# INFLUENCE OF GUIDANCE ON HIV/ AIDS AWARENESS AMONG SECONDARY SCHOOL LEARNERS IN KENYA: A CASE OF KABETE SUB- COUNTY, KIAMBU COUNTY

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## DECLARATION

I declare that this is my original work which has not been presented at any other university/institution for consideration of any certification.

Signature…… Date……..

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This research project has been submitted with my approval as a university supervisor

Signature……. Date……..

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## DEDICATION

I dedicate this work to my family who encouraged me to pursue this coarse and my students at Kibiku High School for their motivation during my untrained teaching period.

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## LIST OF ABBREVIATIONS AND ACRONYMS

AIDS – Acquired immune Deficiency Syndrome

ART - Anti-Retroviral Therapy

CDC – Centre of Disease Control

HIV – Human Immuno Deficiency Virus

KASF- Kenya AIDS Strategic Framework

KIE –Kenya Institute Of Education

KNBTS – Kenya National Blood Transfusion Service

MOH – Ministry of Health

MTCT – Mother To Child Transmission

NACC – National AIDS Control Council

PLWHA- People Living with HIV/AIDS

PreP – Pre-exposure prophylaxis

STI- Sexually Transmitted Infections

UNAIDS – joint United Nations programme on HIV/AIDS

UNODCCP- United Nations Office for Drugs Control and Crime Prevention

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## ABSTRACT

The purpose of this study was to identify the influence of guidance on HIV/AIDS awareness among secondary school learners' in Kenya. The study specifically looked at determining whether guidance from peers, parents, school and media promotes HIV/AIDS awareness among the learners. Learners were asked questions on the causes of HIV/AIDS, preventive and control measures of HIV/AIDS and stigma and discrimination encountered by PLWHA ; this will provided information on the HIV/AIDS awareness among the learners. The study adapted a descriptive survey research design. It has targeted secondary schools' students in Kabete sub-county. Kiambu county. Simple random sampling was used to select 281students as respondents. Questionnaires was the tool to be used to collect data and qualitative data was obtained and analyzed using descriptive statistics which was presented via histogram, percentages and pie charts. The results obtained indicated that the learners had awareness in the causes, stigmatization and discrimination of PLWHA and control measures of HIV/AIDS. Peer guidance created a lot of awareness on sex education matters but learners rarely talked about the virus hence under-utilized in creating HIV/AIDS awareness. Parental guidance has not been effective since most learner admitted that they have never talked to their parents on matters concerning HIV/AIDS. Fathers were also noted as the least available parent to talk to about sex education. Media guidance is the mode of guidance where learners acquired sex education information mainly from social media and the internet but they noted it was rare to find HIV/AIDS awareness adverts on social media hence also under-utilized. School guidance through the guidance and counselling department have been able to create HIV/AIDS awareness among the learner. It can be concluded the guidance has a lot of influence on HIV/AIDS awareness among secondary school learners in Kenya. In particular, school guidance is more effective in creating HIV/AIDS awareness than any other form of guidance. It can be recommended that guidance and counseling departments in school should be given enough funds for them to function effectively.

# CHAPTER ONE

# INTRODUCTION

## 1.1 Background Study

### 1.1.1 Guidance

Guidance is the help, advice and information given to the learners to enable them make their own decisions on various life matters. It is usually given by a person of similar age or older than the learner and also a person with certain expertise on a given field. Guidance can also be termed as a full range of personalized assistance given to an individual who may be seeking to expand his self-understanding of others and mainly concerned with the developmental needs of a person.

The individual getting guidance should collect information about his own self through personal inquiry hence he should be able to understand themselves so as to live a meaningful life. Guidance should be concerned with the behavioral processes of an individual in that one is able to examine the world he creates for himself and how he fits into the society around him. Guidance is not given on compulsion but on cooperation in that it should take place without being forced and when forced some resentment will always arise. Finally, guidance is a continuous and sequential process, at any or every step in life one may require guidance be it in marriage, career, investments or any other step.

My main focus was about guidance is on the topic of HIV/AIDS awareness. A learner will require guidance so as to be fully informed about HIV/AIDS. The learner can gather information about HIV/AIDS from infinite sources or areas; my main focus areas will be from information gathered from peers, parents/guardians, media, educational and health institutions. In early civilizations, people turned to philosophers, priests and other representatives of gods for guidance. In middle ages, fortune- tellers, palmistry, astrology and graphology were used to guide people on what to do and what is expected of them. In todays' society, learners have various avenues through which they can get guidance. We shall focus on four areas.

Parental guidance is the guidance that the learner acquires from parents, guardians or relatives on issues concerning HIV/AIDS awareness. Parental guidance is mainly oriented on providing accurate information about HIV/AIDS. It is not always present since some

parents or guardians shy away from discussing issues that mainly surrounds sex since the topic maybe viewed as a taboo to some while to others it is viewed as not being appropriate.

Peer guidance is the guidance given to the learner from age-mates, schoolmates and members of the society whose age is not far off the age of the learner. Peer guidance is always distorted and in some way can lead to the learner acquiring information that does not lead to HIV awareness but leads to HIV infection. It is mainly based on thoughts that will enable one to stand out among others. Peer guidance should always be monitored since it can lead to negative impacts especially when the source of the information has no knowledge about HIV/AIDS.

Media guidance is another avenue where learners gain information so as to make choices. Media platforms such as television and radio have been influential in creating awareness about HIV/AIDS since programs are well planned and enough research is always gathered before airing such content. This is in accordance with the broadcasting ethical code. On the other hand, internet media has resulted to both positive and negative impacts on HIV/AIDS awareness. Some positive impacts the internet has brought about is the accessibility of information on how various parts of the world have been able to create awareness and reduce HIV/AIDS prevalence in those respective places. Negative impacts of the internet have been brought about by the hardship of controlling and monitoring it. The accessibility to pornography, social media platforms like Facebook and WhatsApp have glorified certain personalities (socialites) who sometimes may provide information which is not in line with reducing the prevalence rate.

Institution guidance is the information learners may gather from various institutions like schools and healthcare facilities. In schools, through guidance departments, the learner is made aware on the causes, prevention, control measures and stigmatization encountered by persons living with HIV/AIDS. Healthcare facilities have been on the forefront in providing information about HIV/AIDS and creating awareness campaigns.

### 1.1.2 HIV/AIDS Awareness

HIV/AIDS are two abbreviated names where HIV is Human-Immuno deficiency virus and AIDS is Acquired immuno deficiency syndrome. HIV is the virus; this means that HIV develops to a certain level where it is then on referred to as AIDS. The HIV virus attacks two white blood cells groups namely CD4+ Lymphocyte and Macrophages. The CD4+ Lymphocytes and Macrophages helps the body in recognizing and destroying disease causing agents like bacteria and viruses. The HIV virus kills the CD4+ Lymphocytes by attaching itself to it and making its way inside the cell hence producing more HIV viruses. Macrophage acts as carriers where they transport HIV to a number of vital organs.

When HIV virus infects a cell, it combines with the cell's genetic material and it might lie inactive for years and after a period of time the virus can become activated and lead to serious infections that characterize AIDS. When the body is said to have AIDS, it is vulnerable to being attacked by diseases and requires special protection and medicine to boost immunity.

The major causes of HIV and AIDS are mainly sexual intercourse, contaminated blood and blood products, tissues, organs, needles, syringes and other piercing instruments and also mother to child transmission. HIV and AIDS has no cure but it can be prevented by abstinence, not having multiple sex partners, blood screening, using condoms and infected mothers should not breastfeed their young ones. The use of PREP is the latest method of preventing oneself from the virus. For those who are infected, medical practices like ART and regular clinics are advisable.

The impacts of AIDS have been more severe in Sub-Saharan Africa and Kenya being part of that part of Africa has even declared HIV/AIDS as a national disaster. An unhealthy country leads to unhealthy economies. Countries which have been affected by HIV/AIDS, like Kenya, have been struggling with hostile economies such as external debt, high cost of living and poor infrastructures since the finances which would have been spent in these areas are being directed to the control of HIV/AIDS.

