the researcher create an inference that awareness has been greatly enhanced as a factor to control the spread of the deadly virus. From the presentation of the findings, 3% of the respondents said that friends are a source of the information on how the virus spreads. Also, 21% of the respondents indicated that they get to know in classes, 2% of them said that local NGOS are a source of information, 4% were in favor of training, 19% were in favor of the media, 43% answered in favor of the teacher counselor, 1% were in favor of the dispensary, while 7% of the respondents answered in favor of other sources of information.

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are already involved in sexual relationships that mostly lead to physical sexual involvement such as deep kissing, and sexual intercourse that lead to the spread of the virus. It was also indicated that 23% of the respondents said that they use condom, 75% of them were in favor abstinence, while 2% of them were in favor of being faithful to one partner. The presentation showed that the some of the students are already involved in sex before marriage. However, the largest percentage, 75% said that they abstain from sex which is a powerful way in the control of spreading the virus.

5.3 Discussion

The discussion was presented as following.

The first objective dealt with social factors influencing the management of HIV/AIDS in public secondary schools in Siakago Division, Mbeere North District.

The study found that social factors influence the management of HIV/AIDS greatly because: students who had both parents were helped by the support in learning the danger of the HIV/AIDS virus. They were able to keep off from sex and applying a very key principle in managing the deadly virus. Those who did not have parents had no support hence were vulnerable to the attacks of the virus since they had no support and learning grounds to again because they are young and naive.

It was found from the study that alcohol and drugs were a major contributor to the spread of HIV/AIDS. This is because drug addicts and drunkards are careless, they do not practice safe sex by the use of condoms, and they are under the influence and can hardly resist any one demanding sex.

The second objective covered the economic factors influencing the management of HIV/AIDS in public secondary schools in Siakago Division, Mbeere North District.

The findings clearly indicated that the students who came from families whose parents were employed or rather in business were economically empowered; since a majority of them indicated their parents are employed hence have a reliable source of income; this had an effect on the management of the virus. This is because the parents can support their children in attending some training on HIV/AIDS management and prevention. They can buy literature that gives information on the prevention of the virus and also provide for their needs so that they do not become victims of immoral people who lure young people into sex using money. When this happens, there is a powerful control of the HIV/AIDS virus.

The third objective covered the impact on awareness in management of HIV/AIDS in public secondary schools in Siakago Division, Mbeere North District.

The findings showed that most of the students indicated that they know how the virus is spread; this was a clear indication that awareness has been created to the students on how the deadly virus is spread. The stakeholders who created awareness were several; friends, the school curriculum, local NGOS, trainers who have done courses on HIV/AIDS management, the media, teacher counselors, the dispensary and other sources. This indicated that there were various ways that have been used to create awareness on how the HIV/AIDS virus is spread and how it can be prevented. Awareness on how the virus spreads created by the stakeholders was a major contributor on its impact on HIV/AIDS management.

The fourth objective covered the control practices in management of HIV/AIDS in secondary schools in Siakago Division, Mbeere North District.

According to the research findings, the major control practices were; visiting the VCT to know ones status, abstinence, the use of condoms, and faithfulness to one partner.

The findings made by the researcher were; that the HIV/AIDS was spread even among students in the secondary schools since some of the students indicated that they were already involved in sexual relationships that mostly lead to physical sexual involvement such as deep kissing, and sexual intercourse that lead to the spread of the virus. The presentation showed some of the students are already involved in sex before marriage. Since the largest percentage said that they abstain from sex, this proved to be a powerful way in the control and management of the virus.

5.4 Conclusions

The management of HIV/AIDS in Mbeere North District was influenced greatly by the factors that were discussed in the study. According to the findings that were generated in the study at Siakago division, the researcher concluded this based on adequate conclusive evidence depicted from the summary of the major findings.

Social factors that influence the management of HIV/AIDS; The study found that social factors influence the management of HIV/AIDS greatly because; students who had both parents were helped by the support in learning the danger of the HIV/AIDS virus. They were able to keep off from sex and applying a very key principle in managing the deadly virus. Those who did not have parents had no support hence were vulnerable to the attacks of the virus since they had no support and learning grounds to again because they are young and naive.

It was found from the study that alcohol and drugs were a major contributor to the spread of HIV/AIDS. This is because drug addicts and drunkards are careless, they do not practice safe sex by the use of condoms, and they are under the influence and can hardly resist any one demanding sex.

Economic factors that influence the management of HIV/AIDS; The findings clearly indicated that the students who came from families whose parents were employed or rather in business were economically empowered; since a majority of them indicated their parents are employed hence have a reliable source of income; this had an effect on the management of the virus. This is because the parents can support their children in attending some training on HIV/AIDS management and prevention. They can buy literature that gives information on the prevention of the virus and also provide for their needs so that they do not become victims of immoral people who lure young people into sex using money.

