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MASTER OF ARTS IN COMMUNICATION STUDIES

THE IMPACT OF HIV/AIDS COMMUNICATION STRATEGIES FOR
ADOLESCENTS: A CASE STUDY OF HIV/AIDS EDUCATION
PROGRAMME IN KENYA'S SECONDARY SCHOOLS

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DECLARATION

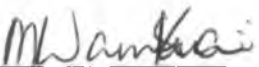
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This Project Paper has been submitted for examination with our approval as University Supervisors.

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DEDICATION

I dedicate this Research Paper to my loving wife Jacqueline and twin - sons Ndeto and Mutinda.

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My sincere gratitude goes to Ms Wambui Kiai and Mr. Edwin Nyutho who supervised this Research. I feel humbled by their timely advice, guidance and encouragement without which this study wouldn't have succeeded.

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Special thanks to my wife Jacqueline, for her continued love, support, prayers and encouragement which gave me the drive to complete my studies.

To you all, I am forever indebted.

May God bless you.

ABSTRACT

The purpose of this study was to evaluate the impact of HIV/AIDS communication strategies for adolescents. It was a case study of HIV/AIDS education programme in Kenya's secondary schools. AIDS Education consists of knowledge, skills and attitudes meant to assist the learners to develop and adopt behaviour that will prevent them from being infected with HIV.

The study found out that majority of the students were already aware of the AIDS facts and issues as spelt out in the AIDS Education Syllabus. Many indicated in their responses that they have acquired more AIDS awareness, information and knowledge through education. This is a positive development for the students. It is hoped that AIDS education will cause behaviour development and change that is appropriate to the youth's stage of development that will help in HIV/AIDS prevention and control.

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LIST OF ABBREVIATIONS AND ACRONYMS

AAWORD	:	Association of African Women for Research And Development
AIDS	:	Acquired Immune Deficiency Syndrome
AIDSCAP	:	AIDS Control and Prevention
ANC	:	Ante-Natal Clinic
CBS	:	Central Bureau of Statistics
CDC	:	Centres for Disease Control
GOK	:	Government of Kenya
HIV	:	Human Immunodeficiency Virus
KIE	:	Kenya Institute of Education
KNHACS	:	Kenya National HIV/AIDS Communication Strategy
LDCs	:	Least Developed Countries
MOH	:	Ministry of Health
NACC	:	National Aids Control Council
NASCOP	:	National AIDS and STD Control Programme
NGOs	:	Non-Governmental Organizations
STD	:	Sexually Transmitted Diseases
UN	:	United Nations
UNAIDS	:	United Nations Programme on HIV/AIDS
UNESCO	:	United Nations Educational, Scientific and Cultural Organization.
UNICEF	:	United Nations International Children’s Education Fund
VCT	:	Voluntary Counselling and Testing
WHO	:	World Health Organization
WHO/GPA	:	World Health Organization’s Global Programme on AIDS

CHAPTER 1

1.0 Background

Acquired Immune Deficiency Syndrome (AIDS) is a problem affecting all countries worldwide. By the beginning of year 2000, the Joint Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) estimated that over 34 million people were infected with HIV/AIDS, while 13 million people around the world had died from the disease.¹ Today, although one in every 100 adults in the sexually active age bracket (15 – 49) is living with HIV, only a tiny fraction know about their infections (NACC, 2000).

HIV/AIDS infections are concentrated in the least developed countries (LDCS) with 89 per cent of the people with HIV/AIDS living in Sub-Saharan Africa and Asia. Over two thirds of all people living with HIV/AIDS in the world, (22 million) live in Africa.² It is estimated that 87% of children living with HIV/AIDS in the world also live in Africa (NACC, 2000).

More than any other disease, HIV/AIDS is as much a social as a medical problem. Primarily transmitted through one of the commonest human activities, sexual intercourse, it brings protracted illness and early death to men and women in the

¹ Kenya National HIV/AIDS Strategic Plan, NACC, 2000 – 2005, Pg 1.

² Ibid.

prime of their lives, kills new-born children and leaves their old brothers and sisters in emotional and physical misery. The epidemic feeds on the deep divisions within our societies – illiteracy, ignorance, poverty and inequality between the sexes – and deepens those divisions by making our communities poorer.

In all but a few countries, the response to AIDS has been inadequate. Millions of men and women who are fully aware of the threat of HIV are unwilling or unable to protect themselves and their partners. Community, religious and political leaders have failed to understand the extent and the complex nature of the epidemic and have failed to provide the leadership required to protect their citizens' lives and livelihoods. And all too often the reaction toward those affected by the disease has been of fear, hatred and contempt instead of the compassion and assistance that they and the society as a whole require.

Acquired Immune Deficiency Syndrome (AIDS) is a tragedy of devastating proportions in Kenya. The lives of infected individuals, their families and communities, the companies and agencies they work for, and the society as a whole are all affected by HIV/AIDS pandemic (AIDSCAP, 1996). By June 2000, it is estimated that 1.5 million people in Kenya had died of AIDS since the epidemic started early in 1980s. The cumulative number of deaths due to HIV/AIDS in Kenya may rise to 2.6 million by the end of 2005, if no interventions are

introduced. The main modes of transmission of HIV are sexual contact, mother-to-child transmission and contact with blood.

The National AIDS Control Council (NACC) estimates that the national HIV prevalence rose from 5.3 per cent in 1990 to 13.1 per cent in 1999. Prevalence is generally higher in urban areas, with an average of 16-17 per cent than in rural areas, with an average of 11-12 percent.³

HIV/AIDS is difficult to combat because of the rising trend of poverty, its unpredictable progress and the underlying behavioural factors. Lack of resources to finance implementation of cost-effective interventions due to the prevailing weak economic performance is a major source of ongoing concern for Kenya.

This study seeks to evaluate HIV/AIDS communication strategies for adolescents in Secondary schools. Studies indicate that the highest proportion of AIDS cases are between 14-39 years and that adolescents are becoming sexually active at a younger age, (Nduati et al; 1996) meaning that the risk of AIDS is higher among this group. Further, there is concern about the fact that the reported cases do not represent the real picture of the magnitude of infection as some people are unable or unwilling to seek medical care or to go for testing (Kiai, 1996).

³ Op cit

Adolescence is defined by WHO as the age between 15-24 years. The Centre for Disease Control (CDC) defines it as 13-19 years, while the American Academy of Paediatrics and Society for Adolescent Medicine define it as 13-31 years (Nduati, et al; 1996). According to Oxford Advanced Learners Dictionary, an adolescent is a young person between childhood and adulthood (ages 13-17). For purposes of this research, this is the age bracket to be considered in the study (13-17 years).

Adolescent sexuality is associated with many adverse outcomes that include pregnancy, disrupted education, reduced employment opportunities, low income, unstable marriages, sexually transmitted diseases, and health and development risks for the children of adolescents, curtailed life, early widowhood and now orphans given the advent of HIV/AIDS. The concern for adolescents is from two view points; first, the 5-15 years age group is relatively free of HIV/AIDS and secondly it is extrapolated from epidemiological data that two out of every three HIV infected individuals acquired infection during adolescence (WHO/GPA). Thus, the adolescents and youth need to be targeted specifically so that they remain free of HIV infection.

Youths aged 0-15 years comprise 50 per cent of the total Kenyan population. Epidemiological data has demonstrated that the period 5-15 years is relatively free of HIV infection and the term "window of hope" has been coined.

Governments have been targeting this group of young people for information dissemination and training in methods of preventing HIV/AIDS.

After the age of 15 years, both HIV/AIDS and sexually transmitted diseases have been shown to increase rapidly in adolescents. This increase in HIV/AIDS and STDs correspond to initiation of sexual activity. Sexually transmitted diseases have been a significant co-factor in the transmission of HIV/AIDS.

Adolescents are reared in a nurturing unit, which is usually the family or clan. These units set the spiritual, emotional and physical identity of the youth. The family is very important in setting the limits for behaviour. Families that have a mutual closeness are characterised by youth who defer their sexuality (Grant 1988 in Nduati et al; 1996). However, lack of information and barriers in communication because of socially determined taboos, limits parents' ability to counsel the adolescents. The second barrier is the observation that parents have a bigger impact on the younger adolescent while the older adolescent are influenced more by their peers (Nduati, et al; 1996). Young people seek out peer groups in which they feel that their potential is fulfilled. These groups may have tremendous impact on the youth behaviour.

1.1 Problem Statement

This study sought to examine the impact of HIV/AIDS communication strategies for adolescents. It was, specifically, a case study of the HIV/AIDS Education Programme in Kenya's Secondary schools.

The need to focus on the HIV/AIDS Education programme was necessitated by such factors as the desperate situation brought about by the rising prevalence rate of HIV/AIDS, which calls for a candid analysis of the factors that constrain behaviour change. Adolescents have also been found to comprise the highest percentage of the infections in addition to facing a multiplicity of risks due to their vulnerability.

In a situation where the cure for AIDS has remained elusive, preventive efforts to further check the spread of HIV/AIDS has become the method of choice for stakeholders working in this particular field.

Young people comprise almost 60 percent of the total population in Kenya and have correctly been described as the window of hope in the fight against the HIV/AIDS pandemic.

There is no single underlying cause for the confirmed spread of AIDS. Hence there is no single means of prevention. AIDS requires a multi-method and multi-channel intervention guided by prior theory and research in a variety of disciplines, of which communication is an important one. With AIDS there is greater urgency to discover factors that produce high-risk behaviour. After all there is no cure for AIDS at this time; there is only prevention. The answer lies in the development of persuasive interventions for use through both mass media and interpersonal communication channels.

Adolescents constitute a particularly important and challenging target for AIDS prevention interventions. Several factors increase the probability of AIDS-risky behaviour by adolescents: a sense of invulnerability, sexual exploration and experimentation, dysfunctional beliefs and attitudes towards health care services and reliance on peer networks rather than adult sources of information.

Young people are much more vulnerable to HIV/AIDS than older people. Because their social, emotional and psychological development is incomplete, they tend to experiment with risky behaviour, often with little awareness of the danger. In fact, risky sexual behaviour is often part of a larger pattern of adolescent behaviour, including alcohol and drug abuse, delinquency and challenging authority.

A number of reasons explain why adolescents indulge in high risk sex. Adolescents become involved in sex probably for monetary gains. Poverty may explain their limited knowledge and involvement in high risk sexual encounters. There are gender differences in the reasons why adolescents indulge in sex. Boys have to demonstrate their dominance over girls and hence are aggressive in seducing them. Youth also indulge in sex with multiple partners in order to satisfy the sexual desire for change and find it important to experiment with different partners. Some young men want to prove they are real men and feel great and famous by having many partners. (Nduati, et al; 1996).

The general knowledge of AIDS and a recognition of AIDS as a personal threat to youth is a necessary prerequisite to behaviour change. AIDS is a communication and persuasion change. The war on AIDS will require a concerted effort on every front. As with other adolescent health issues, the fight against AIDS must be a multi-channel, multi-method and a multi-disciplinary fight.

This study derives from the concern over increase in HIV/AIDS prevalence among adolescents in spite of efforts to control it. Based on the problem stated, the study is an evaluation of the AIDS education programme for adolescents in Kenya's Secondary schools.

1.2 Objective of the Study

The objective of this study is as follows:

- To investigate the levels of awareness, knowledge and information the youth have gained through AIDS education programmes in schools in Kenya.

1.3 Justification of the Study

STIs including HIV are common among adolescents aged between 15 and 24 years and it has been estimated that half of all HIV infections have occurred among people aged under 25 years, which means that adolescents are at the greatest risk (WHO, 1995).

Adolescents are attaining puberty earlier and marrying later, and are therefore more likely to engage in pre-marital sex than members of their parents' generation were. Vulnerability to HIV is systematically patterned so as to make some young people more likely to be infected than others.

Given the significant numbers of young people living in the Less Developed Countries (LDCs) seriously affected by the epidemic, it is crucial that intervention is undertaken to ensure that they are able to protect themselves.

This involves provision of information and resources as well as promoting a climate, which understands young people and their sexual reproductive health needs. Such interventions include the school-based programmes that comprise the provision of factual information through posters, songs, poetry and theatre. Another intervention is the HIV/AIDS Education programme taught in schools.

It is justified to study the impact of the HIV/AIDS Education Programme. The results of the study could benefit the government in establishing whether the programme is a success or otherwise. The study also addresses a topic that lacks extensive research and evaluation but is critical in advancing the needs of the youth. The study will also contribute significantly in determining the levels of HIV/AIDS awareness among the youth in high school.

The magnitude and impact of HIV/AIDS in Kenya is not just a major public health problem and development challenge but is increasingly creating severe negative socio-economic impact. The realisation that Kenya is losing about 500 of its people daily to HIV/AIDS has led the government to declare HIV/AIDS, a National Disaster. More than one million people have developed AIDS and died since 1984, leaving behind close to one million orphans. In 1999, about two million Kenyans were living with HIV. In one year alone, close to 200,000 new HIV infections occur in the country and about seventy three per cent of those

already infected live in rural areas. AIDS has been reported in every district in Kenya.