Citizens of any country need to be aware of the causes, preventions and impacts of HIV and AIDS. The best way of doing so is by educating learners at an early age so as to be able to prevent further suffering through HIV and AIDS. In Kenya, HIV and AIDS education has been introduced in the curriculum where it is taught in various subjects like Biology and

Religious studies. It is also emphasized in clubs and movements like debate, peer counsellors and the ministry has made it a priority that every school should have a functional and well-coordinated guidance and counselling department. This is in accordance with the HIV and AIDS Prevention and Control Act of 2006.

Even with the efforts made by the Kenyan government, 41% of all new HIV infections occurred among the youth in Kenya aged 15-24 years in 2013 according to the National Aids Control Council, 2015. In this regard, the level of awareness of youth at this age bracket needs to be evaluated. The youth bracket of 15-24 years comprises of secondary school learners and university students.

## 1.2 Statement of the Problem

On September 2018, the cabinet secretary of health in Kenya, Sicily Kariuki stated that the government had raised concerns over the increase in new HIV infections among adolescents and the youth in Kenya since over 40% of all new infections were youth aged between 15-24 years and this was seen as a drawback in the fight against the disease.

The age bracket of 15-24years involves the Kenyan youth who are in learning institutions specifically secondary and tertiary level.

The study assessed the influence of guidance on HIV/AIDS awareness among secondary school learners in Kabete sub-county, Kiambu county.

The study was to establish whether the learners identify the causes, prevention, control measures and stigma involved in HIV/AIDS as a result of guidance from peer, media, parental and school influence.

## 1.3 Purpose of the Study

The purpose of this study was to investigate the influence of guidance on HIV/AIDS awareness among secondary school learners in Kabete sub-county, Kiambu county.

## 1.4 Research Objectives

The objectives of this study were;

i. To investigate the influence of guidance on HIVAIDS awareness among secondary school learners.
ii. To identify whether peer guidance promote HIV/AIDS awareness among secondary school learners.
iii. To determine if parental guidance is being used to enhance HIV/AIDS awareness among secondary school learners.
iv. To investigate if the media is promoting HIV/AIDS awareness among secondary school learners.
v. To establish whether educational and health institutions are promoting HIV/AIDS awareness among secondary school learners.

## 1.5 Research Questions

i. What is the influence of guidance on HIV/AIDS awareness among secondary school learners?
ii. Does peer guidance promote HIV/AIDS awareness among secondary school learners?
iii. Is parental guidance being effective in creating HIV/AIDS awareness among secondary school learners?
iv. Has the media been able to provide guidance on HIV/AIDS awareness among secondary school learners?
v. Have schools been able to create awareness among secondary school learners?

## 1.6 Significance of the Study

The study was to address the influence of guidance on HIV/AIDS awareness among secondary school learners and was try to give answers as to why the prevalence rate of new infections is high among the youth aged between 15-24 years.

The study is beneficial to various HIV/AIDS taskforce, Ministries of Education and Health and other Non-governmental institutions.

## 1.7 Scope of the Study

The study was carried out in Kabete sub-county in Kiambu county. The area is to be chosen since the researcher is familiar with it.

The schools chosen for the study will be randomly selected within Kabete sub-county where both public and private schools have an equal chance of being selected.

## 1.8 Limitations of the Study

Time was limiting factor in this study. The time allocated for the study is short and hence not adequate for data collection, analysis and proper interpretation. This limitation was dealt with by proper planning and execution of each activity within the allocated timeline.

Financial constraints are also a limiting factor whereby activities such as travelling, lunch allowances, printing and other research expenses require money. This limitation dealt with by proper budgeting and avoiding extravagant activities like hiring private means of transport where public transport is available.

## 1.9 Delimitation of the Study

The fact that the researcher resides within the locality is an advantage since he was well aware of the area of study.

The availability of research material in the topic of HIV/AIDS greatly assisted the researcher in conducting this study.

## 1.10 Assumption of the Study

In this study there were two basic assumptions. Firstly, it was assumed that the sample school selected for the study will be a full representation of the whole school population in Kabete sub-county. Secondly, it was assumed that the feedback given by the learner will be accurate and best to their knowledge.

# CHAPTER TWO
# LITERATURE REVIEW

## 2.0 Introduction

The literature review has been organized in two three parts, that is guidance, HIV/AIDS awareness and conceptual framework. Guidance and HIV/AIDS awareness sections have further been sub-divided to various sub-sections of interest in our study.

## 2.1 GUIDANCE

The high prevalence rate among youth aged between 15 to 24 years can be attributed to various sexual behavior and practices. Four major factors that influence sexual behavior and practices are peer pressure, parenting trends, exposure to pornographic material and knowledge and use of contraceptives where the socializing agent are families, peers, schools and mass media, that's according to, (Omutunde & Ekanem , 2008). This section of guidance will be sub-divided into four sub-sections i.e. peer guidance, parental guidance, school guidance and media guidance

### 2.1.1 PEER GUIDANCE

Peer guidance on HIV/AIDS is the information one acquires the knowledge about the virus from his age-mates; since teens and adolescents will be curious and they will search for information. If they have nowhere or no reliable sources to go, they will go to more available and unreliable sources. Peers tend to educate each other as adults assume that sex education is not taking place just because there is no direction in home or school, (Wachira, 2000). According to, (Karanja, 2004), peers are the most available and popular source sex education. In the case of Zambia, it had a high rate and found it difficult to reach young people on matters concerning HIV and reproductive health information since teachers considered the topic difficult or embarrassing and the only solution found to be working was peer educator program (KAPC, 2008). According to, (Florida Health, 2008), peer guidance can be provided by PLWHA or anyone dedicated in creating awareness on HIV/AIDS. Peers are to provide guidance and advocacy so as to supplement education and information obtained from other avenues. Since peer support programs are critical in improving health services to the youth and adolescents, the peer educator should fulfill the following roles; firstly, raising awareness and challenging stigma within communities and health facilities,

secondly enhancing the quality of services given to PLWHA and improving the uptake of and linkages between services. Thirdly, they should contribute to a responsive and enabling service environment that can lead to improved patient outcome and improved coping capacity of PLWHA. Finally, is to create opportunities of PLWHA to actively participate in planning, delivering and monitoring services that affect them that's according to (Child Survival Working Group, 2016). (Youth Net ,2006), describes peer education as a process whereby well trained and motivated young people undertake informal or organized educational activities with their peers. This intervention is able to reach large number of youth even though youth guidance is time, labor and cost intensive while recruitment of appropriate peers is difficult. It also highlights that youth require more training and supervision than adults but it by far the best way of creating awareness among youth.

### 2.1.2 PARENTAL GUIDANCE

Nearly 30% of students did not receive any information on sex education from parents (Guttmacher, 2017). According to (Guilama-Ramos et al, 2008) parents i.e. mothers may not be able to communicate about sexual health to the children since the mothers may lack knowledge, embarrassed or lack self-efficiency towards taking to one's child. As indicated by (Eddoin, 2002), there is an important role played by family of orientation in HI/AIDS awareness among adolescents but due to their own ignorance on the issue; parents and grandparents may be less able to enhance HIV/AIDS awareness among adolescents. (Diliorio et al, 2003) also stated that parents have an important role in promoting the sexual health of adolescence where research confirmed that there is reduced risk of HIV transmission among youth who have discussions about sex with their parents. Greater repetition of discussions was related to adolescents feeling closer to their parents and abler to communicate about sex as investigated by (Martino & Colleagues, 2008). As a step to allow adolescents to be more aware of their HIV status (the National HTS guidelines, 2015) recommended that adolescents and youth of 15 years and above can give their own consent for testing without parental/guardian consent but highly encouraged to disclose their status to parents, (NASCOP, 2015). It is clear from above statements that parental guidance has a potential to create more awareness to the youth but it is highly unutilized.