The impact on awareness in management of HIV/AIDS secondary schools in Siakago Division, Mbeere North District was that the stakeholders who created awareness were several; friends, the school curriculum, local NGOS, trainers who have done courses on HIV/AIDS management, the media, teacher counselors, the dispensary and other sources. This indicated that there were various ways that have been used to create awareness on how the HIV/AIDS virus is spread and how it can be prevented. Awareness on how the virus spreads created by the stakeholders was a major contributor on its impact on HIV/AIDS management.

The control practices in management of HIV/AIDS in secondary schools in Siakago Division, Mbeere North District, were majorly abstinence.

5.5 Recommendations

The following recommendations were done:-

The Government of Kenya; the school management should write clear and achievable proposals for the allocations of more funds to aid the victims of the HIV/AIDS virus. Some of the activities that the Government can engage in include, issuing bursaries to the victims, providing free medical care and other social amenities for those who have been affected if not infected.

School management; the school management should sensitize the students in the secondary schools to be tested so that they can know their status. This is because a very big percentage of the students indicated that they do not see the need of being tested which proved quite arrogant and ignorant. The school management should also ensure that they have put more emphasis on abstinence as a powerful of curbing the spread of the virus. This was because a big number of the respondents indicated that they are already sexually active; they have sex partners and are engaging in physical sexual practices like kissing and real sexual intercourse with the opposite sex. Especially that they are very young, abstinence is the best method of curbing the spread of the virus which spreads quickly among the young generation who tend to lack self control.

Medical Science and Research; More funds and efforts should be invested in the medical field where medical researchers should spent more of their energy researching to discover how the virus can be eliminated from the human body.

5.6 Suggestions for further Study

The following suggestions were made

1. Kenyan medical practitioners should conduct research on how the first World countries are managing the HIV/AIDS. This could be achieved through organizing for exchange programmes for Kenyans medical professionals and practitioners of such countries like Japan and Germany.
2. The School administration in public secondary schools should allow researchers to investigate the spread of HIV/AIDS in their schools so that they can be able to curb its control.
3. More research should be conducted on the area of training to assess how this affects the management HIV/AIDS.

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APPENDICES

APPENDIX 1: LETTER OF INTRODUCTION

Monica Cyombua Gitari,

P.O. BOX 207,

Siakago.

Dear Respondent,

REQUEST FOR RESEARCH DATA

I am a Master of Arts in Project Planning and Management student at University of Nairobi. I am required to submit as part of my degree programme, a research project report on **factors influencing management of HIV/AIDS in Secondary Schools, Siakago Division Mbeere North District.** I am kindly requesting you to assist me in this study by filling the attached questionnaire to the best of your knowledge as it applies to your institution.

Please be assured that the information you provide will be used solely for academic purposes and information provided will remain confidential.

Thank you very much for your time.

Yours Faithfully,

Monica Cyombua Gitari.

Reg. No. L50/60873/11

APPENDIX 2: QUESTIONNAIRE FOR RESPONDENTS

Instructions; Tick where applicable

SECTION 1: GENERAL INFORMATION

1. What is your gender? Male ( ) Female ( )
2. What is your age?

   Below 13 Years ( ) 13– 15 Years ( )

   15 – 18 Years ( ) above 18 Years ( )

3. Indicate your Form?

   Form I ( ) Form II ( )

   Form III ( ) Form IV ( )

4. How long have you been in to this school Siakago Division?

   One year ( ) 2 years ( )

   3 years ( ) 4 years ( )

SECTION 2: SOCIAL ECONOMIC FACTORS OF HIV/AIDS

Tick where applicable

5. Please indicate your family status?

Single ( ) Both Parents ( )

Guardian ( ) No Parents ( )

6. Are your parents employed?

Yes ( ) No ( )

7. Do your parents have any business?

Yes ( ) No ( )

8. Does any student take alcohol or abuse drugs?

Yes ( ) No ( )

I don't Know ( )

SECTION 3: AWARENESS OF HIV AIDS

9. Are you aware of how HIV virus is spread?

Yes ( ) No ( )

10. Where did you get to know about the virus and how it is spread?

From friends ( ) Media ( )

School class room ( ) Teachers counselor ( )

Local NGOs ( ) Dispensary ( )

Training ( )

Others (specify) _____

11. If yes in 14 list some of the ways by which HIV virus is spread?

i) _____

ii) _____

iii) _____

iv) _____

12. Are you aware of methods of management of HIV/AIDS?

Yes ( ) No ( )

13. Which is the method you use to manage HIV/AIDS?

Condom ( ) Abstinence ( )

Being faithful to one partner ( )

Others (specify) _____

14. In your opinion, has the level of awareness among the residents of Siakago helped to manage and prevent the spread of HIV/AIDS?