While a cure or vaccine remain elusive, AIDS remains the biggest challenge to the government because of its current and future impact on Kenya's economic growth. This is why former President Daniel Arap Moi, while addressing members of Parliament in Mombasa on 25th November, 1999, declared AIDS a National Disaster stating:

“Aids is not just a serious threat to our very social and economic development, it is a real threat to our very existence ... AIDS has reduced many families to the status of beggars ... no family in Kenya remains untouched by the suffering and death caused by AIDS... the real solution of the spread of AIDS lies with each and everyone of us.”⁴

There are no easy answers when it comes to deciding how to teach adolescents about AIDS, and persuading them to protect themselves from AIDS is an even greater challenge. Adolescents often perceive themselves to be invulnerable, and most young people perceive AIDS to be only a remote possibility. This perception is strengthened by the fact that they have rarely been taught to take responsibility for their health.

⁴ Op Cit, xi

A significant shift which is relevant to AIDS communication and adolescents is that audiences are no longer viewed as being passive and recipient to any messages as determined by project/program initiators. In order to be able to develop programmes that address change and behaviour in adolescents it is important to have an understanding of the youth, culture surrounding sexuality, their sources of information and the factors that influence them (Nduati, et al; 1996).

Factors that affect human and social behaviour, such as poverty, discrimination, and disenfranchisement have to be addressed on a global basis if HIV/AIDS epidemic is to be controlled. AIDS has revealed the gaps in the understanding of how human behaviour is motivated and how it can be changed. The findings of this study could go a long way in contributing to policy making and implementation for effective control of HIV/AIDS among the youth.

1.4 Scope of the Study

Although there are many interventions targeting the youth and with the express objective of preventing the transmission of HIV/AIDS, this study will focus on only one intervention – AIDS education intervention in schools.

Due to limitations of time and finances, the study will take place in Nairobi. The duration to be taken is three (3) months.

The findings of this study will then be used as a representation of the overall state of HIV/AIDS situation in adolescents in other schools.

1.5 Definition of Terms

- *AIDS*: Acquired Immune Deficiency Syndrome: A cluster of medical conditions often referred to as opportunistic infections and cancers for which, to date, there is no cure.
- *Impact*: It means strong impression or effect on somebody.
- *HIV*: Human Immuno-Virus. This virus weakens the body's immune system, ultimately causing AIDS.
- *Education*: It means a system of training and instruction, especially of children and young people in schools, designed to give knowledge and develop skills.
- *Programme*: A plan of what is intended to be done. A programmed course is an educational course in which the material to be learnt is presented in small, carefully graded amounts.

- *Communication*: A process of transmission of modes of thinking, feeling, and behaving from one person or more persons to another person (s). An important goal of communication is persuasion and feedback.
- *Strategy*: It means a plan or policy designed for a particular purpose.
- *Intervention*: An instance of interfering or becoming involved to prevent something from happening.
- *Adolescent*: A young person between childhood and adulthood, roughly between the ages of 13 and 17.
- *School*: It means an institution for educating children, either primary or secondary

CHAPTER 2

2.0 Literature Review

2.1 Overview

In the last 20 years, HIV/AIDS has evolved into a global pandemic. Sub-Saharan Africa has borne the brunt of this pandemic because of the socio-economic, political and cultural factors that provide fertile grounds for an explosion of the disease. Poverty and illiteracy have contributed by limiting access to information and ability to modify lifestyles in order to reduce the risk of infection. Poverty has resulted in African governments being unable to provide sufficient health care and as a result sexually transmitted diseases which fuel HIV/AIDS epidemic are rampant. Poverty, lack of employment and male migration to urban centres have made it more difficult for African families to hold together as a unit thus rendering them less able to nurture their offspring and at the same time exposing them to lifestyles that increase the risk of HIV/AIDS.

There is still no cure for HIV/AIDS and prevention is the mainstay of controlling the epidemic.

The youth need culturally sensitive programs that provide an explicit and honest explanation to sexuality, gender issues, safer sexual practices STDs and HIV, safer motherhood, and family planning. All potential behavioural change including abstinence or condom use should be presented.

In the new AIDS Education Syllabus for schools and colleges developed by the Kenya Institute of Education, culture has been presented as an area of study. In “Bloom or Doom: Your choice,”⁵ a resource book for teaching secondary school students, the chapter on culture is very explicit. The author looks at culture as a dynamic process which determines how, where and why we live the way we do. Our culture reflects what we have inherited from our ancestors and how we have adapted to it to the current situation.

As our lifestyle changes, so do our needs. Our traditional cultural practices had a role for each member of the society. Just like the traditional cultures saw the need for identifying suitable leisure activities for youth, so do modern cultures. Most communities have activities for members to participate in during leisure time. These activities are positively geared to spiritually, physically and socially benefit us. They are also trouble free and carefully planned to avoid situations that expose us to risks of misusing leisure or even contracting AIDS.

⁵ Bloom or Doom: Your Choice, An AIDS resource book for youth in and out of Secondary Schools, by KIE.

Since culture keeps changing, the school curriculum also changes. Our culture has changed significantly since the onset of HIV/AIDS. This has made it necessary to teach the youth about HIV/AIDS in order to create awareness on how some of the cultural practices can be a means of transmitting HIV/AIDS. This will then help in controlling the spread of HIV/AIDS.

In any discussion of HIV/AIDS and behaviour, the centrality of culture cannot be ignored. Clearly, because the specific interest lies in the change of behaviour which is governed by attitude and levels of knowledge, special concern and analysis of culture must be given in HIV/AIDS programs.

Certain aspects of culture are pertinent in any deliberation on communication on HIV/AIDS and behaviour. The basic consideration is that:

“Culture constitutes the very matrix within which people formulate their ideas, within which they carry out their activities.”⁶ (Borofsky in Nduati, et al; 1996).

A comprehensive understanding of what cultural dynamics are at play with regard to behaviour relationships and how this impacts on the spread of HIV/AIDS is a necessity.

⁶ Nduati, et al, *Communicating with Adolescents on HIV/AIDS in East and Southern Africa*, Pg 52.

In the diverse African cultures, the passage from childhood into adulthood was marked with a variety of rites and specific customs. Customs are important building blocks for each culture. Each of the African countries has had a diversity of cultures and it's only in the 20th century that a process of developing a national culture has emerged. Culture is based on sets of customary laws that are different from the written laws. Customary laws define the transition from childhood to adulthood, and prescribe behaviours and roles that newly initiated adults should take (Balmer 1994 in Nduati, et al; 1996).

In the latter part of the 20th century, the adolescent in Africa has been exposed to political change as countries experienced a transition from colonialism to independence, civil strife, dictatorship, military coups, wars and internal displacement. In the late 80s, and beyond, HIV/AIDS has decimated families and increasingly young adolescents are called upon to be the heads of households. At the same time, Africa has been in economic crises for several years and the population has experienced poverty, which affect the adolescents in their spheres such as education and meeting of their basic needs.

The influence of Westernization has led to change in social interaction and social patterns, which in turn has resulted the lack of common responsibility on social issues. For instance, the lack of clear definition of who will undertake sex education for adolescents, the confusion created by the cultural vacuum has

hampered communities and governments from developing a clear policy. The prevailing political, cultural, economic and social turmoil in Africa has resulted in the emergence of the disempowered and demoralized adult society, that is complacent or helpless when faced with handling the issue of adolescent development, or with the HIV/AIDS epidemic (Nduati, et al; 1996).

Over the last decade, HIV/AIDS has become the world's most devastating epidemic, particularly in developing countries, where many governments have declared it an emergency. Worldwide, it is estimated that about 22 million people have died of AIDS; 36 million are currently infected with HIV, the virus that causes AIDS; and out of these, approximately 70% live in Sub-Saharan Africa (NASCO, 2001).

The first AIDS case in Kenya was observed in the mid-1980s; by 1995, 63,179 cases had been reported. Presently, it is estimated that about 2.2 million Kenyans are infected with HIV/AIDS, while 1.5 million Kenyans have already died from the virus. In Kenya, most people contract HIV through heterosexual contact, while a significant proportion of mothers pass the virus to the child during pregnancy, labour and delivery or through breastfeeding. It is also estimated that about 5 to

10% of infections in developing countries like Kenya is acquired through blood transfusion.⁷ (NACC, 2001).

In the early years of the epidemic, programme managers often leaked information on the mode of transmission and the interventions necessary to slow down the spread of this deadly virus. In more recent years knowledge about the virus has grown tremendously, making it easier to monitor the trends while measuring the impact of various interventions.

The government is committed to winning the battle against HIV and AIDS. On 25th November, 1999 the then President Daniel Arap Moi declared AIDS a national disaster. Subsequently, the government mobilized, additional resources and established a National AIDS Control Council to advocate, strengthen and coordinate the multisectoral response to contain the spread of the HIV virus and mitigate the impact of AIDS.

Against the reality of a fast-growing epidemic and prohibitive cost of antiretroviral drugs to treat most people with AIDS, most efforts are aimed at prevention through increasing awareness about the risk of transmission of HIV and promoting positive behaviour change. This includes promoting abstinence before marriage and faithfulness to one partner, and the availability and use of

⁷ AIDS in Kenya, Background, Projections. Impact, Interventions, Policy, NACC, 6th Edition, 2001, Pg V.

condoms by those who are sexually active and at the risk of spreading or contracting HIV. Establishment of Voluntary Counselling and testing (VCT) centres, early diagnosis and treatment of sexually transmitted diseases and tuberculosis, provision of services to prevent mother-to-child transmission, and maintaining safe blood supply and equipment at health centres are other important interventions.

Since there is no cure for AIDS, this disease threatens the social and economic future of the country. However, this threat can be overcome; its outcome is not inevitable. If we act now, there is much we can do to slow the spread of HIV and reduce its negative impact on development. In his foreword to the Kenya National HIV/AIDS strategic plan, the then President, Daniel Arap Moi declared, "The fight against AIDS is a war we must win!"⁸ (NACC, 2000).

The major mode of transmission of HIV in Kenya is through sexual relations. The epidemic primarily affects young working age, sexually active adults – the people between the ages 15 and 50. Both women and men become infected in similar numbers, but women tend to become infected at a younger age than men, reflecting the biological and social vulnerability of teenage women.

⁸ Kenya National HIV/AIDS Strategic Plan, 2000 – 2005, Pg x.

Why does adolescence increase vulnerability to HIV/AIDS? Adolescence is a period of unpredictable behaviour. Lacking the judgement that comes with experience, adolescents cannot appreciate the adverse consequences of their actions.

The risks of HIV/AIDS may be particularly hard for young people to grasp. Because HIV has a long incubation period, a person's risky behaviour does not have immediately apparent consequences. At the same time, the potential social costs to a young person of preventing HIV infection – including loss of the relationship, loss of trust, and loss of peer acceptance – can be too high a price for most adolescents to bear. Moreover, many young people are unaware of what constitutes risky sexual behaviour.⁹

Even if they appreciate the risks for HIV/AIDS in general, many adolescents believe that they are invulnerable themselves. Even when they know the risk, some young people may ignore it. Young women may engage intentionally in risky sexual behaviour especially in cultures where marriage is highly valued and a woman's status depends on finding a husband and having children. In some parts of Cameroon competition for eligible men is keen. Thus young women who face the threat of being displaced by other girlfriends may engage in unprotected sexual intercourse to bolster their chances of marriage. In parts of Asia, young

⁹ Youth and HIV/AIDS: <http://www.jhuccp.org/pr/112/112chap3.shtml>

women may become sex workers because they receive higher pay than in many other occupations.¹⁰

For many adolescents, experimenting with tobacco, alcohol, sex and drugs are rites of passage. The propensity to take risks applies to all sorts of risks. In Tanzania, for example, youth aged 16 to 24 who smoke and drink alcohol are four times more likely than others that age to have multiple sex partners. In Kenya, the single most important predictor of sexual activity among adolescent women is using alcohol, drugs or tobacco.¹¹

The HIV/AIDS pandemic in Sub-Saharan African countries is a clear and possible threat, which demands urgent attention. An integrated approach using all relevant means and channels in society is required to confront the threat and use communication media is especially important in this respect. Bringing about positive results in the efforts to stem the prevalence of HIV/AIDS depends, among other things, on the existence of an informed public that is sensitive to the causes, spread and prevention of the epidemic.

Communication holds the key to containing HIV transmission and coping with the effects of the AIDS pandemic. However, over the last 20 years, communications have failed spectacularly to confront and contain HIV/AIDS,

¹⁰ Ibid

¹¹ Ibid.

and in this period, it has killed more than 20 million. In 2002, more than 3 million died from AIDS (Panos Report, 2003).

In “Missing the Message? 20 years of learning from HIV/AIDS” a report issued for World AIDS Day, Panos evaluated HIV/AIDS communication to date and argues that it is time for nothing less than a fundamental reappraisal of HIV communication strategies.