### 2.1.3 SCHOOL GUIDANCE

According to, (Guttmacher Institute, 2017), stated that in Kenyan schools,96% of form two and form three received sex education on which was basic and didn't include safe sex and 67% of the student wanted more hours dedicated to sexual education. This study showed that learners wanted to be taught sex education programs do not encourage teenage sexual ability nor do they lay the initiation to sexual activity but they only improve adolescent's decision making skills as well as boosting self-confidence, (Dreweke, 2007). (Mbugua, 2007) also illustrates that abstinence messages in Kenya have been ineffective in curtailing the rate of teenage pregnancy and HIV/AIDS so sex education should be looked upon. (Wachira, 2000), argues that the science syllabus cannot cater for sex education but views sex education as a factual information about reproduction, its anatomy and physiology is wrong sex education should cater depth coverage of sexual relationship, its consequences and how to take care of emotions from one's sexuality hence, sex education should cover all aspects of sex so as to develop attitude and behavior patterns helping children to cope with daily concerns of human sexuality. Kenyan teachers and students claim that less emphasis is placed on gender equity and rights as well as pregnancy prevention and contraceptive usage 68% of teachers felt that more training was required on HIV/AIDS and sex education while 45% were unprepared or uncomfortable answering student's questions on sexuality education. It was noted that 62% of the teachers believed that making contraceptives available encourages young people to have sex, (Guttmacher Institute, 2007)

### 2.1.4 MEDIA GUIDANCE

(Brown, Keller & Stern ,2009) highlighted that adolescents constantly mention media as a source of sexual information besides schools, peers and parents. This clearly shows that media influences learners sexual behavior. Media may be used to create awareness towards HIV/AIDS or publicize content that may lead to transmission of HIV/AIDS. (KEMRI, 2017), identified an association between the mass media and sexual activity among the adolescents in Kenya where it concluded that watching programs with sexual content may influence sexual teen behavior. This study I focused on mass media which is in a way controlled by the Communication Authority of

Kenya but if similar studies were to be conducted in social media, where the content is not controlled the results would be worse.(Kihu,I & Ute,S, 2013), states that the media have a social responsibility on reporting matters involving HIV/AIDS while observing ethical reporting and in doing so it assists in fighting myths revolving around HIV/AIDS and being able to highlight challenges witnessed by PLWHA. Information given out by the media may be misreported or not correct. (Evonne & James, 2019) highlighted sources of articles in the *nation newspaper* between 2011-2015 where 69.8% articles were sourced from media house owners reporters, 12.5% from HIV/AIDS agencies and 4.4% from correspondents. This lead to misreporting on the issues of HIV frames valences, the action frame, victim frame and severity of HIV/AIDS. Misreporting on the media has great consequences to the society

## 2.2 HIV/AIDS AWARENESS

To create HIV/AIDS awareness among school learners, it is efficient to generate an education programme of AIDS education. According to KIE (1999), an effective AIDS education programme should; firstly, prevent and control the spread of HIV/AIDS among the youth. The learner is to be educated on ways of preventing HIV/AIDS by emphasizing on various ways the virus is transmitted. Various control methods like good diet, exercise and using the recommended medication for those who are affected by the virus. Secondly, AIDS education should aim in developing responsible behavior and positive relationships among the youth. Bad behaviors like drug abuse and peer influence among the youth can lead one to being reckless thereby being infected by the virus. AIDS education should also aim at encouraging the youth to talk about HIV/AIDS and share the knowledge gained with those they interact with. By doing so, the false misconceptions about HIV/AIDS will be eradicated and this will help in the fight against new infections. Finally, the programme should encourage the youth to support people affected by AIDS. When people who are infected by the disease are supported and not neglected by the society, they are able to accept themselves the way they are and hence are able to move on.The theoretical framework of this research is to be able to establish the level of awareness of the learners and it will be focused on the causes of HIV/AIDS, available prevention and control measures of HIV/AIDS and the stigmatization of people living with HIV/AIDS

### 2.2.1 Causes of HIV/AIDS

The causes of HIV/AIDS can be categorized into two namely Direct and Indirect causes. Direct causes are mainly the primary methods of transmission and Indirect causes are factors that may increase the chances of HIV/AIDS infections.

#### 2.2.1.1 Direct Causes of HIV/AIDS

According to UNAIDS (2000), there are four primary methods of transmission namely sexual intercourse, contaminated blood and body parts, contaminated needles (syringes and other piercing instruments) and mother to child transmission (MTCT).

According to (Elishiba, 2013), sexual intercourse is the main cause of infection in Kenya. The HIV virus is mainly concentrated in the blood, semen and vaginal fluid and through sexual intercourse with an infected person, one can contract it. STIs usually increase the chances of one contracting the virus. This is because the STI may be characterized by sores in and around the genitalia which may provide a passage for the virus into the body. Abstaining from premarital sex is the best way an unmarried person can protect himself from the virus. It is highly advisable that when couples are getting married they be tested for the virus. It is also important to remain faithful to ones' partner when married and also using a condom will help reduce the risks of contracting HIV/AIDS.

HIV virus can also be transmitted through contaminated blood and other body parts. According to (S. Salan, 2014), to avoid unsafe blood transfusion, KNBTS has to screen every blood donated so as to remove various disease causing organisms. This clearly shows that HIV/AIDS can be caused by blood transfusion from an infected person to a person who is not infected. Tissues and organ transplant can also lead to HIV infection. It is advised that proper medical tests, including HIV tests, be carried out before an organ transplant is carried out. Artificial insemination of sperms may also lead to transmission of HIV infection hence the status of the donor should be carefully evaluated.

Contaminated needles, syringes or any other piercing instruments may lead to HIV/AIDS infection. These instruments should therefore be properly sterilized before being used by another person. Some non-medical procedures such as tattooing, circumcision, acupuncture and scarification can lead to infection. This method of transmission mainly affects drug

abusers who usually abuse drugs through injection. One syringe can be used by several drug addicts resulting to new infections especially in places where already the disease is common. Even medical procedures like sharing dental equipment may lead to HIV infection so also the medical practitioners have to be sensitized on ways of properly sterilizing equipment.

As stated by (Elishiba, 2013), the Kenyan ministry of health projected that mother to child transmission (MTCT) in 2010 was accounting for 5-10% of all infected people living with HIV. The virus in this case is usually transmitted during pregnancy, labor, delivery or after the child's birth or during breast feeding according to (UNAIDS, 2000). The Kenyan government has made various efforts so as to reduce MTCT. The maternal services at government hospitals has been made free and through various campaigns like Beyond Zero campaigns, the rate of MTCT has actually reduced.

According to (KASF, 2014), the adoption of the set strategies will reduce the annual HIV infection among adults by 75% and reduce the rate of transmission from mother to child from 14% to 5%. The interventions mainly include the granulation of the HIV epidemic so as to intensify HIV prevention while priotizing on geographies and population. Adoption and the scaling up of effective evidence based prevention activities while maximizing the service delivery efficiency through integration and leveraging opportunities by creation of synergies with other sectors of the society.

#### 2.2.1.2 Indirect Causes of HIV/AIDS

In this section, we are going to deal with factors that contribute to the spread of HIV/AIDS in the society. These factors can be used to explain why a certain sex, area and age of the population has a high prevalence of HIV/AIDS. The factors can be easily summarized into biological, economic and social factors.

Biological factors can be indirect causes of HIV/AIDS that is, they increase the chances of one getting infected. The biological factors discussed in this study are the mucosal lining of the female genital tract and male circumcision. According to (Nathlee et al, 2016) the largest number of HIV infection was reported for females with signs of disruption in their genital epithelium and abnormal vaginal discharge. The disruption of the vaginal epithelial barrier will allow movement of HIV into the Laminae propriae where HIV cells are most abundant and this enhances HIV acquisition as stated by (Mesquitol et al, 2009). It is clear that if the mucosal lining of the female genital tract is disrupted, the chances of contracting HIV are

high. The main causes of genital tract disruption are STI's such as Gonorrhea, trachomatis and vaginalis. Male circumcision may reduce the risk of HIV infection but it provides partial form of protection and other ways of protection like usage of a condom, abstinence and reduction of sexual partners must be promoted as well. According to (Soilleux E. and Coleman N. 2004) male circumcision may reduce HIV infection through the following biological explanations. Firstly, the removal of the foreskin will reduce the ability of HIV to penetrate the skin of the penis as a result of toughening of the inner part of the remaining foreskin. Secondly, since the inner part has many special immunological cells like Langherhans which are prime targets of the virus, some will be removed with the foreskin while those left behind will be less accessible due to the toughening of the inner part aspect of the remaining foreskin. Thirdly, ulcer that arises from STI's which facilitate HIV transmission and mainly occurs in the foreskin will greatly reduce after removing the foreskin. Finally, foreskin usually suffer abrasions during sex that may give away a passage for the HIV virus.