Yes ( ) No ( )

15. Explain your answer_____

SECTION 4: CONTROL PRACTICE ON MANAGEMENT OF HIV/AIDS

16. Are you sexually active? Yes ( ) No ( )

17. If yes, do you know your HIV status? Yes ( ) No ( )

18. Have you ever visited VCT centre. Yes ( ) No ( )

19. If yes how many times have you visited VCT?

Less than twice ( ) Between 2-3 times ( )

4 – 5 time ( ) Over 5 times ( )

20. If No, why have not visited VCT? Fear of knowing status ( )

Know my status ( ) Seen no need ( )

21. In your opinion, do you think knowing one's HIV status will help manage and prevent HIV/AIDS in Siakago division? Yes ( ) No ( )

22. Explain your answer_____

23. Is there stigma and discrimination on HIV/AIDS in your division?

Yes ( ) No ( )

24. What should be done to have more residents of Siakago test their HIV status?_____

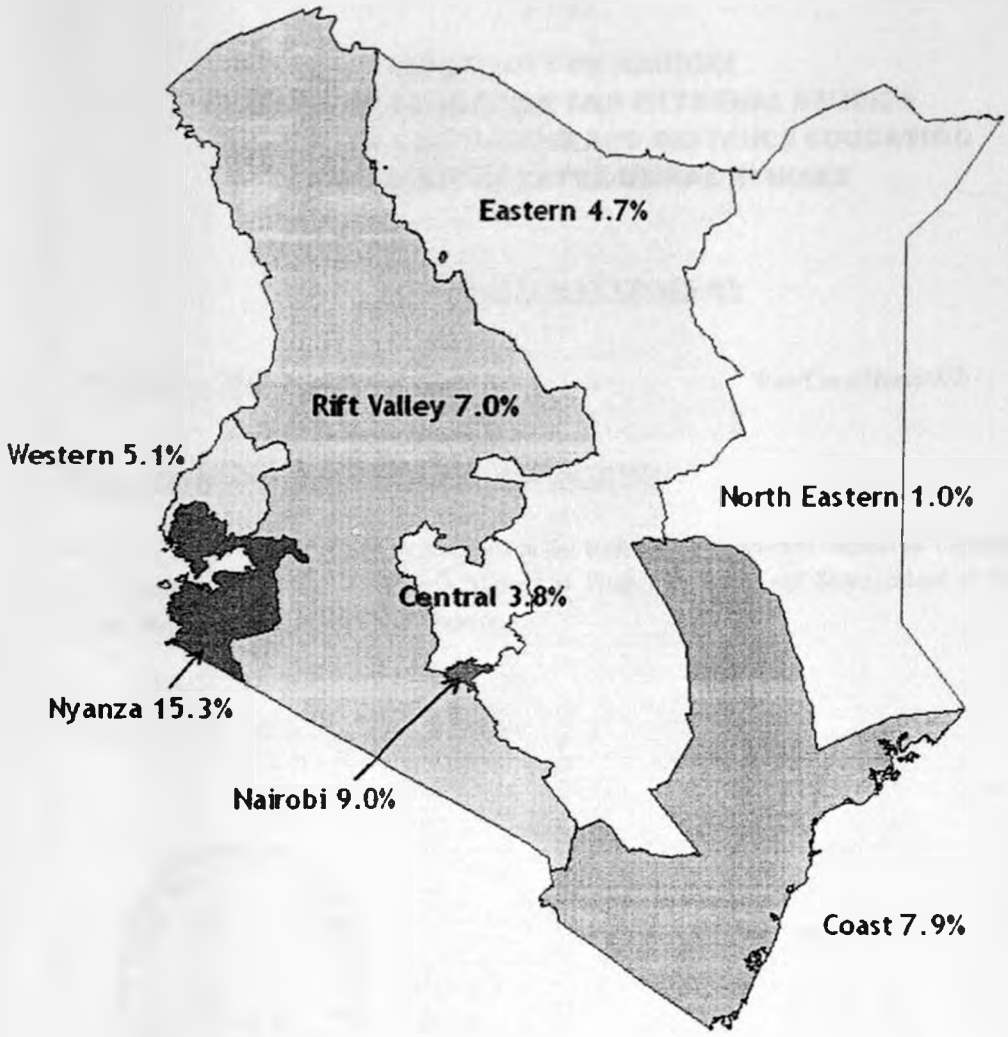
_____

_____

_____

_____

APPENDIX 3: HIV/AIDS prevalence rate in Kenya by province for 2007



Source: Kenya Aids indicator survey (KAIS 2007)

APPENDIX 4: AUTHORIZATION LETTER

UNIVERSITY OF NAIROBI
COLLEGE OF EDUCATION AND EXTERNAL STUDIES
SCHOOL OF CONTINUING AND DISTANCE EDUCATION
DEPARTMENT OF EXTRA-MURAL STUDIES

TO WHOM IT MAY CONCERN

2nd February, 2012 *Uon/Cees/Memc/3/2*

REF: MONICA CYOMBUA GITARI – L50/60873/2011

This is to confirm that *Monica* is a student at the **University of Nairobi**, School of Continuing and **Distance Education** pursuing a Masters in Project Planning and Management at **Meru Extra-Mural Centre, Embu Sub-Centre.**

Please accord her all the necessary assistance.

Meru Extra-Mural Centre
Centre Organizer
P. O. Box 1064
MERU
University of Nairobi

CHANDI J.RUGENDO
RESIDENT LECTURER
MERU EXTRA-MURAL CENTRE AND ITS ENVIRONS