Though it is widely reported that the strength and vision of national political leadership in the cases of Uganda, Senegal, Thailand and Brazil have been crucial to successfully combating HIV/AIDS, those successes also have other lesser-known ingredients such as open public debate. This open debate, with local, public participation and ownership is crucial.

Drawing on the UNAIDS Communication Framework for HIV/AIDS and the Rockefeller Foundation Communication for Social Change Network, the report identifies that most current theories of HIV communication programming have many weaknesses including:

- The assumption that decisions about HIV/AIDS prevention are based on rational, volitional thinking with no regard true-to-life emotional responses to engaging in sex.

- The focus on condom promotion to the exclusion of the need to address the importance and centrality of social contexts, including government policy, socio-economic status, culture, gender relations and spirituality.

Approaches should move from putting out messages to fostering an environment where the voice of the most affected by the epidemic can be heard. This shift from message to voice is much more effective. While HIV/AIDS information and key health message remain crucial, it is important to look beyond these messages – no matter how empowering and context-sensitive they might be – and help to develop environments where vibrant and internally derived dialogue can flourish.

2.2 Effects of HIV Infection and AIDS

An individual gets affected by HIV/AIDS both physically and psychologically. As the HIV infection gradually leads to full blown AIDS, the infected person experiences the social stigma that is associated with the disease. His/her weakened condition denies him/her the opportunity to work and earn a living. This leads to economic hardships due to the loss in earnings. This is especially difficult for such a person because he needs money for medical care arising from the opportunistic infections that often afflict persons suffering from AIDS. These people also need to maintain a balanced diet, which in some cases can be very expensive.

The loss of earnings does not only affect the infected person. It also affects the members of his/her family, especially if he/she is a parent or sole bread earner. Since individual families do not live in isolation, the communities they live in also get affected, and in the long run, this loss is felt by the nation at large. When a person is unable to produce in whatever capacity, either in agriculture industry, or other forms of skilled labour, then certain sectors of the economy suffer.

HIV/AIDS, therefore, infects people on one hand, and affects those that interact with the infected persons from day to day. When a person is infected with AIDS, he ceases to contribute actively to community activities. Since many communities together form a nation, the effects of AIDS on an individual are finally translated into the effects on the country at large.

Many people who are dying of AIDS are young adults who have been educated using the country's resources. They are the ones working in key sectors, in the economy. If death due to HIV/AIDS continues unchecked, then the country will not have enough doctors, engineers, teachers, lawyers and other skilled workers necessary to manage the country's economy. In rural areas, the productive people who are involved in food production activities belong to the group that is at greatest risk of getting infected with the disease (KIE; 1999).

Everyone, irrespective of their sex, social status, race or age can get infected with the virus. However, infection and transmission of HIV/AIDS can be prevented. The hope for the control and spread of HIV/AIDS lies with the youth. Adopting the behaviour, which will not lead to infection and spread the virus, can do this.

There is no cure for HIV/AIDS or any known vaccination against the virus. Because of this, the disease is dreaded in society. It is often associated with death and once people discover that they are infected, they become devastated. It is this devastation that causes the psychological problems facing persons infected with HIV/AIDS.

Persons infected with HIV, therefore, should not be subjected to cruel treatment, but should be handled with love, support and understanding.

2.3 Interventions for Preventing the Transmission of HIV

The impact of AIDS will be very severe in Kenya if HIV infection continues to spread rapidly. However a number of interventions can slow the spread.

The major mode of transmission is through heterosexual contact and it is especially in this area that interventions have to be intensified. Interventions include promoting abstinence and faithfulness, promoting reduction in the

number of sexual partners, encouraging delay in the onset of sexual activity among adolescents, promoting the correct use and consistent availability of condoms, strengthening programmes for STD control, and encouraging voluntary counselling and testing (MOH, 2001).

2.3 (a) Promoting Abstinence Before Marriage and Faithfulness

to One Partner

Abstinence and faithfulness can be promoted through a combination of mass media, counselling and education programmes. Delay in the onset of sexual activity among adolescents can have a significant impact on the spread of HIV. Information, education, communication and other programmes that address adolescents and the needs of young people are urgently needed. A reduction in HIV incidence (the annual rate of new infections) among today's young people would not only avoid much suffering but would also be a critical step in controlling the spread of the virus.

2.3 (b) Promoting Voluntary Counselling and Testing

In Voluntary Counselling and Testing (VCT) for HIV, a person receives the counselling needed to make an informed choice about whether to undergo confidential testing for HIV. The government of Kenya is fully committed to

encouraging the provision of VCT services throughout Kenya so that all Kenyans who wish to know their HIV serostatus will have access to these services.

HIV Voluntary Counselling and Testing has been shown to have a role in both preventing HIV infection and, for people with the infection, as an entry point to care. It gives people an opportunity to learn to accept their HIV status in a confidential environment with counselling and referral for ongoing emotional support and medical care.

Pregnant women who are aware that they are HIV positive can prevent transmission to their infants. Knowledge of HIV status can also help people decide how to protect their sexual partners from infection if they are HIV positive. Studies have indicated that VCT can be a cost-effective intervention in preventing HIV transmission.

2.3 (c) Promoting the Use of and Availability of Condoms

Another important intervention is to promote condom use through mass media, counselling and education and to increase the availability of condoms through expanded public distribution, social marketing programmes and programmes in the workplace. Special initiatives to promote condom use among high-risk

populations (such as commercial sex workers and long distance truck drivers) have proven effective in some cases.

2.3 (d) Preventing Infection in Young People

Levels of HIV infection are alarmingly high among young people, particularly young women. Special efforts are required to protect the youth. It is difficult to change any behaviour pattern, and especially sexual behaviour pattern, once it has become a habit. Around the world, successful prevention programmes among young people are those that equip adolescents with the knowledge, skills and attitudes that will keep them safe from infection before they become sexually active.

The government has recognized the vulnerability of youth. In Sessional Paper on AIDS in Kenya, it has committed itself to protecting young people from HIV infection by equipping them with adequate knowledge and skills. Further, the government has stated that, as a matter of policy, it has integrated AIDS education programmes into existing school curricula.

2.4 Impact of HIV/AIDS on the education sector

The HIV/AIDS epidemic affects the education sector in at least three ways:

- Supply of experienced teachers is reduced by HIV/AIDS related illness and death;
- Children are kept out of School if they are needed at home, to care for sick family members or to work in the fields; and
- Children may drop out of school if their families cannot afford school fees due to reduced household income as a result of an HIV/AIDS death.

A special problem facing the education sector is that teenage children are especially susceptible to HIV infection. The sector faces a special challenge of educating this group to protect themselves.

Kenya has a literacy rate of 76 per cent for females (NACC, 2000). Despite the advantages of these high literacy rates, the AIDS pandemic is threatening to reverse enrolment and completion rates. This will raise the proportion of vulnerable children and increase the incidence of child labour.

For many years there have been inadequacies in the Kenyan educational curricular which are generally not designed to discuss the many sensitive issues surrounding HIV/AIDS. Consequently, the introduction of essential family life

skills have been inhibited or prohibited. However, the Ministry of Education through the Kenya Institute of Education has prepared an AIDS education syllabus for schools and colleges. It is now possible to teach AIDS education right from the primary schools through to college level.

The introduction of AIDS Education Syllabus for schools and colleges presents yet another milestone in education. It is a response to the challenges of HIV/AIDS prevention and control. The syllabus puts great emphasis on the need for behaviour development and change in order to combat the challenges posed by HIV/AIDS.

The AIDS education syllabus for schools prepared by the Kenya Institute of Education is divided into three sections: Primary school syllabus, Secondary school syllabus and Teachers Training College syllabus.

The purpose of the Secondary school AIDS curriculum, which happens to form the basis of this study, is to equip the students with the necessary knowledge, skills and attitudes that will enable them adopt behaviour that will help them take preventive measures against being infected with and spreading HIV/AIDS. In turn, it is anticipated that the students will communicate effectively, facts and issues on HIV/AIDS to their peers and other members of the society.

The government through the National Aids Control Council has come up with a National HIV/AIDS Strategic Plan for the year 2000 – 2005. In this strategy, the government identifies the education sector to be a crucial one and therefore suggests several interventions and policy recommendations to forestall the impact of HIV/AIDS. Priority interventions in this sector include:

- prevention and advocacy
- enhanced community care for HIV/AIDS patients to avoid children being kept out of school to take care of sick relatives;
- affirmative action by local community leaders, government, NGOs and local authorities in terms of school bursary funds.
- better parenting of teenage children through inculcating good moral values. In addition, enhanced counselling of teenagers by religious leaders, and local leaders.
- affirmative action to increase the girl child education. This is expected to prevent mother to child HIV/AIDS transmission through increased awareness;
- using teachers as role models to sensitize school going children and the wider community on the dangers posed by HIV/AIDS pandemic;
- counselling and sensitization of teaching fraternity, from college level to practising teachers;
- better succession management in the education sector;

- introduce family life education in schools to ensure sustainability of the strategic plan in context of the education sectors.
- enhanced resource mobilisation to cater for the wider school curricula, and;
- research and development of Information and Education and Communication (IEC) and AIDS curricula in learning institutions.¹²

2.6 School Based Programs

There are a number of school programs that address HIV/AIDS to adolescents. The common approach to anti-AIDS programs to the youths has been either through a school curriculum or through activities organised through the school or through the community. School based programs include activities that are

¹² Kenya National HIV/AIDS Strategic Plan, 2000 – 2005, Pg 17.

carried out as part of the curriculum, and informal activities that are carried out through voluntary involvement.

In June 2001 member states at the United Nations General Assembly Special Session on AIDS agreed to “ensure that by 2005, at least 90% of young men and women aged 15 to 24 have access to the information and education necessary to develop the life skill required to reduce their vulnerability to HIV infection.”¹³ One way to achieve this goal, at least in theory, is through a country’s education system – especially if the programs reach students at an early age, before some begin to drop out of school. At the International AIDS Conference in Durban in 2000, the “Prevention Works” Symposium recommended that HIV/AIDS education begin early, focusing on children as young as five years old.¹⁴

2.7 Kenya Institute of Education AIDS Education Project for the Youth

The Kenya Institute of Education (KIE) is charged with the mandate of developing school curriculum for Kenyan schools from primary school through to middle level colleges. There is a whole department in this unit that is devoted to HIV/AIDS/STD curriculum development. HIV/AIDS/STD curriculum is taught

¹³ http://www.jhuccp.org/pr/112/112_chap4-2.shtml.

¹⁴ Ibid.

as part of the family life program that has been taught in schools since 1987.

HIV/AIDS is dealt with as a communicable disease.

The most recent review of the curriculum has identified the need to strengthen its teaching and a proposal was developed and funding obtained from UNICEF. The main thrust has been;

- To develop a comprehensive curriculum
- Develop student materials
- Train teachers

The current objectives are to expand and strengthen teaching of the HIV/AIDS curriculum. A life skills training approach has been adopted and inbuilt for this is the child-to-child approach. This method is cognisant of the reality that children need both knowledge and skills to achieve the goals of risk – free behaviour. The program also recognizes that children do not attend school or drop out and hence their school going peers are trained in child-to child activities so that they can reach their peers.

The curriculum was planned in 3 phases;

- Curriculum and materials development
- Teacher training and
- Supervision and evaluation of the program.

A needs assessment was carried out in Nairobi, Kwale, Busia and Migori districts supported by UNICEF. The results of this study have been used to develop materials and teachers manuals. The first phase has been completed. The second and third phase have not been implemented because of lack of funds. Funding and technical support was from UNICEF, Kenya country office.

Until recently, AIDS had been infused into the subjects of home Science, Religious studies and Geography, History and Civics.

It is taught from Standard 1 in primary school throughout to the end of Secondary school. The new thrust in the curriculum has been to show teachers how they can integrate AIDS into all subjects, e.g. in maths, AIDS data would be used when teaching on bar charts. It has been hoped that in this approach, life skills are instilled in children. These skills include ability to make decisions, skills on the concept of building friendships and relationships, assertiveness, ability to think critically and skills on how to negotiate. Teachers will be trained on how to instil life skills and to recognize that children can be very effective peer educators.

Student materials have been developed and they promote interactive reading and learning. For example, in "Bloom or Doom: Your Choice," which is an AIDS resource book for Youth in and out of Secondary schools, there are case studies

followed by questions and role plays, and teachers are encouraged to generate discussion among the students. The curriculum aims to equip the learner with knowledge about HIV/AIDS/STDs, actions that can be taken to protect oneself from AIDS and how to support those affected by AIDS (KIE, 1999).

AIDS Education consists of knowledge, skills and attitudes meant to assist the learners to develop and adopt behaviour that will prevent them from being infected with HIV. It will also equip them with the necessary skills to pass on AIDS information to others. This will help them prevent HIV infection and control the spread of AIDS.¹⁵

The major purpose of AIDS Education is behaviour development and change that is appropriate to the youth's stage of development that will help him (or her) in HIV/AIDS prevention and control.