Economic factors can also facilitate the spread of HIV/AIDS. The main economic factors that cause the spread of HIV/AIDS are poverty and lack of enough funding to the health sector to be able to contain the spread of HIV/AIDS. According to the ILOAIDS, poverty increases the risk of HIV/AIDS as it propels the unemployed into migratory labour pools in search of temporary and seasonal work that is, poverty may drive women and girls into sex for money so as to feed themselves increasing their chances of contracting the virus. Even though AIDs cannot e termed as a disease for the poor, it is true that poor individuals are likely to be hit harder by the impacts of AIDS than the wealthy people in the society. As stated by (Desmond, 2006), the HIV epidemic has its origins in Africa poverty and unless or until poverty is dealt with or reduced there will be little progress in reducing the transmission of the virus and even in coping with its economic consequences. Funding of HIV/AIDS is important so as to contain its spread and taking care of those affected. The funds set aside for HIV/AIDS are mainly spent on ARV's, testing kits and laboratory commodities. According to the health policy of 2016 February, it estimated that Kenya required 344 million US dollars so as to achieve the proper funding for HIV/AIDS in the 2018/19 financial year. The funding generated from both government and private organization was 174 million US

dollars and that means it had a deficit of 170 million US dollars. It can clearly be stated that only 51% effort has been made in tackling the virus in Kenya in the 2018/19 financial year.

Social and cultural factors that lead to the spread of HIV/AIDS includes migration, cultural beliefs and norms, war, drug and substance abuse. Migration of people from one place to another is mainly as a result of employment. Migration to urban or rural centres with hopes of finding employment and for some women when they fail at finding employment the pressure of poverty will lead them to engaging in sexual transactions so as to support themselves and their families financially and this is according to (Portia Mambo Rau, 2017). The poverty that strikes migrants is so immense that they cannot afford preventive measures like a condom. As migration intensifies, so does the spread of HIV/AIDS. Cultural beliefs and norms such as polygamy and child marriages have contributed to the spread of HIV/AIDS. Polygamy allows a man to have many wives hence multiple sexual partners and this leads to the spread of the virus. Child marriage has also led to HIV/AIDS spread. According to (Clark S. 2004) in a certain Malawi village there has been over 800 child marriages broken in the last 3 years. Banning of certain traditions like polygamy and child marriages will help to curb the spread of HIV/AIDS. As witnessed in some cultures, the friends or family members of a deceased man may be required to have sex with the widow or inherit her as a wife. This sexual promiscuity increases the chances of one getting or spreading the virus. During wars, sexual crimes like rape and forced marriages are committed mainly by armed forces. These practices have resulted in the spread of HIV/AIDS. Drug and substance abuse can greatly lead to the spread of HIV/AIDS. According to (UNODCCP and UNAID, 2001) the sharing or use of contaminated instrument by drug users like needles can rapidly spread the virus among them. HIV risk among drug users can also arise from psychoactive substances such as alcohol usage which affects one's ability to make decisions about safe sexual behavior. HIV/AIDS prevention among drug users can be by providing information, communication and education about HIV/AIDS to the whole population without discrimination. The provision of accessible health and social services so as to effectively reach the drug users and finally the provision of sterile injecting equipment like needles and substitution treatment to take away the addiction should be provided as a harm reduction policy.

### 2.2.2 HIV/AIDS STIGMA AND DISCRIMINATION

HIV/AIDS stigma is the devaluation of the people living with or being associated with HIV/AIDS. This results to low self-esteem and withdrawal of those affected from the rest of the society. HIV/AIDS discrimination entails the discrimination of people belonging to a particular group and in our case those who are closely affiliated or affected by HIV/AIDS. The medical history of a person is a confidential matter, at a certain point in time the society may be triggered to find out the causes of the change in behavior of a person. If an infected individual opens up and declares openly that he is HIV positive, the society may react in a certain way or ways that may be viewed as stigmatization and discrimination towards those infected by the virus. Family members also withdraw from the infected person in a view of certain misconception about HIV. According to (NACC, 2014), some misconceptions about HIV/AIDS that the majority believe about HIV/AIDS are that it is a punishment for bad behavior, the spread of HIV is associated with sex workers, even buying food from a person who is HIV positive may result to them contracting the virus. Some people consider HIV infection as a punishment from God while some parents fear for their children when they play with HIV positive children. Some people still believe that certain people deserve to have the virus such as those who have sex with their own gender and drug users while others are in view that people living with HIV are promiscuous.

A stigma and discrimination index has been established so as to identify the level of stigmatization and discrimination in a given society. Various indicators have been used to come up with the index like value targeting shame, disclosure and impact of disclosure of those infected, blame and judgement to state the least. The index is mainly rated from 0 to 100 where 0 to 15 indicates very low levels, 15 to 29 indicates low levels, 30-44 indicates moderate levels, 45 to 59 are high levels while beyond 59 are extremely very high levels. Kenya has an average stigma and discrimination level of 45 which is high.

The impacts of high level of stigmatization and discrimination of people living with HIV/AIDS have resulted to people not willingly carrying out HIV tests in fear of the response from the society. It has also resulted to those already infected not taking the required medication in fear of being victimized. High stigmatization and discrimination levels have led to even more spread of HIV/AIDS since the society is in doubt and does not want to talk about the disease. This has given the virus an opportunity to thrive and hence in

our study the prevalence is high among youth of 15-24 years. The HIV/AIDS epidemic can only be controlled when the stigma and discrimination levels of those infected or affected is low. Some of the best ways to lower the index is to create awareness of existing and enacting new legal frameworks that protect people living with HIV/AIDS from any form of discrimination and stigmatization. Secondly, creating an environment that is conducive for those infected to disclose their HIV status and promoting anti-HIV stigma in schools, markets and religious institution so as to educate the public on ways which HIV is transmitted and ways through which it is not transmitted. Finally, well elaborate studies should be done on the cause, impacts and ways of dealing with stigmatization and discrimination directed towards people living with HIV/AIDS in our society.

### 2.2.3 Prevention and Control of HIV/AIDS

In this section, we are going to discuss the various ways of preventing and controlling HIV/AIDS that have been stipulated in the Kenyan law through an act of parliament number 14 of 2006. The act clearly states the areas of focus that need to be looked at so as to effectively be able to tackle the HIV/AIDS epidemic. The East African region through the East African Legislature has already provided various ways of preventing and controlling HIV/AIDS through the East African Community HIV/AIDS Prevention and Management Act 2012, which was signed by all statutory members through their respective presidents.

The provision of HIV education, information and communication is very important in tackling the virus. HIV/AIDS education should be well addressed in all levels of learning institution so as to make everyone aware of the cause, symptoms and various prevention methods. In Kenya, HIV/AIDS education in primary and secondary school has been addressed in various subjects like science and school departments like guidance and counselling have created a platform for learners to freely discuss HIV/AIDS. In institutions of higher learning like universities and colleges, HIV/AIDS education has been addressed by introduction of common and compulsory course about HIV/AIDS which is undertaken by all regardless of the field of study. HIV/AIDS education should also be provided as a healthcare service. People living with HIV/AIDS should be given well profound information on how they can live a better life through medication, good diet and exercise. HIV/AIDS education should also be carried out in both formal and informal sectors of employment. Workers are to be continuously reminded about HIV/AIDS education and how they can prevent themselves.

According to (NACC, 2016), informal employment among fishing communities surrounding Lake Victoria has the highest rate of HIV/AIDS prevalence in the country and therefore the education must be provided both in formal and informal sectors. HIV/AIDS education must also be established in the communities where various members of the community are trained in ways of controlling and preventing HIV/AIDS.