General Objectives

The learner should be able to;

- acquire necessary knowledge, skills about HIV/AIDS, STD's
- appreciate facts and issues related to HIV/AIDS and STDs
- develop life skills that will lead to AIDS and STDs free life

¹⁵ AIDS Education Syllabus for Secondary Schools and Colleges, Pg viii.

- identify appropriate sources of information on HIV/AIDS related issues
- make decisions about personal and social behaviour that reduce risk of HIV and STD's infection
- show compassion towards and concern for those infected and affected by HIV/AIDS.
- to be actively involved in school and out of school activities aimed at prevention and control of HIV and STD's infections.
- communicate effectively with peers and others, issues and concerns related to HIV/AIDS and STD's.¹⁶

The Secondary AIDS education syllabus deals with the subject matter in greater depth. The specific objectives are;

- Be able to define the terms HIV/AIDS/STDs
- Explain the causes of AIDS/STDs
- Relate HIV infection to STDs and AIDS
- Explain the different ways of acquiring AIDS
- Know the ways AIDS is not transmitted
- Develop the habit of positive living as a group member
- State the different stages of HIV infection
- State ways of prevention and control of AIDS

¹⁶ Nduati, et al, Communicating with Adolescents on HIV/AIDS in East & Southern Africa, Pg. 109.

- Develop the skills that will enable learners to decide and act in the prevention of HIV infection
- Explain the effects of AIDS in relation to family, community and the nation
- Identify beliefs and practices which promote or control the spread of HIV/AIDS
- Develop a sensitive attitude towards people with AIDS
- Describe ways of providing care and support to persons with AIDS
- Develop skills in caring and supporting persons infected and affected by AIDS.

In addition, the curriculum covers adolescent physical and psychological development and aims to develop skills in the youth on how to be responsible, and to cope with these changes better. Religious and cultural values and their role in promoting or preventing AIDS are discussed in the context of learning how to relate appropriately to members of the opposite sex, and learning proper management of work and leisure time. The Secondary AIDS Education Syllabus is taught in 78 lessons of 40 minutes each (52 hours).

Young people are highly vulnerable to HIV infection and should be a primary focus of communication strategy activities. Classrooms provide a great opportunity for the development of moral values since children are in their

formative years and more readily able to absorb information on HIV/AIDS risk and to adopt safer attitudes and sexual practices.

Schools provide many opportunities for accurate and comprehensive HIV/AIDS education, behaviour development and values formation through life skills programme that teach negotiation and assertiveness. The Ministry of Education has commenced AIDS education in schools and although there are challenges, NACC has initiated a process to ensure that there is an appropriate range of communication materials to support these activities.

The capacity of teachers also needs to be addressed through training programmes and the provision of reference materials. Teacher training in any subject is important. For teaching information and skills related to reproductive health and HIV/AIDS, teacher training is even more essential and complex. In many countries of Sub-Saharan Africa, the AIDS epidemic has spread to the general population, with up to half of all new HIV infections occurring among the youth under age 25 (Tijuna, et al; 2004). Since most youth attend school at least for primary education, school-based programs are a logical place to reach young people. Understanding the importance and techniques of teacher training in sexuality education in Africa is particularly urgent.

The 2001 United Nations General Assembly Special Session on AIDS sought to ensure that by 2005, at least 90 percent of the world's youth have access to information and education necessary to reduce their vulnerability to AIDS (Tijuana et al, 2004). Teachers are a crucial link in providing valuable information about reproductive health and HIV/AIDS to youth. But to do so effectively, they need to understand the subject, acquire good teaching techniques, and understand what is developmentally and culturally appropriate. Teacher attitudes and experiences affect their comfort with, and capacity to teach about HIV/AIDS.¹⁷

Teachers are often the main adults other than family members with whom young people interact on a daily basis. In an era of HIV/AIDS, teachers play an even more critical role of being a source of accurate information and a person with whom young people can raise sensitive and complicated issues about sexuality. As the AIDS epidemic spreads, the need becomes more urgent for teachers to discuss AIDS in the context of human development, sexuality and pregnancy prevention. Teachers also need to know how to protect their own health and the importance of not putting any of their students at risk through their own behaviours.

¹⁷ Tijuana A. James, et al, *Teacher Training: Essential for School Based Reproductive Health & HIV/AIDS Education*.

Ideally, as trusted gatekeepers of information, teachers can be instrumental in imparting knowledge and skills to young people. Teachers can function as role models, advocates for healthy school environments, guides for students in need of services, resources for accurate information, mentors and effective instructors. But to meet these expectations in the AIDS era, teachers need skills and knowledge as well as support from the educational system and broader community.

The HIV/AIDS epidemic in developing countries has resulted in more attention to developing student curricula and training teachers to use the curricula. All ministries of education are implementing one or more interventions to combat the epidemic in the education system (Akoulouze, et al; in Tijuana, et al; 2004).

Linkages between school programmes and community interventions around the schools are encouraged. HIV/AIDS communication should also be integrated into extracurricular activities, parent and teacher associations and boards of governors' meetings (NACC, 2003).

The aim of this proposed study is therefore to evaluate the effectiveness of the school-based communication programme in the prevention of HIV/AIDS in adolescents. In this regard, the study will focus on HIV education programme in secondary schools.

2.8 THEORETICAL FRAMEWORK

2.8.1 Behaviour Change Theories

This study will use three theories to show how they relate to the study. The basic aim of science is to find general explanations to natural events. According to Singleton (et al), 1988, all empirical studies should be grounded in theory. This means that they are conducted scientifically and can be empirically tested. Kerlinger at al, 1964, defines theory as “a set of interrelated concepts, definitions, and prepositions that present a systematic view of phenomenon by specifying relations among the variables with the purpose of explaining and predicting the phenomena”. This means that the very nature of theory lies in its explanation of observed phenomena.

The use of theoretical models to address relevant HIV/AIDS issues in the Kenyan context requires careful consideration. This is due to the fact that no one model adequately addresses the wide range of variables which inhibit or facilitate the behaviour change process. It is more likely that a combination of a number of these theoretical approaches will provide the optimum response for communications program planning in Kenya.

2.8.2 Symbolic Interaction Theory

The basic argument of the theory is that, although people can learn through directly experiencing the consequences of their own behaviour, most human behaviour is learned observationally through modelling; from observing others, one forms an idea of how new behaviours are performed, and on later occasions this coded information serves as a guide for action.

The theory argues that most human behaviour is learned observationally through the informative function of modelling. Modelling is governed by the ability to observe the modelled activities, code them for memory presentation, retain them and match the modelled behaviour.

Social learning theory postulates behaviour as being regulated by the interplay of self-generated and external sources of influence. The theory recognizes that there is a continuous reciprocal interaction among person's behaviour, events going on inside the person (thoughts, emotional reactions, and expectations) and the environmental consequences of that behaviour.

From the social learning perspective, people, and students, enact what they have learned.

2.8.3 Diffusion Theory

One of the most important applications of mass communication research has been concerned with the process of encouraging the adoption of innovations. This is relevant both to developing and more advanced societies, since there is a continuing need, under conditions of social and technological change, to replace old methods by new techniques. It concerns mass communication, since there are many circumstances where potential changes originate in scientific research and public policy which, to be effective, have to be applied by many individuals or small organizations which are outside the direct centralized control of government or large undertakings (McQuail, et al; 1981).

According to Rogers and Shoemaker's (1973) theory, the most important features about work on diffusion are: the weight which has been given to non-media (often personal) sources (neighbours, experts); the existence often of a campaign situation in which behavioural changes are sought by giving information and trying to influence motivations and attitudes.

This theory is based on the assumption that there are at least four distinct steps in an 'innovation diffusion' process.

- *Knowledge*: the individual is exposed to an awareness of the existence of the innovation and gains some understanding of how it works.

- *Persuasion*: the individual forms a favourable or unfavourable attitude towards the innovation.
- *Decision*: the individual engages in activities which lead to a choice to adopt or reject the innovation.
- *Confirmation*: the individual seeks reinforcement for the innovation decision he has made, but he may reverse his previous decision if exposed to conflicting messages about the innovation.¹⁸

2.8.4 Cognitive Dissonance Theory

Cognitive dissonance, also known as consistency theory, is one of the theories that have influenced the development of research on message reception and audience personalities. The others include learning theory and functional theory.

According to Tan (1985), the central thesis of dissonance theory is, we are rationalizing and not rational animals and that we react to messages mostly to justify or protect existing opinions, attitude and behaviours.

Dissonance theory was formulated by Festinger in 1957.¹⁹ According to Festinger, cognitive dissonance is aroused in an individual when two or more relevant cognitions simultaneously held by him or her contradict each other. A

¹⁸ Denis McQuail, *Communication Models for the Study of Mass Communication*, Pg. 52.

cognition is a thought about behaviour, an opinion, an attitude, or a choice. Cognitions contradict each other when logic, personal experience, established knowledge or other people imply that they are incompatible. An individual is therefore unable to justify the holding of two or more dissonant cognitions at the same time.

According to the theory, dissonance is an uncomfortable drive state that can motivate the individual to action. Thus one in a dissonant state is primed for action. He or she will be motivated to do something to remove dissonance because it is psychologically uncomfortable.

Dissonance theory suggests not only that we will attempt to remove dissonance when it is present, but also that we will actively avoid its arousal. This is where selective exposure of information fits into the theory. Information contradicting existing attitudes, choices or behaviours can arouse dissonance, or maintain the desired consonant state, and should therefore be actively sought. The selective exposure hypothesis has two components: (1) it predicts that we will actively avoid or that we will be less receptive to information contradicting existing attitudes, behaviours and choices and (2) it predicts that we will seek out or be more receptive to supportive information.

¹⁹ Festinger in Tan, A., *Mass Communication Theories and Research*, 1985, pg 180.

Cognitive dissonance theory has been a useful guide in helping to explain human behaviour. It has helped to shed light on how people interact with each other in group settings and in one on one social interaction.

The relevance of this theory to the proposed study is that if a student is forced to act or say something that is in conflict with his personal opinion, then he will feel a conflict between the opinion and action, and he will look for a way to reduce the amount of dissonance he feels. Generally, the person will change his opinion to match what he has said or acted out as the way of resolving this internal conflict. Also, the greater the amount of pressure is brought to an individual to induce a change of opinion, then the tendency to change opinion is weakened.

Dissonance theory has made significant contribution to the field of attitude change. Its implications for the persuader are clear. High pressure tactics may get immediate compliance, but they won't get long term commitment. For example, an adolescent with a history of having unprotected sex with multiple partners may admit they are at risk of HIV infection, but at the same time perceive that their careful selection of partners is an overriding preventive factor. The more people believe that an event can be controlled through personal actions, the greater the tendency to be optimistically biased in their judgements.

2.8.5 Research Hypothesis

This study's hypothesis is that:

HIV/AIDS education has raised the level of HIV/AIDS awareness, knowledge among students in Kenya's Secondary schools.

CHAPTER 3

3.0 Research Methodology

This chapter describes the approaches and methods of data collection, study site, sampling procedure, unit of analysis and data analysis.

3.1 Unit of Analysis

These are the social entities whose social characteristics are the focus of this study. They are therefore the adolescents/students in Secondary schools who are being taught HIV/AIDS education.

3.2 The Study Site

The study is Nairobi province. It was selected owing to its nearness to the researcher in an effort to help him to maximise limited financial resources and time.

Nairobi has many public secondary schools which are located within the city and its outskirts. These allowed an easy access by the researcher.

3.3 Sampling Procedure

In order to collect representative information with acceptable accuracy and within the shortest time and limited resources, the study used purposive sampling technique. According to Muganda et al (1999), purposive sampling “allows the researcher to use cases that have the required information with respect to the objectives of his or her study.”²⁰

Simple random sampling was used as a criteria to select the students to be interviewed. A number was given to every student in a group. The numbers were then placed in a container and then picked at random. The students corresponding to the numbers picked were included in the sample.

3.4 Methods of Data Collection

As has been pointed out, this study sought to evaluate the impact of the HIV/AIDS Education Programme in Kenya’s Secondary Schools. Data for this study was derived from the Secondary school students, who are the respondents, and therefore the primary sources of information.

²⁰ Mugenda M, et al, (1999), *Research Methods: Quantitative & Qualitative Approaches*, Pg. 50.

The survey method using the interview schedule was the only and key research method used extra data from the respondents. Primary data was derived from survey interviews with the respondents.

A questionnaire with structured or closed ended questions was used. The questions had a list of possible alternatives from which respondents selected the answer that best describes their situation. The questionnaires were self-administered.

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3.5 Data Analysis

According to Mugenda, et al, (1999), data analysis is the process of bringing order, structure and meaning to the mass of information collected.

Data was analysed according to the objectives of the study. The idea was to analyse data (information) in a systematic way in order to come to some useful conclusion and recommendations.

Inferential statistics was used to infer sample results to the entire student population. Inferential statistics is concerned with determining how likely it is for the results obtained from a sample to be similar to results expected from the entire population.