Media must also be used to encourage safety precautions such as use of condoms, campaign against stigmatization of those affected by the HIV virus while giving various ways of tackling HIV/AIDS. In our case, social media sites such as Facebook and Twitter should be used extensively since our target population of 15-24 years are active social media participants.

Various methods of HIV/AIDS preventions should be adopted. Voluntary medical male circumcision should be encouraged especially among communities that do not practice it, since it reduces the chances of one contracting the virus while having unprotected sex. HIV testing and counselling should be encouraged so that one may know his or her status. Medical practitioners should offer it for free or at affordable rates since it creates self-awareness. Testing should also be highly confidential so as to encourage all members of the society to be tested. Drug abusers mainly those who inject themselves should be provided with sterilized needles as a way of ensuring that they do not share the needles. This precaution will greatly reduce HIV transmission.

If a mother is HIV/AIDS positive, mother to child transmission should be a great priority towards fighting the virus. Pregnant women should be tested and if found to be positive, various measures like using antiretroviral prophylaxis and avoiding breast feeding the infant should be adopted to reduce the chances of the child contracting the virus.

Members of the society who are at risk of contracting the virus like health workers through accidental hospital blood exposure and rape victims should be given pre-exposure prophylaxis (Prep) as a preventive measure against the virus. Abstinence and use of condoms should be encouraged as preventive measures against the virus while cultural practices like wife inheritance and communal circumcision should be discouraged to lower the spread of the virus. Proper counselling should be given to those members of the society who may be HIV positive so as to discourage them from sexual activities that may result to the transmission of the HIV/AIDS virus and this is in accordance with (CDC Kenya, 2015).

Control measures have also been employed so as to be able to assist those infected with the virus. The provision of free ART procedures by the government will greatly assist the people living with HIV/AIDS to live a normal life like other members of the society. Viral load testing should also be available so as to assist medical practitioners when prescribing for drugs. Blood and tissue screening should also be done effectively so as not to transfer the virus from the donor to the recipient. There is legal framework that protects people living with HIV/AIDS from any form of stigmatization or discrimination like The East Africa Community HIV and AIDS Prevention and Management Act 2012 where various forms of discrimination and stigmatization have been highlighted. People living with HIV/AIDS should not be discriminated against in employment, educational institutions, travelling and habitation, public service, credit and insurance services, quality health services and general prohibition or any form of discrimination should also be discouraged. The testing of HIV/AIDS by law is on a voluntary basis and any form of research in the field of HIV/AIDS should be highly ethical and consent of the research should be given beforehand. In order to tackle stigmatization, confidentiality of the people living with HIV/AIDS should be adhered to and if not, legal action can be taken towards the individual or institution that has disclosed the information.

## 2.4 CONCETUAL FRAMEWORK

The Independent variable will be guidance with focus on areas that the learner is easily accessible to i.e. peer guidance, parental guidance, school guidance and media guidance. The dependent variable will be on HIVAIDS awareness where causes, prevention and control measures, discrimination and stigmatization of PLWHA will be the areas of reference.

INDEPENDENT VARIABLE

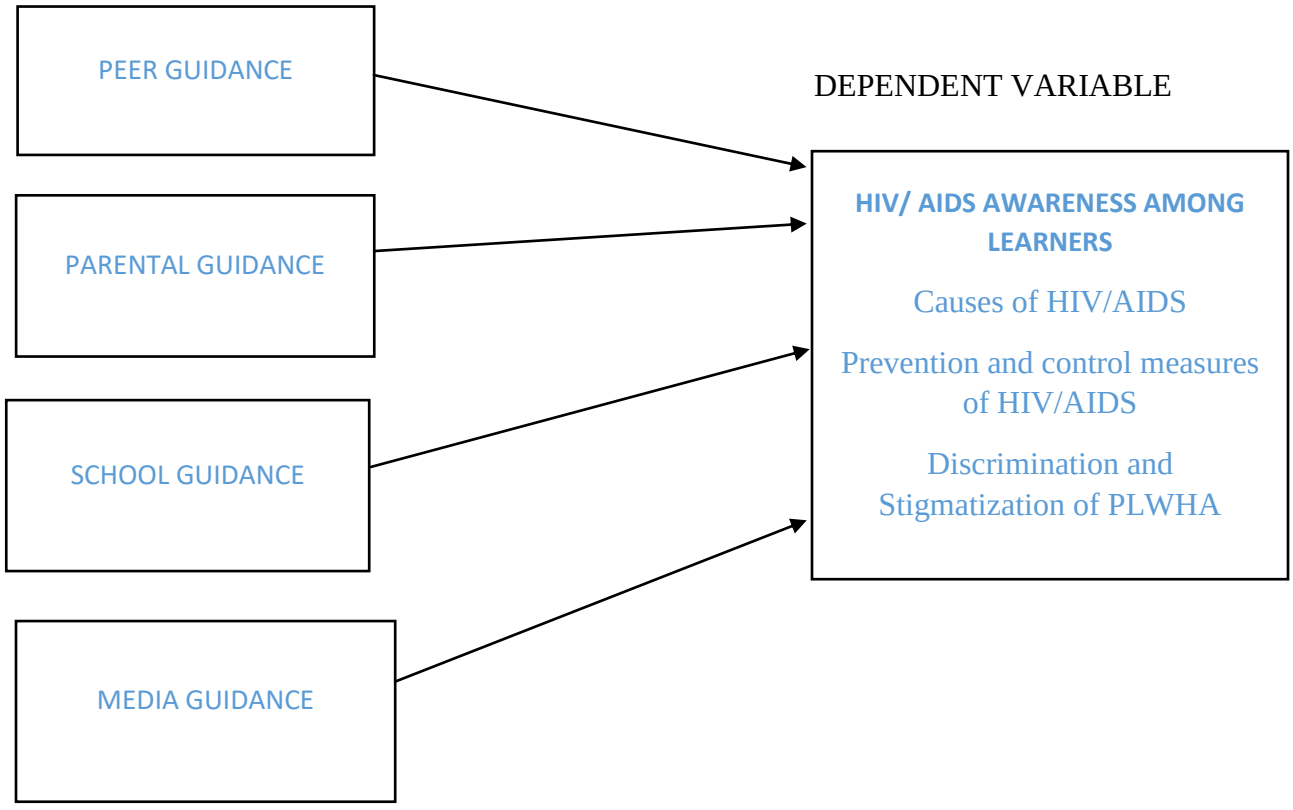


Figure 1.1……conceptual framework

# CHAPTER THREE

# RESEARCH METHODOLOGY

## 3.1 Introduction

This chapter gave full details of the research was carried out. The chapter was described by following sections; research design, target population, sample size and sampling procedures, research instruments, validity of the instruments, reliability of the instruments, data collection procedures, data analysis techniques and ethical consideration.

## 3.2 Research Design

According to (Babbie and Mouton, 2001), a good research design is a plan going to be used by the researcher to conduct the research intended, so as to answer the research questions.

Descriptive survey research design was used. A descriptive survey research design is a type of research used to obtain data which will help to determine the specific characteristic of a group (Kothari, 2007).

The survey involved asking questions in form of a questionnaire to a large group and it has the advantage of using less resources in terms of both time and funds.

## 3.3 Target population

There are 36 secondary schools in Kabete sub-county, Kiambu county, Kenya. The targeted respondents are form four and form three students; who are above the age of 15 years were all a total of two thousand six hundred and twenty-six (2626) students in Kabete sub-county.

## 3.4 Sample size and sampling procedures

According to (Orodho, 2010), sampling is described as a process of selecting a sub-set of cases in order to draw conclusion about the entire set.

As stated by (Mugenda O and Mungenda A, 2009), 10% of the accessible population is enough for a descriptive survey, since the target population is 2,626 a sample size of 281 students was used in this study.

A small manageable sample is economical both in terms of time and funds.

A simple random sampling procedure was applied. This gave each and every learner an equal chance of being selected within the target population. The learners were drawn from form 3 and 4 since most of them are 15 years and above.