In order to establish the impact of AIDS education percentages, graphs and pie-charts were used. The percentages were used to gauge the level of AIDS awareness among the sample size, and by extension, the entire student population in secondary schools.

3.6 Limitations of the Study

- Lack of data about the HIV/AIDS prevalence among secondary school students at the time when HIV/AIDS education programme was being introduced in schools. As such, it was not possible to gauge whether, after the introduction of this HIV/AIDS education programme, the prevalence rates have increased or reduced.
- No studies have been conducted before to assess the impact of the AIDS education programme which would have provided a perfect starting point.
- Limited funding was a problem, thus the author had to personally carry out the entire survey.

- Time allocated for the study was short and this limited the depth of the study.
- Since all the questions were closed-ended, the possibility that respondents may have given inaccurate responses cannot be ruled out.

CHAPTER 4

4.0 Results and Discussion

4.1 Introduction

The purpose of this chapter is to present the results of the data analysis in a systematic way. Since the study is empirical in nature, statistics are used to summarise the results and to make generalizations on the population.

The title of the study is: *The Impact of HIV/AIDS Communication Strategies for Adolescents: A Case Study of HIV/AIDS Education Programme in Kenya's Secondary Schools*. The study has one objective, which is, to investigate the levels of awareness, knowledge and information that the youth have gained through this education programme.

The study had one hypothesis, that: HIV/AIDS education has raised the level of HIV/AIDS awareness, knowledge among students in Kenyan Secondary schools.

The data has been analysed according to the objectives of the study. The purpose of doing this is to come up with some useful conclusion and recommendations.

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- Time allocated for the study was short and this limited the depth of the study.
- Since all the questions were closed-ended, the possibility that respondents may have given inaccurate responses cannot be ruled out.

Inferential statistics have been used so as to determine how likely it is for the results obtained from the sample to be similar to those of the entire population.

4.2 Biodata

100 respondents were interviewed within Nairobi Province. Eastlands area was the focus of the study. 10 schools from this area were chosen for the study. The schools were selected through random sampling technique.

60 respondents were male while 40 were female, representing 60% and 40% respectively of the total respondents. The respondents were aged between 15 and 18 years.

Distribution of respondents by sex

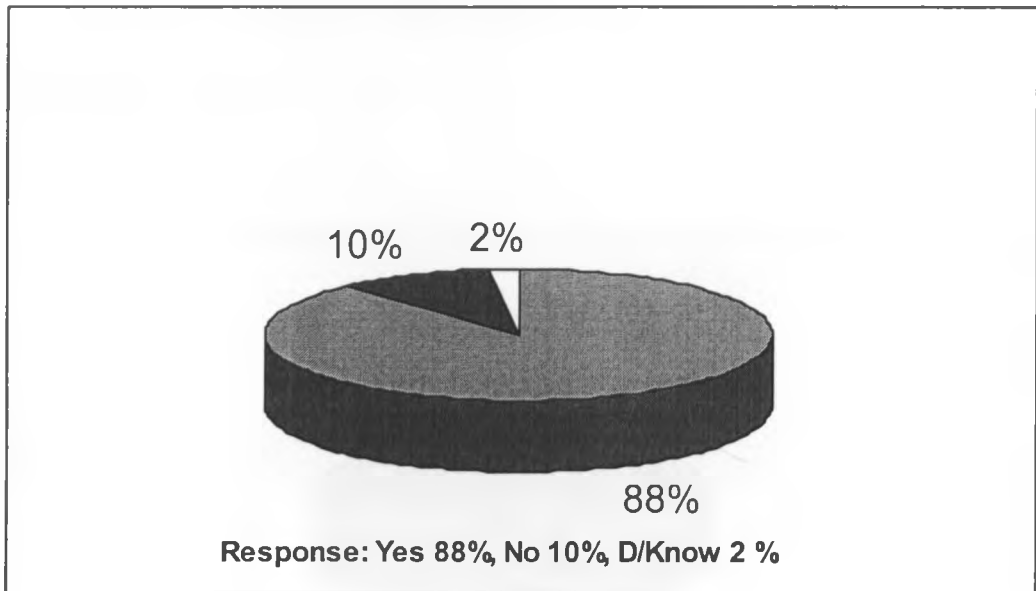
Sex	Percent
Male	60
Female	40
TOTAL	100

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4.3 Data Analysis and Interpretation

1. Knowledge of HIV.

The results in a pie-chart

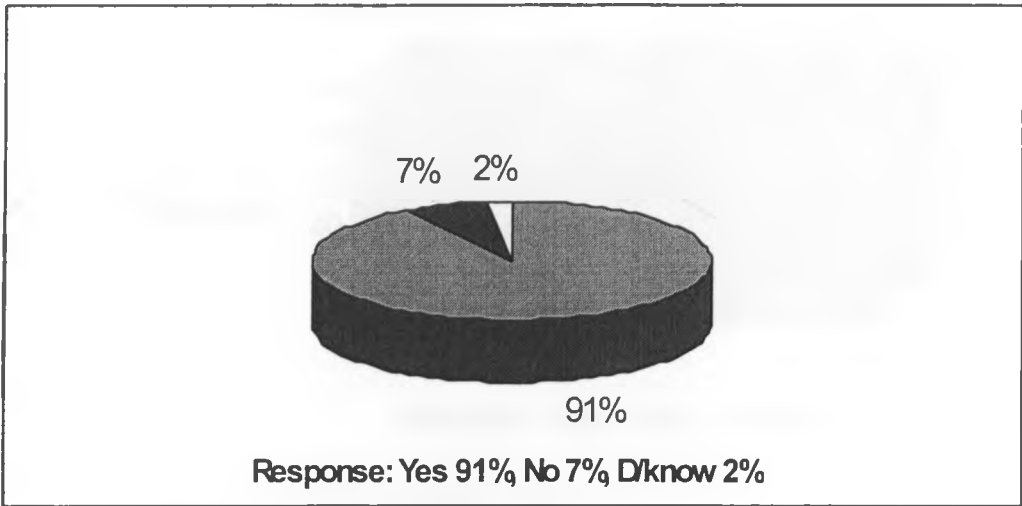


In the above results, 88 respondents said that they know what HIV stands for. 10 respondents said that they didn't know what HIV stands for. Another 2 respondents indicated that they did not know what HIV stands for. This means that AIDS education has increased HIV knowledge in Kenyan schools.

2. Knowledge of AIDS

Response	Frequency	Percent
Yes	91	91
No	7	7
Don't Know	2	2
TOTAL	100	100

The above results in a pie-chart.

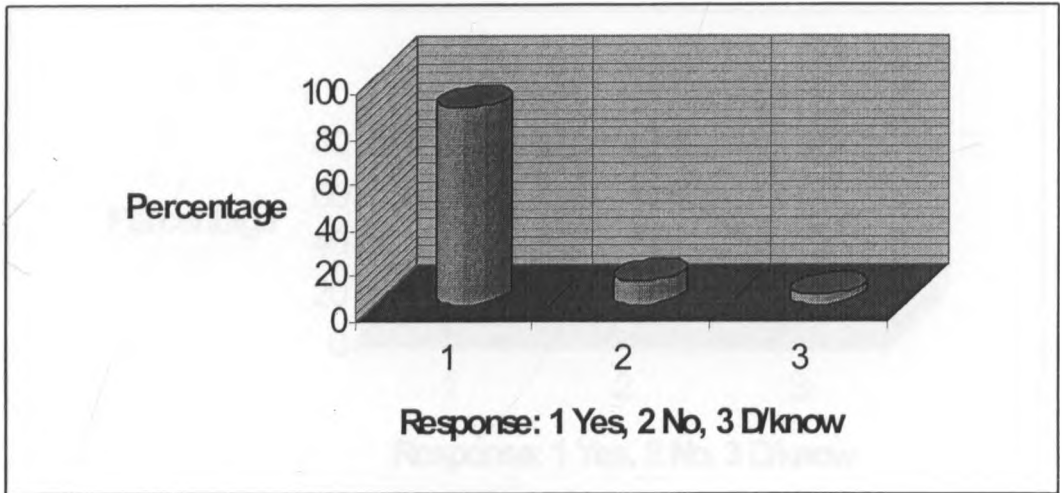


Majority of the students interviewed, 91 agreed that they knew what AIDS stands for. 7 students said they did not know while 2 students had nothing to say about the question.

3. Does HIV cause AIDS?

Response	Frequency	Percent
Yes	86	86
No	10	10
Don't Know	4	4
TOTAL	100	100

The above results in a bar graph.

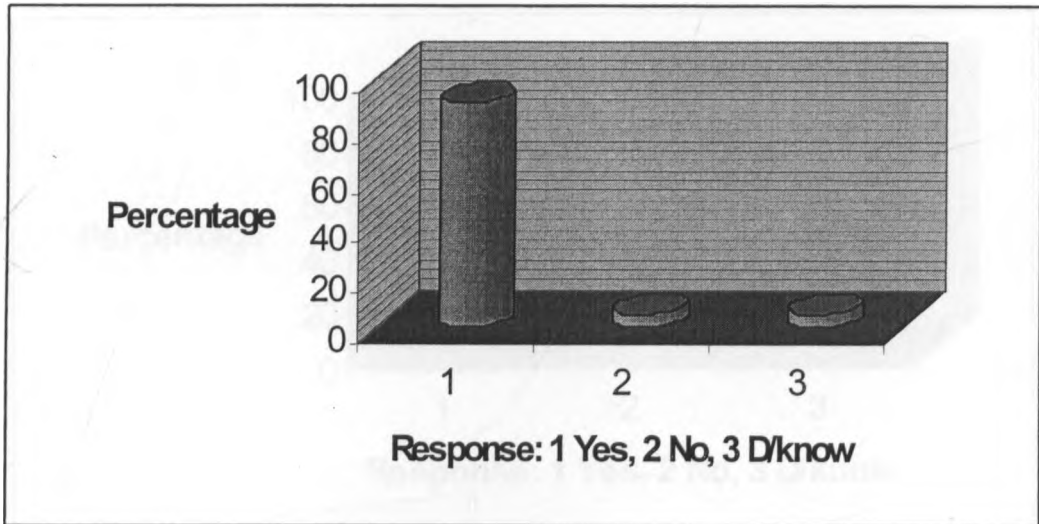


From the above results, majority of the respondents, 86 indicated they know that HIV causes AIDS. 10 students indicated that HIV does not cause AIDS while only 4 students didn't know whether HIV causes AIDS or not.

4. AIDS weakens the body's immune system.

Response	Frequency	Percent
True	90	90
False	5	5
Dont Know	5	5
TOTAL	100	100

The above results in a bar graph.

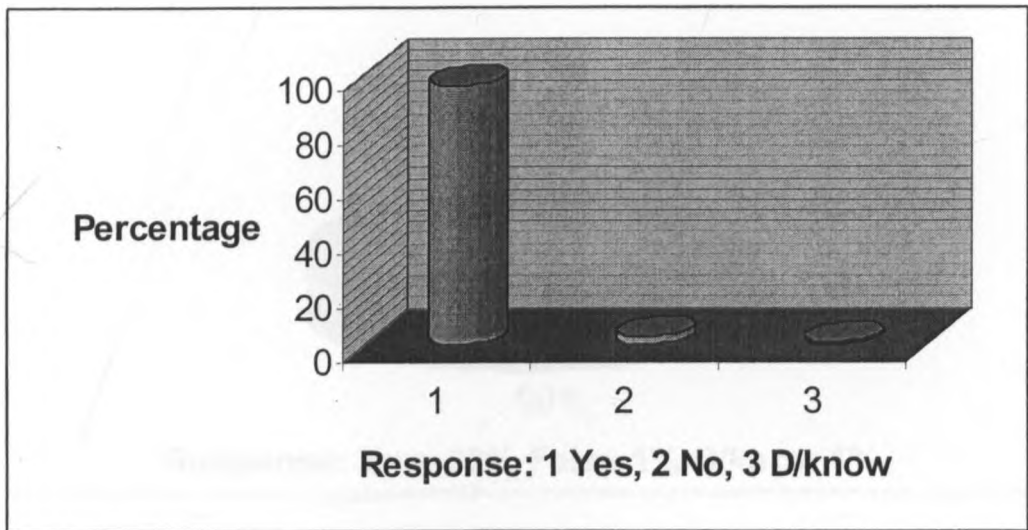


The above results indicate that 90 students agreed that AIDS weakens the body's immune system. 5 students disagreed while 5 others had no say, they didn't know whether AIDS weakens the body's immune system or not.

5. AIDS is also transmitted sexually.

Response	Frequency	Percent
True	96	96
False	3	3
Don't Know	1	1
TOTAL	100	100

The above results in a bar graph.