### 3.5 Research Instrument

The research instrument to be used were questionnaires. It had two sections whereby section (A) enquired whether there was guidance on HIV/AIDS awareness gotten from peers, parents, school and media. Section (B) enquired whether the learner was knowledgeable on the following areas of HIV/AIDS awareness: Part (A) causes of HIV/AIDS; part (B) prevention and control measures of HIV/AIDS and part (C) will be dealing with stigmatization and discrimination of PLWHA.

### 3.6 Validity of the instrument

This is the degree to which a test measures what it is supposed to measure for accuracy and meaningfulness of the research. According to (Kothari,2004), clarity of the statements or questions, the appropriateness of the wording and the content of the questionnaire should be appropriate so as to determine the learners level of HIV/AIDS awareness.

Pilot study was conducted to test for validity of the instrument, which involved presenting the questionnaire to guidance and counselling departments in each school before the survey was carried and recommendations were made which resulted to changes in the questionnaire so as to improve validity.

### 3.7 Reliability of the instrument

According to (Mugenda O and Mugenda A, 2004) reliability is the degree to which research instruments yield consistent results after repeated tests. Test-retest is a technique of applying the same test twice to the same group.

A person's product moment formula was used on the test and retest which computed the correlation coefficient. The correlation coefficient was 0.802, since it was above 0.70 the content of the questionnaire was considered to be consistent and hence reliable.

### 3.8 Data Collection Procedures and Data Analysis Techniques

#### 3.8.1 Data Collection Procedure

Before any data collection, an introduction letter was given so as to explain what the research was about and for what. This enabled us to be allowed to collect data in the sample schools. Appointment with heads of various sample school were made and research materials were given to the guidance and counselling department and administered at their own convenient time.

#### 3.8.2 Data Analysis Techniques

Data analysis deals with the process of coding, data entry and analysis so as to bring meaning to raw data collected (Mugenda O and Mugenda A, 1999).

Qualitative data drawn from questionnaires was analyzed using descriptive statistics and presented in histograms, percentages and pie charts.

### 3.9 Ethical Consideration

The research topic was very sensitive and therefore permission was sought from relevant authorities. The level of confidentiality was outmost and the responses from the research was used for academic purpose only.

The researcher avoided plagiarism and fraud even if there was limited resources.

# CHAPTER FOUR

# DATA ANALYSIS, PRESENTATION, INTERPRETATION AND DISCUSSION

In this chapter, the data already collected was analyzed descriptively using tables, percentages and histograms.

## 4.1 HIV/AIDS awareness among secondary school learners

Learners were asked questions so as to test their HIV/AIDS awareness which involved three categories; causes of HIV/AIDS, stigmatization and discrimination of PLWHA and preventive and control measures of HIV/AIDS.

### 4.1.1 Causes of HIV/AIDS

The learners were asked questions on both direct and indirect causes of HIV/AIDS infection. The table below show the results of each question in percentage.

When asked whether blood transfusion is a cause of HIV/AIDS infection, 90% of the learners agreed that it is one of the causes of HIV/AIDS infection. This is a clear indication that the learner is aware that direct contact between infected and blood not infected may led to an infection.

When asked whether tattoos can lead to HIV/AIDS infection, only half of the learners stated yes. This shows that the learner knows that tattoos and other scarification procedures may result to an infection.

61% of the learners are aware that STI'S increases the chances of one contracting the virus. This knowledge will enable the learner to avoid instances that may lead to an STI infection.

Polygamy was also noted by 63% of the learners in regard to those who practice it are in danger of contracting the virus, hence having more than one sexual partners increases the chances of one becoming HIV positive.

A major concern was that 46% of the learners do not identify poverty as a major problem when tackling HIV/AIDS. Poverty may cause an individual to engage in income generating activities that can lead to HIV/AIDS infections like prostitution. When a country has no funds to buy drugs

and start up programs that create HIV/AIDS awareness; the citizens are at risk of contracting the virus due to lack of knowledge and protective materials.

It is also worrying that 45% of the learners do not agree that wars can lead to increase in HIV/AIDS infection. This shows that the learner is not aware that during wars there is no law and order and acts of violence like rape are common, this will lead to increased HIV/AIDS infection.

About 57% of the learners are in agreement that drug users are at risk of contracting the virus. the learners are aware that drug user share syringes for injecting drug that increases the chances of one contracting the virus.

| Causes of HIV/AIDS answers | Percentages of the learners |
|---|---|
| Correct answer | 54% |
| Wrong answer | 22% |
| undecided | 13% |
| Don't know | 7% |
| No answer | 2% |

Figure 1.2 tables on causes of HIV/AIDS

In summary 54% of the learners gave the correct answers in this section hence a lot of effort is required to increases the awareness on the causes of HIV/AIDS secondary school learners. This results agrees with the heath policy of February (2016) which stated that Kenya had made an effort of 51% in tackling the virus since the learners awareness lies with in that region.

### 4.1.2 Stigmatization and Discrimination of PLWHA

In this section the learners were asked questions which are concerns raised by the society towards PLWHA leading to their stigmatization and discrimination. When learners were asked whether HIV/AIDS is a punishment for bad behavior from God, approximately 74% indicated it wasn't. This clearly shows that the learner is aware that HIV/AIDS virus can infect anybody at any given time and that statement is used to discriminated those infected on religious grounds.

40% of the learners concluded that sex workers are the group responsible in the society for spreading HIV/AIDS. It wrong to view that sex workers are spreading the virus while in reality anyone can spread the virus. The society has openly categorized prostitution as a vehicle of distributing the virus and this causes stigmatization to anyone involved in the trade. 75% of the learners noted that they are aware that hugging a HIV/AIDS positive person will not lead to infection. The learners identify that PLWHA should be loved and taken care of by the society with no discrimination and one way of doing so is by showing concern and being part of their lives.

More than 84% of the learners are aware that buying food from a HIV/AIDS infected person cannot lead to an infection. PLWHA should be allowed carry out various economic activities in the society without discrimination and have a right like any other person to earn a living. 67% of the learners are aware that a HIV/AIDS infected person need not be thin, physical changes like being thin, sweating and fatigue are not proving that person infected the only way is by testing. 89% of the learners are aware that HIVAIDS infected children can play freely with those children that are not infected. This will make the infected child feel wanted and loved by others hence not discriminated or stigmatized since he is HIV/AIDS positive.

On average, 70% of the learners gave correct answers in this section, 14.35% gave the wrong answers, 8.84% were undecided, 4.87% did not know while 1.12% gave no answer. This results disagree with (NACC,2014 ) which stated that the discrimination level was above 45% but in our case it was lower than 30% among the learners.

### 4.1.3 PREVENTION AND CONTROL MEASURES

In this section, the learners were asked questions on ways of preventing and control of HIV/AIDS. Through these questions, I was able to know if the learner was aware of the preventive and control measures of HIV/AIDS. Only 51% of learners clearly stated that they had been tested for HIV/AIDS. The learner is not aware that the first preventive measure of HIV/AIDS infection is by testing.Nearly 42% were clear that they had never been tested for the virus. This is a clear indication that the infection rate of learners between 15-24 years may be higher since 42% of them have not been tested hence not accounted in the study. It was also shocking that only 35% of the learners believed that the usage of condom and abstinence reduces

HIV infection. This is one of the ways of preventing oneself from the virus. It is a clear indication that the learners are not aware of preventive measures of HIV/AIDS.

When asked whether the learner has ever heard of Prep, about 40% of the learners do not know or have never heard of Prep. The learners are not aware that Prep can be used as a preventive measure from HIV/AIDS infection. The first three questions on this section emphasized on preventive measures of HIV/AIDS. About 39.74% of the learners were aware of preventive measures, 34.05% were not aware, 7.47 were undecided, 9.05% did not know the preventive measures while 9.69% gave no answer.

| Prevention measures awareness | Percentage of the learners |
|---|---|
| Aware | 39.74% |
| Not aware | 34.05% |
| undecided | 7.47% |
| Don't know | 9.05% |
| No answer | 9.69% |

Figure 1.3 table on prevention measures awareness of HIV/AIDS

79% of the learners are aware that a person can survive more than 10 years when he or she is HIV/AIDS positive. This indicates that the learner knows with proper nutrition, exercise and medical assistance, one can carry on with life as a normal way. Above 79% of the learners gave a clear indication that a HIV positive mother can give birth and raise a HIV/AIDS negative child. Various medical ways of achieving this goal are available and the learner is aware of it. 64% of the learners are also aware that HIV/AIDS has no cure. This fact is important to understand since various myths and unorthodox drugs have been developed claiming to cure HIV/AIDS which are false and the learner is aware of it.