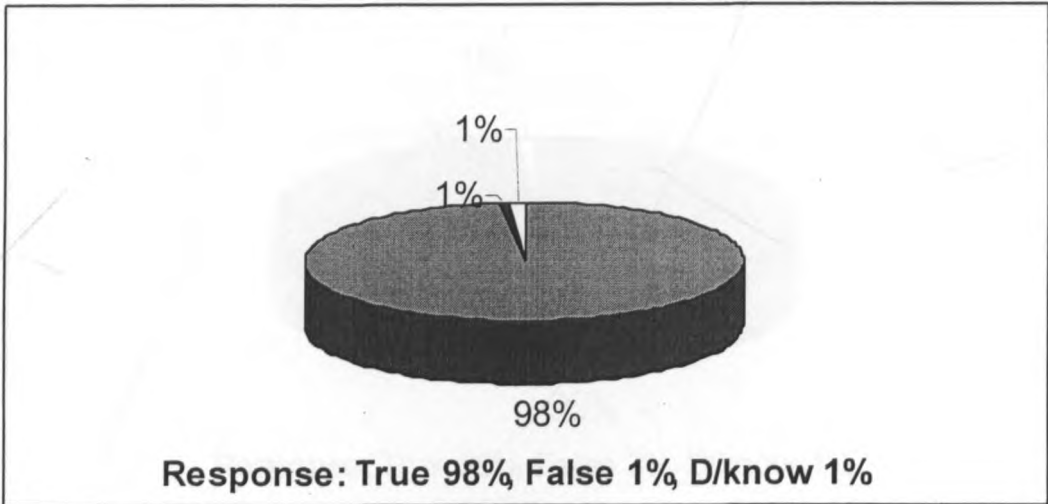


From the results, majority of the respondents 96 agreed that AIDS is also transmitted sexually. 3 students disagreed with the statement, while 1 student had no idea.

6. When a person has HIV/AIDS, he/she can transmit the virus to another person.

Response	Frequency	Percent
True	98	98
False	1	1
Don't Know	1	1
TOTAL	100	100

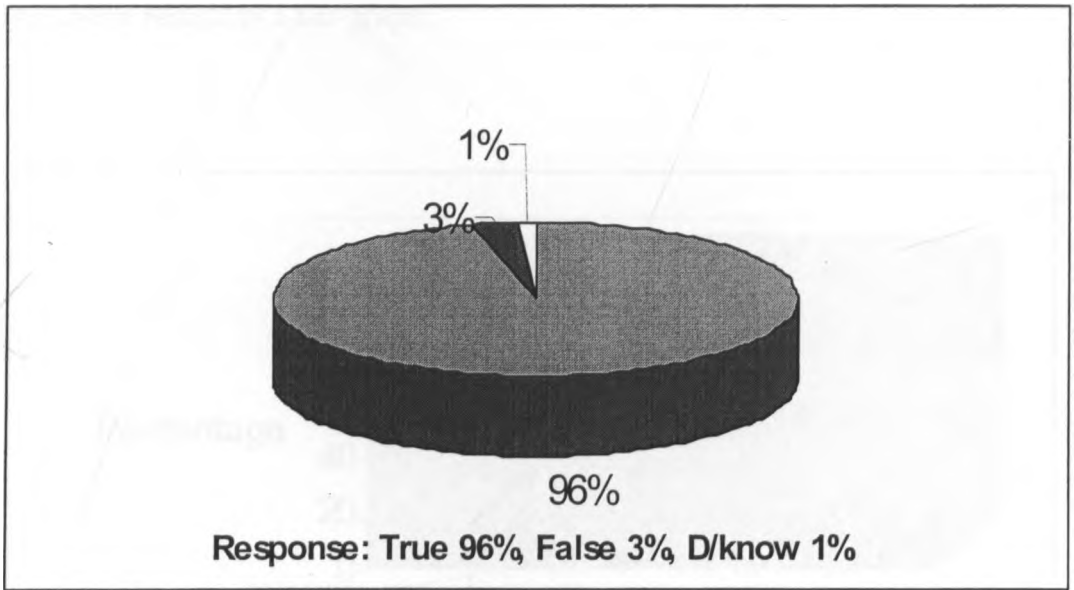
The above results in a pie-chart.



A great majority of the students, 98 agreed that an HIV infected person can transmit the virus to another person. Only 1 student disagreed with the statement and another 1 student didn't have an answer.

7. If you receive blood that has HIV virus, then you will get AIDS.

Response	Frequency	Percent
True	96	96
False	3	3
Don't Know	1	1
TOTAL	100	100

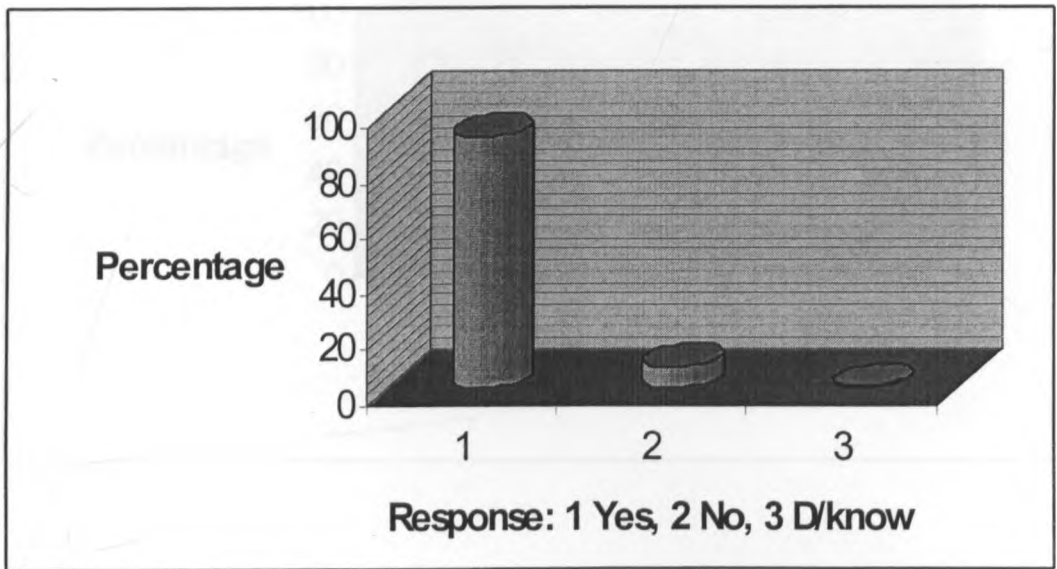


A big number of respondents, 96, agreed that anyone receiving blood that has HIV virus, he/she can get AIDS. 3 respondents disagreed with the statement while 1 respondent didn't have any answer.

8. Can sharing unsterilized skin piercing instruments transmit the virus from an infected person to the next user?

Response	Frequency	Percent
Yes	91	91
No	8	8
Don't Know	1	1
TOTAL	100	100

The above results in a bar graph.

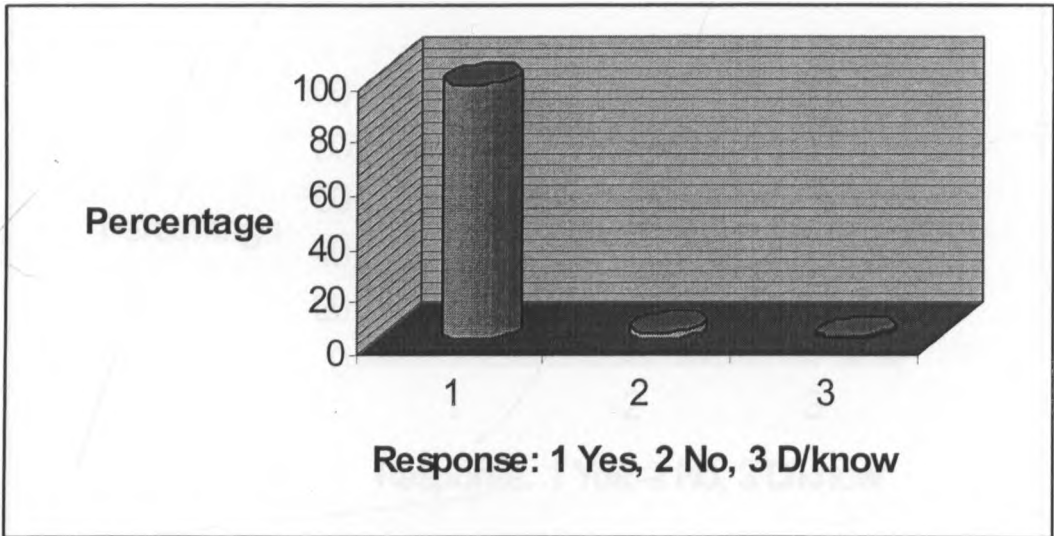


When asked whether sharing unsterilized skin piercing instruments can transmit the virus to the next user, 91 respondents agreed. 8 other disagreed and 1 respondent didn't know.

9. Mothers can infect their new borns with HIV during birth.

Response	Frequency	Percent
Yes	96	96
No	3	3
Don't Know	1	1
TOTAL	100	100

The above results in a bar graph.

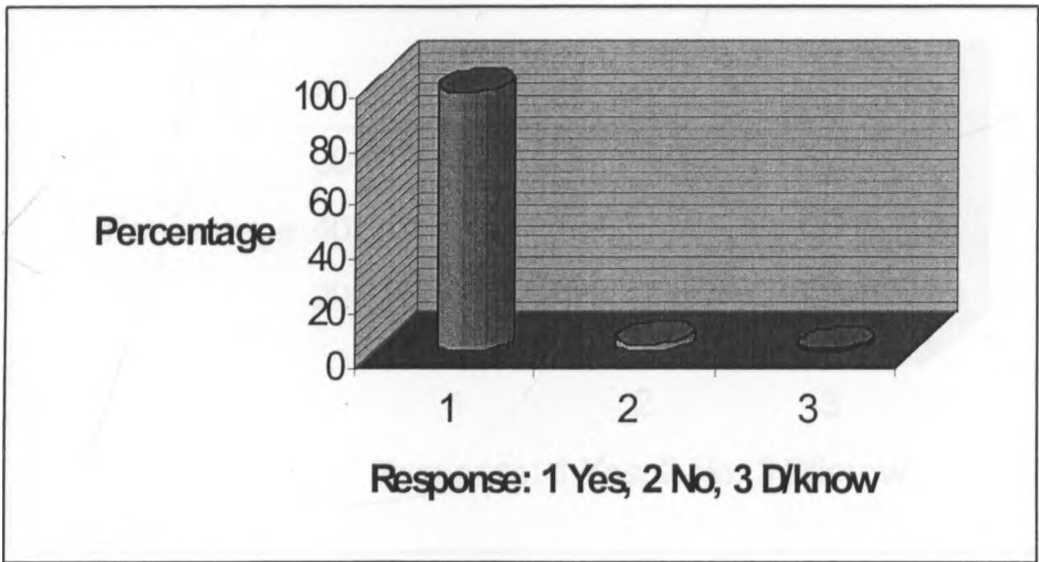


Majority of the students, 96 agreed that mothers can infect their new borns with HIV during birth. Another 3 disagreed with the statement, while 1 student didn't have any answer.

10. Can vaginal secretions/fluids contain AIDS virus?

Response	Frequency	Percent
Yes	96	96
No	3	3
Don't Know	1	1
TOTAL	100	100

The above results in a bar graph.

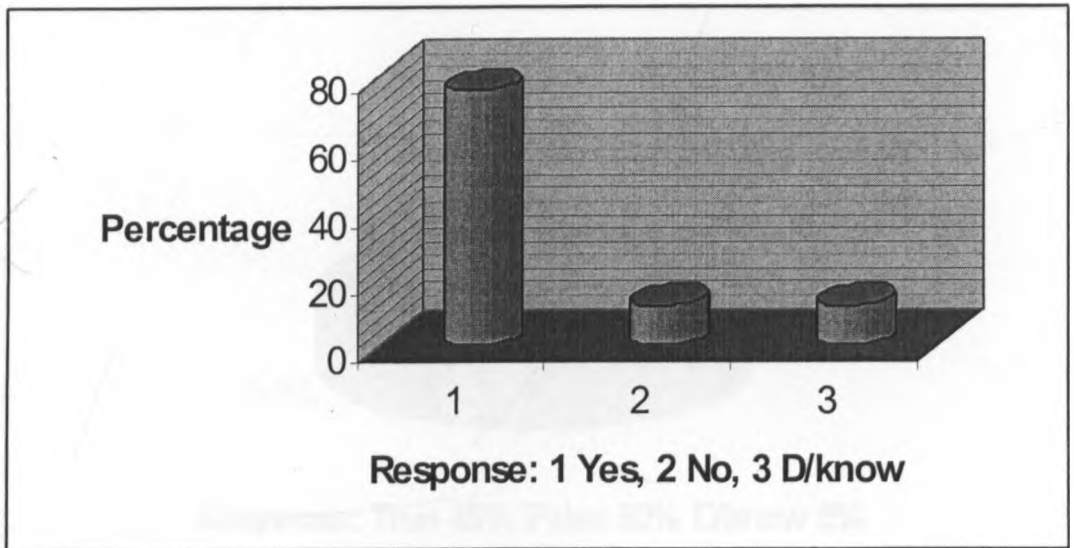


From the above results, 84 students agreed that vaginal secretions/fluids can contain the AIDS virus. 8 students disagreed while another 8 didn't know what answer to give.

11. Semen contains AIDS virus.

Response	Frequency	Percent
Yes	76	76
No	12	12
Don't Know	12	12
TOTAL	100	100

The above results in a bar graph.

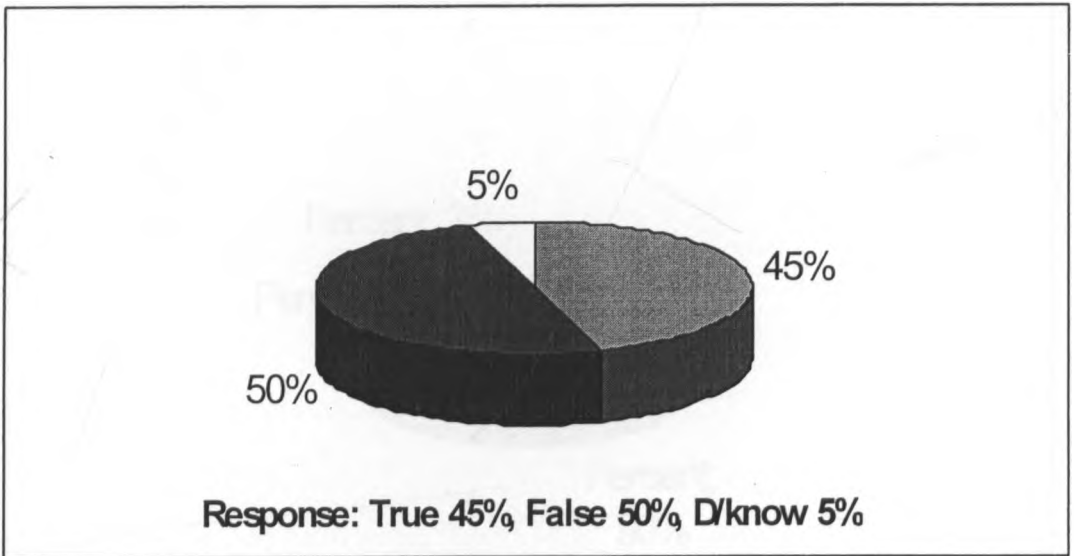


76 students of those interviewed agreed that they know semen contains AIDS virus. 12 others disagreed while a further 12 didn't have an answer.

12. Loss of body weight within a very short time is a major sign of AIDS.

Response	Frequency	Percent
True	45	45
False	50	50
Don't Know	5	5
TOTAL	100	100

The above results in a pie chart.

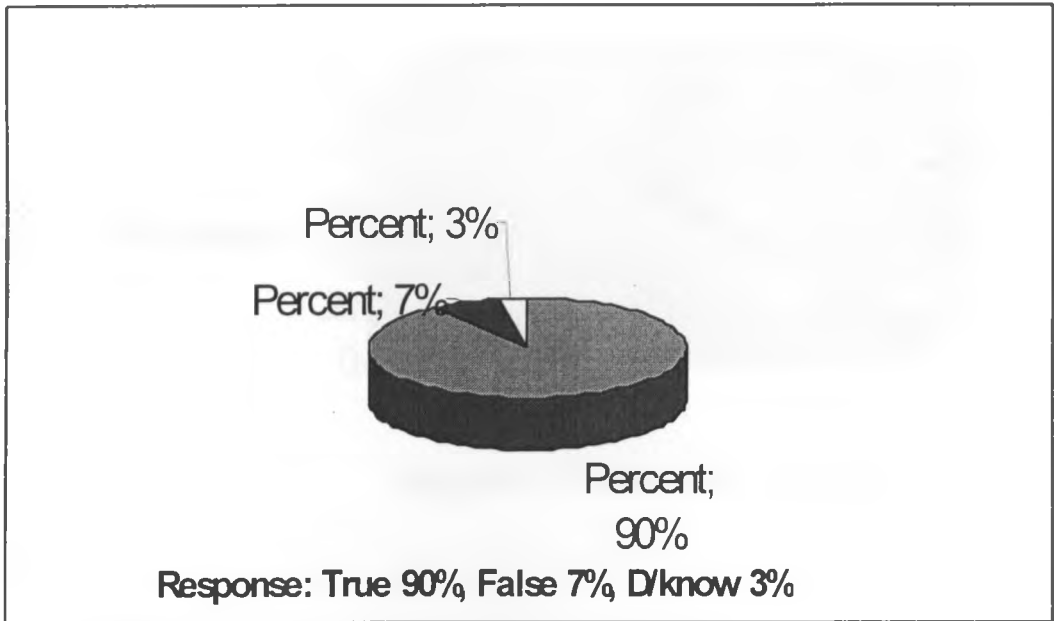


Most students, 50 don't believe that loss of body weight within a very short time is a major sign of AIDS. Only 45 students believe the statement is true. 5 others had no idea what to say.

13. The surest way to know about one's HIV status is take an HIV test.

Response	Frequency	Percent
True	90	90
False	7	7
Don't Know	3	3
TOTAL	100	100

The above results in a pie-chart.

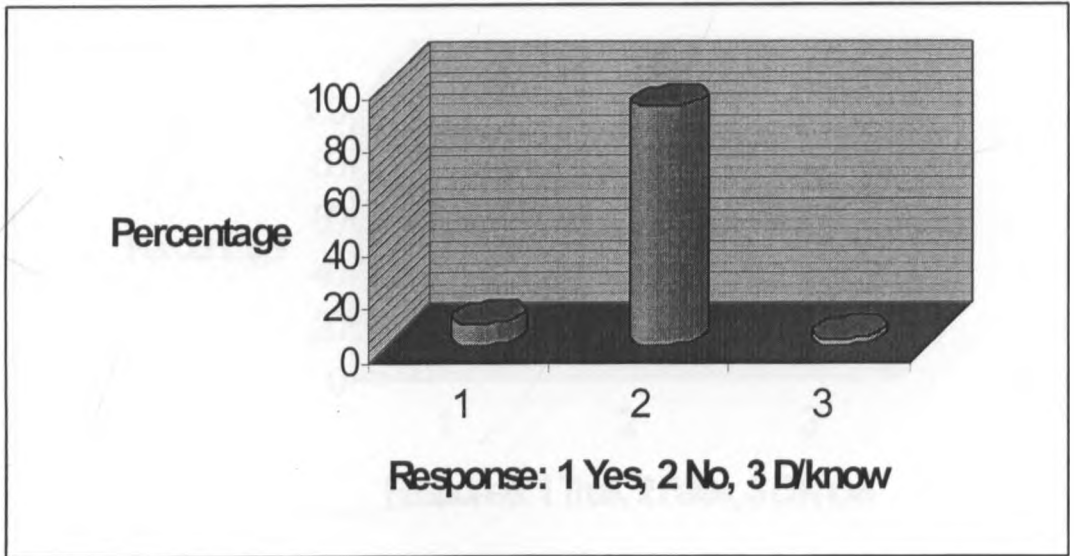


Majority of the respondents, 90 were in agreement that a blood test is a sure way of getting to know one's HIV status. 7 respondents disagreed with the statement while 3 had no answer.

14. Can AIDS be cured?

Response	Frequency	Percent
Yes	8	8
No	90	90
Don't Know	2	2
TOTAL	100	100

In a bar graph, the results are as follows.

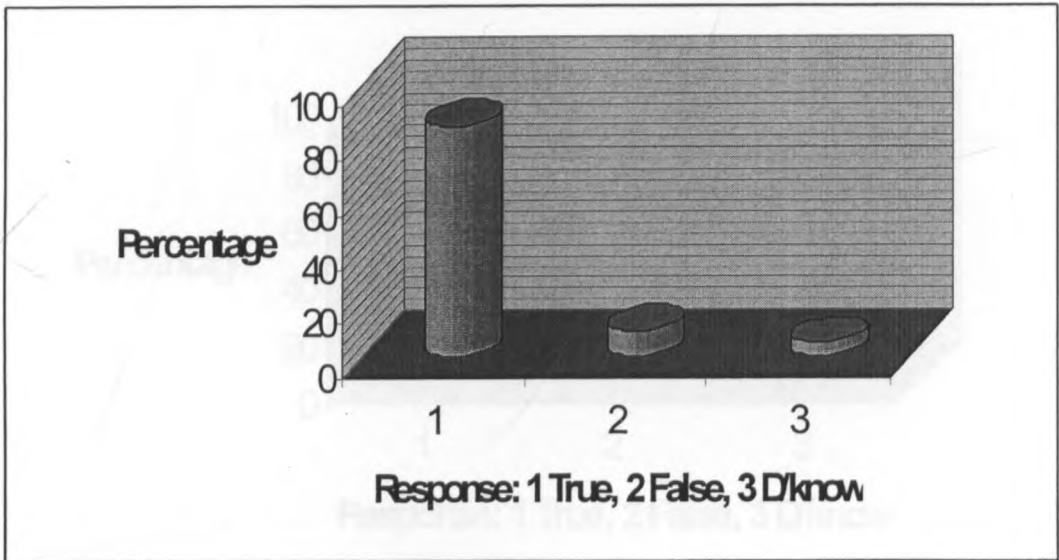


Most students know that AIDS cannot be cured. Only 8 students think AIDS can be cured. Another 2 did not know what to say.

15. Sexually transmitted infections increase the chances of contracting HIV/AIDS.

Response	Frequency	Percent
True	85	85
False	10	10
Don't Know	5	5
TOTAL	100	100

The above results in a bar graph.

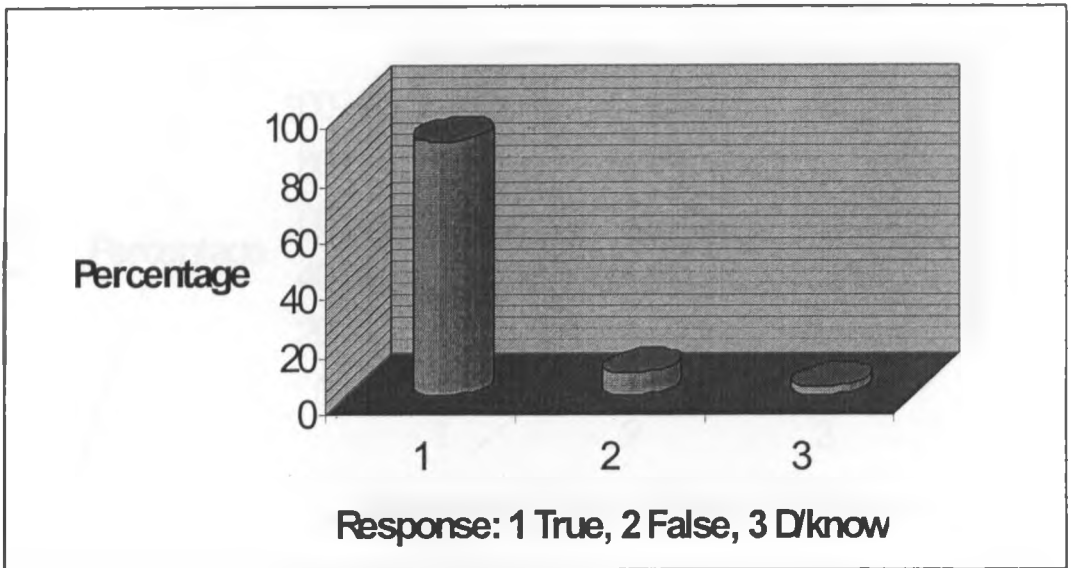


Majority of the respondents agreed with the statement that sexually transmitted infections increase the chance of contracting HIV/AIDS. Only 10 disagreed with the statement and 5 did not support or disagree. They didn't know the answer.

16. Pre-marital sex increases the chances of contracting HIV/AIDS.

Response	Frequency	Percent
True	89	89
False	8	8
Don't Know	3	3
TOTAL	100	100

The above results in a bar graph.