74.26% of the learners were aware of the control measures this study agrees with ( NACC,2016) that indicated most of the Kenyan citizens were aware of HIV/AIDS control measures but disagrees on the preventive measures since they were below 50%.

### 4.2 Peer Guidance

When learners were asked when was the last time they discussed with their peers about HIV/AIDS; nearly 44% of them indicated that they had never talked about the virus. This is in comparison to 26%who indicated that they had actually had a discussion about HIV/AIDS in the last three months.

| Peer discussion on HIV/AIDS | Percentages |
|---|---|
| Less than a year | 2.34% |
| 3 to 6 months | 19.22% |
| Less than 3 months | 10.68% |
| never | 43.78% |

Figure 1.4 table on the influence of peer guidance on HIV/AIDS awareness.

This is a clear indication that the topic surrounding HIV/AIDS is not common among learners. The learners are either unaware of the effects of the virus or easily ignore discussing about the virus. When asked if any of the learners friends was infected or affected by the virus, 85% of the stated that none of their friends had been affected by the virus in any way. This study clearly shows that even if one is affected or infected by the virus, it is not common for learners to openly declare their status amongst their peers in fear of stigmatization and discrimination encountered by PLWAH. Approximately 72% of the learners confirmed that they receive sex education advice from their peers which agrees with (Karanja, 2004). It is a clear indication that if a learner is misled by a fellow learner who has insufficient information, the consequences may lead to HIV/AIDS infection. A lot of effort has to done to ensure learners have accurate knowledge so as to advising fellow peers well.

### 4.3 Parental Guidance

More than half of the learners' parents had never talked with their children on matters concerning HIV/AIDS

| HIV/AIDS discussion between learners and their parents | percentage |
|---|---|
| Less than 3 months | 18.86% |
| 3 to 6 months | 12.46% |
| The last one year | 13.88% |
| never | 54.09% |

Figure 1.5 table on the influence parental guidance on HIVAIDS awareness

This clearly shows that the parents are not aware that they are supposed to offer guidance to the learners so as to avoid new infections. This is parental ignorance where talking about HIV/AIDS is seen as a taboo and the parents may assume that the responsibility does not lay on them but other parts of the society like church, schools, media and even health facilities which agrees with (Guttmacher, 2017).

97% of the learners indicated that neither their parents nor relatives are affected by HIV/AIDS. This number is too high to be accurate and if this would be a national statistic of PLWHA then it would not have been declared a national disaster. The high figure clearly demonstrates that PLWHA cannot even open up to their family members that they are positive in fear of being judged, stigmatized, discriminated or even abandoned.

On matters concerning sex education, 77% of the learners identified that a mother is the most available parent to talk to on matters pertaining sex education. Only 17% indicated that the father was the most available parent. This indicates that the mother should be well equipped so as to answer the learner's sexual questions to the best of her ability. The father should be made aware that he has a responsibility of providing sex education to his child and become more approachable to the learner on matters concerning sex education. The study agrees with (NASCOP,2015) which indicated that parental guidance is under-utilized.

### 4.4 Media Guidance

The media is a socializing agent which can be used for the passage of information and knowledge in various topics and in our case the awareness of HIV/AIDS.When the learners were asked which of the media among them print, social media(internet) and television and radio that was easier to access sex education, social media and internet was described as the easiest to access sex education.

The current generation is a social media generation. Learners are seen to have more access to the internet than other forms of media and this is because it is more fast as answers are gotten immediately. Television and Radio programmes lack privacy that is many viewers or listeners and matters of sex education are not freely talked about in depth due to ethical and cultural reasons and hence seen as inadequate while print media is seen as being tiresome and boring.

| Social media platforms | percentages |
|---|---|
| What'up | 11% |
| facebook | 33.8% |
| Instagram | 9.6% |
| none | 40.57% |

Figure 1.6 tables on the influence of social media on HIV/AIDS awareness

This is a clear indication that social media sites are highly un-utilized when it comes to creating awareness about HIV/AIDS. 33.8% of the learners stated that they had seen HIV/AIDS adverts on Facebook which is low compared to the number of Facebook users currently in the country.this study agrees with (KEMRI,2017) since both studies conclude tha media is under-utilized in creating HIV/AIDS Awareness

### 4.5 School Guidance

For a school to run effectively it must have different departments which carry out different responsibilities. The department entrusted in carrying out sex education and promoting HIV/AIDS awareness is the guidance and counselling department.

About 64% of the learners indicated that their schools had effective guidance and counselling departments. When guidance and counselling departments are effective they are able to offer good and accurate advice on matters concerning sex education and HIV/AIDS awareness. The department should be well funded and organized so as to perform its duties effectively.

It is worrying that 34% of the learners stated that their school guidance and counselling departments are not effective and this may lead to learners searching for sexual advice from other uncomprehensive sources.

The learners also stated that 33% of teachers are not able to effectively respond to questions on sex education.

Teachers should be well conversant with sex education and HIV/AIDS awareness teachings so as to be able to offer conclusive guidance to the learners and avoid new infections.

The guidance and counselling department is also mandated to develop peer educator programmes. The aim of the program is to educate few students with the knowledge of sex education and HIV/AIDS awareness and other learners can easily consult with them. 42% of the learners indicated that their schools do not have a peer educator program. This clearly means that the guidance department has failed in its mandate or the peer educator program is not effective as it should be.

When the learners were asked on when was the last time a sex education program was held at their school; more than half of the students indicated that their schools had never held a sex education program.

This is a clear indication that sex education programs which contribute to HIV/AIDS awareness in schools are not being utilized to an effective level. This might be the cause of the high prevalence rate of HIV/AIDS between 15-24 years. The topic of sex education may also be seen as inappropriate to the learners at this age bracket hence this study agrees with (Dreweke, 2007)

## CHAPTER FIVE

# Summary of Findings, Conclusion and Recommendation

### 5.0 Introduction

This chapter discusses and provides conclusions from the study findings obtained during the research. It also provides recommendation on issues affecting guidance and how it can further be exploited so as to increase HIV/AIDS awareness among secondary school learners.

### 5.1 influence of guidance on HIV/AIDS awareness

The learners' awareness about HIV/AIDS depends on which section one is engaged in. On causes of HIV/AIDS, the learners are aware that blood transfusion, tattoos and scarification procedures, polygamy and drugs can easily lead to HIV/AIDS infection. What the learners are not aware of is that poverty and wars are indirect causes that can lead to HIV/AIDS infection. In this section the learners scored above average on the awareness on causes of HIV/AIDS hence they are aware on causes of HIV/AIDS.

On the section of stigmatization and discrimination, the learners were well aware that HIV/AIDS virus is not a punishment from God, hugging a HIV/AIDS positive person will not lead to an infection, carrying out economic activities with PLWHA will not lead to infection and children infected with HIV/AIDS virus cannot infect other children with the virus. What the learners were not aware of is that sex workers can be blamed wholly for the spread of HIV/AIDS in the society. The learners scored well above average in this section and it can be concluded that they are aware of stigmatization and discrimination of PLWHA.

On preventive and control measures of HIV/AIDS, the learners scored differently on each sub-section. On preventive measures sub-section, the learners are not aware that the first preventive measure is testing oneself, more than half of the learners have never heard of Prep and less than half of the learners identified that usage of condom and abstinence are preventive measures against HIV/AIDS infection. It can be concluded that learners are not aware of various preventive measures of HIV/AIDS.

On control measures sub-section, the learners are aware that a person can live for more than ten years with the virus. Furthermore, the learners also agreed that HIV/AIDS has no cure and a HIV/AIDS positive mother can give birth and raise a HIV/AIDS negative child through medical assistance. Therefore, it can be concluded that the learners are aware of various control measures of HIV/AIDS.

### 5.2 Influence of peer guidance on HIV/AIDS awareness

More than half of the learners clearly indicated that they usually receive sex education advice from their peers but less than a third stated that they have had a discussion about HIV/AIDS with their peers. It was also evident that peers do not freely open up on whether they are infected or affected by HIV/AIDS. It can be concluded that peer guidance can be used as an avenue of creating HIV/AIDS awareness but it is currently under-utilized and hence seen as not being effective.

### 5.3 Influence of Parental guidance on HIV/AIDS awareness

More than half of the learners have never received parental guidance on matters concerning HIV/AIDS awareness and sex education. Less than a quarter of the learners identified the father as the most available parent to talk to on sexual issues. It can therefore be concluded that parental guidance is doing little towards creating HIV/AIDS awareness hence becoming in-effective and the male parent should strive to become more accessible to the learner so as to provide sex education.

### 5.4 Influence of media guidance on HIV/AIDS awareness

The learner identified social media and internet as the media easiest to access sex education. The main problem is that social media and internet at large is not well regulated and the learner can access information that has been distorted. It is worrying to find out that most of the learners have never seen an advert concerning HI/AIDS in social media which is the most visited media by the learner in accessing sex education. It can be concluded that media guidance has not been fully utilized to create HIV/AIDS awareness among secondary school learners.

## 5.5 Influence of school guidance on HIV/AIDS awareness

School guidance is mainly provided by the guidance and counselling department and peer educator programs. More than half of the learners indicated that their school had an effective guidance and counselling department with capable staff who are able respond effectively on questions involving sex education and HIV/AIDS. It can therefore be concluded that guidance and counselling departments in the school have been able to create HIV/AIDS awareness among secondary school learners.

Nearly half of the learners stated that their schools do not have peer educator programs while half indicated that their schools had never held a sex education program. These programs provide an avenue for the learners to ask questions and acquire knowledge hence increasing their awareness on HIV/AIDS. It can be concluded that peer educator and sex education programs have been under-utilized by school hence reducing the influence of school guidance on HIV/AIDS awareness.

## 5.6 Conclusion

It can be concluded that guidance truly influences HIV/AIDS awareness among secondary learners' schools in Kenya. School guidance is the most effective and efficient source of guidance while media guidance in particular social media is highly under-utilized and distorted source of guidance.

## 5.7 Recommendations

Based on the finding of this study, the following recommendations have been formulated so as to increase the influence of guidance on HIV/AIDS awareness on secondary school in Kenya and future research. Learners should be encouraged to interact more to each other on matters concerning HIV/AIDS effects and impacts it's having in the society so as to create awareness. Parents should be advised to create an environment that will enable them to communicate freely with the learners about sex education and HIV/AIDS so as to create awareness. Further research should be carried out so as to identify why mothers are more accessible than fathers in discussing topics involving sex education with the learners. Media guidance can be achieved through social media and internet so proper laws should be formulated so that any information published in the internet is credible and authentic to avoid misleading the learner. Further research should be

done on whether various social media sites are carrying out adverts that create HIV/AIDS awareness. Schools should be encouraged to have well-functioning guidance and counselling departments that are able to carry out seminars, workshops, research and establish peer educator programs that create HIV/AIDS awareness

### 5.8 Prospects of future studies

Further research should be carried out on various factors that may effect on HIV/AIDS awareness among secondary school learners like counselling, social and economic background and gender. Research should also be done on each form of guidance separately so as to exhaust them fully. This research should be replicated in other parts of Kenya especially areas with high prevalence rate of HIV/AIDS.

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## APPENDIES

### Appendix 1 – Letter of Introduction

**LETTER OF INTRODUCTION**

P.O BOX 21840-0400

NAIROBI, KENYA

18TH September,2019

0700-360-611

Dear Respondent,

**RE: PERMISSION TO CARRY OUT RESEARCH**

I am a student pursuing post graduate Diploma in Education at the University of Nairobi. I'm currently conducting research on "Influence of guidance on HIV/AIDS Awareness among secondary school learners in Kenya."

Any information given shall be confidential and will not be used for any other purpose but academic.

Thank you for your consideration.

Yours Faithfully,

Dominic Munyu.

**Appendix 2 – STUDENT QUESTIONAIRRE**

The purpose of this questionnaire is to collect data to be used to examine the influence of guidance on HIV/AIDS awareness among secondary school learners. The information given by this questionnaire shall only be used for academic research purposes. Your response is voluntary and shall strictly remain confidential. You are politely requested to be truthful and objective as possible in your responses.

Fill in the appropriate response by use of a tick in every question in the boxes and parenthesis.

Please do not write your name anywhere on the questionnaire.

**SECTION A**

1. When was the last time you and your friends discussed about HIV/AIDS?

   Less than 3 months [ ]
   3-6 months [ ]
   1 year [ ]
   Never [ ]

2. Does your school have a peer educator programme?

   Yes [ ]
   No [ ]

3. Do you receive advice from your friends on matters concerning sex education?

   Yes [ ]
   No [ ]

4. Is any of your friends affected or infected with HIV/AIDS?

   Yes [ ]
   No [ ]

5. When was the last time you talked to your parents on matters concerning HIV/AIDS?

   Less than 3 months [ ]
   3-6 months [ ]
   1 year [ ]
   Never [ ]

6. Are your parent /guardians affected by HIV/AIDS?

   Yes [ ]

   No [ ]

7. Who is the most available parent to talk to about sex education?

   Mother [ ]

   Father [ ]

8. Does your school have an effective guidance and counselling department?

   Yes [ ]

   No [ ]

9. How often does your school organize for sex education program?

   Once a term [ ]

   Once a year [ ]

   Never [ ]

10. Are teachers able to effectively respond to questions on sex education?

    Yes [ ]

    No [ ]

11. Which media is easier to get information about sex education?

    Print media such as books [ ]

    Social media (Facebook) and Internet [ ]

    TV and Radio [ ]

12. Which social media have you ever seen an advert on HIV/AIDS?

    WhatsApp [ ]

    Facebook [ ]

    Instagram [ ]

    None [ ]

## SECTION B

Learners level of HIV/AIDS awareness

a) Please read each question carefully
b) Do not leave any question unanswered
c) Give a tick for the appropriate response

Part 1: Causes of HIV/AIDS

| | **YES** | **NO** | **MAYBE** | **I DON'T KNOW** |
|---|---|---|---|---|
| Can blood transfusion cause HIV/AIDS | | | | |
| Can Tattoos lead to HIV infection | | | | |
| Do STI's increase the chances of one contracting HIV/AIDS | | | | |
| Those who practice polygamy are at risk of contracting HIV/AIDS | | | | |
| Is poverty a major problem when tackling HIV/AIDS | | | | |
| Can wars lead to increase in HIV/AIDS infections | | | | |
| Are Drug users at risk of contracting HIV/AIDS | | | | |

Part 2: STIGMATIZATION AND DISCRIMINATION

| | **YES** | **NO** | **MAYBE** | **I DON'T KNOW** |
|---|---|---|---|---|
| Is HIV/AIDS a punishment for bad behavior from God | | | | |
| Should the spread of HIV/AIDS be associated with sex workers | | | | |
| Can a person hug a HIV/AIDS infected person | | | | |
| Can buying food from a HIV/AIDS infected person lead to infection | | | | |
| Are people infected with HIV/AIDS thin | | | | |
| Should HIV/AIDS positive children be allowed to play with HIV/AIDS negative children | | | | |

Part 3: PREVENTION AND CONTROL MEASURES

| | **YES** | **NO** | **MAYBE** | **I DON'T KNOW** |
|---|---|---|---|---|
| Have you ever been tested for HIV/AIDS | | | | |
| Can the usage of Condom and Abstinence reduce HIV infection | | | | |
| Have you ever heard of Prep | | | | |
| Can a person survive for 10 years when he/she is HIV/AIDS positive | | | | |
| Can a HIV positive mother give birth and raise a HIV/AIDS negative child | | | | |
| Is there a cure for HIV/AIDS | | | | |