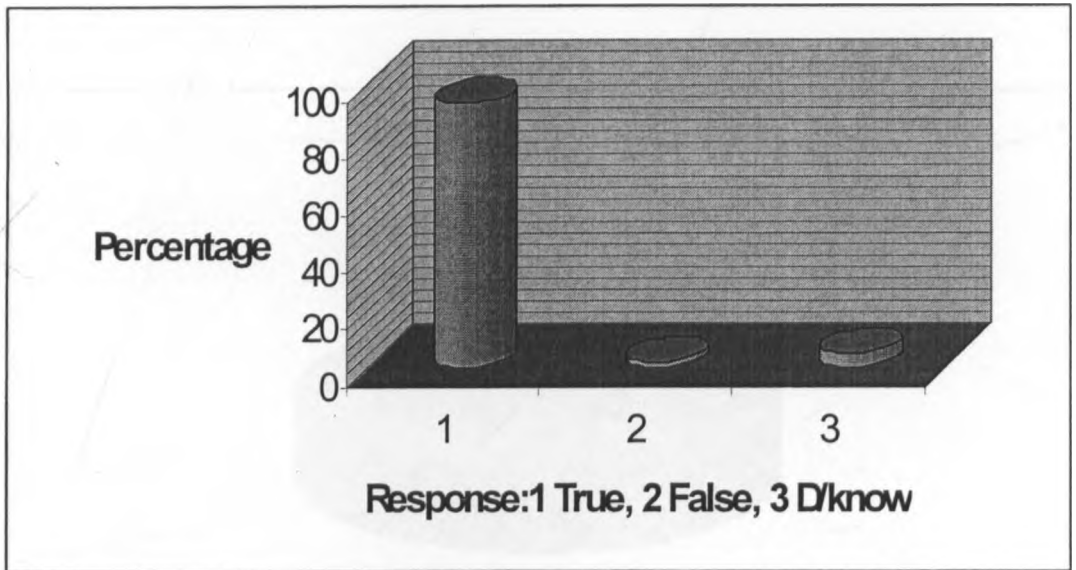
Most agreed that pre-marital sex increases the chances of contracting HIV/AIDS.

Another 8 students disagreed with the statement while only 3 indicated that they did not know whether the statement is true or not.

17. Blood for transfusion should be screened before being used.

Response	Frequency	Percent
True	93	93
False	2	2
Don't Know	5	5
TOTAL	100	100

The above results in a bar graph.

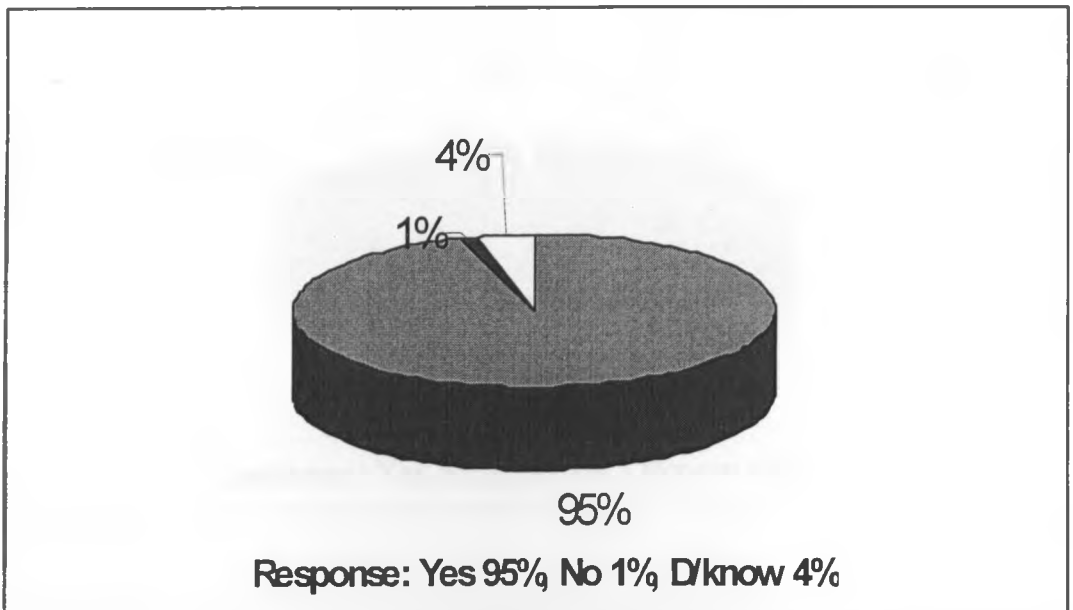


From the results above, most respondents agreed that blood being used for transfusion should be screened before it is used. Only 2 students disagreed with this while another 5 did not know.

18. Should people infected with HIV/AIDS be assisted to live meaningful lives within the community and with their families?

Response	Frequency	Percent
Yes	95	95
No	1	1
Don't Know	4	4
TOTAL	100	100

The above results in a pie chart.

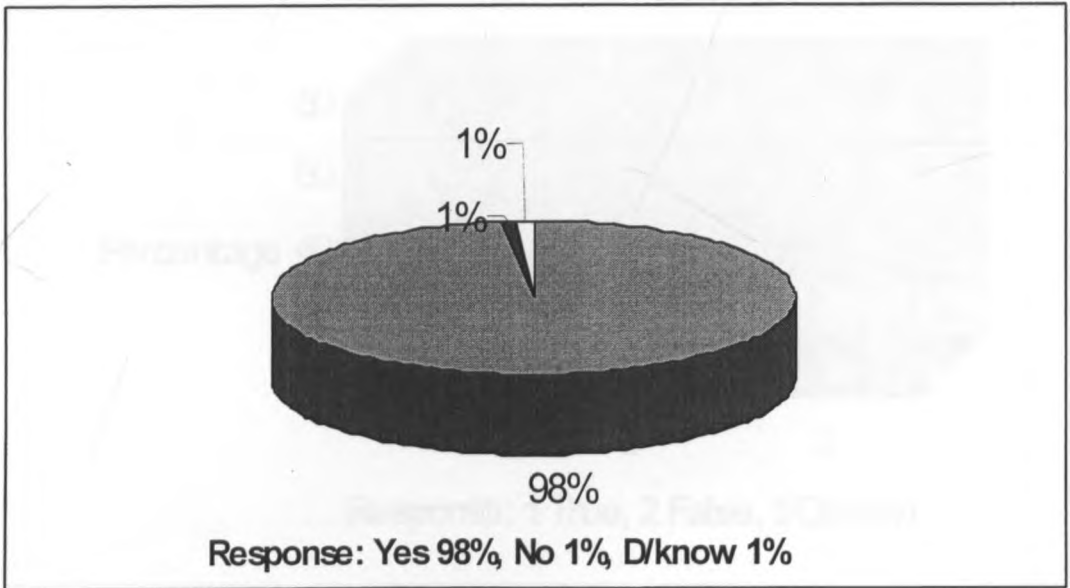


Majority of the students were in agreement that people living with HIV/AIDS should be assisted to live meaningful lives with their families and within the community. Only 1 student disagreed. 4 students did not know.

19. Does eating a balanced diet help an HIV infected person to live longer?

Response	Frequency	Percent
Yes	98	98
No	1	1
Don't Know	1	1
TOTAL	100	100

The above results in a pie chart.

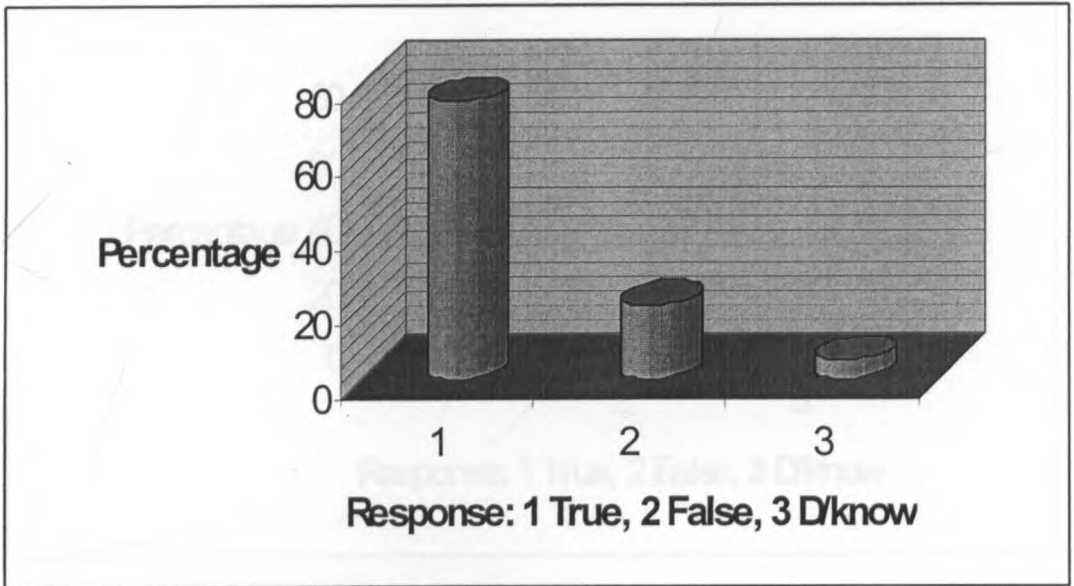


It is quite evident from the above chart that majority of the students agree that eating a balanced diet can help an HIV infected person to live longer. Only 1 respondent disagreed with the statement while another 1 respondent didn't know anything about the statement.

20. Girls reach adolescence between ages twelve and eighteen.

Response	Frequency	Percent
True	75	75
False	20	20
Don't Know	5	5
TOTAL	100	100

The above results in a bar graph.

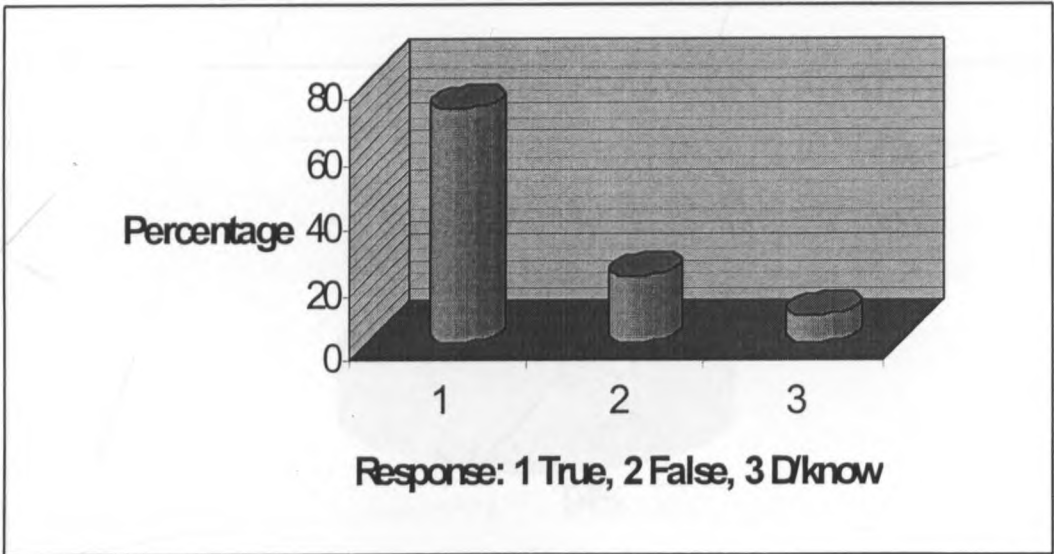


Majority of the respondents agreed that girls reach adolescence when they are between the ages of 12 and 18. 20 of the 100 interviewed disagreed with the statement. A further 5 didn't know what to say.

21. Boys reach adolescence between ages 14 to 20.

Response	Frequency	Percent
True	72	72
False	20	20
Don't Know	8	8
TOTAL	100	100

The above results in a bar graph.

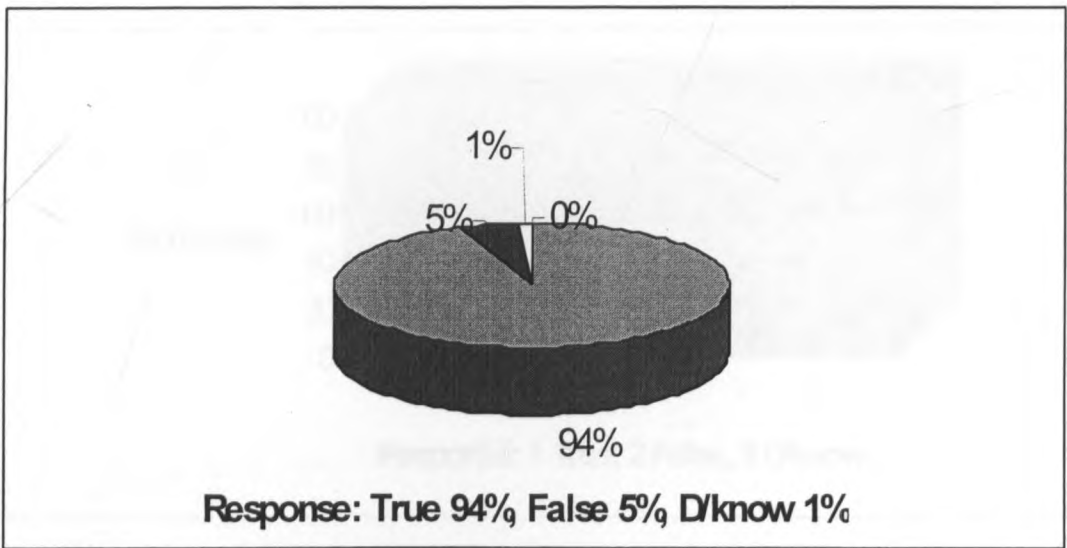


72 respondents agreed that it is true that boys reach adolescence at the ages of 14 and 20. Another 20 disagreed while 8 did not know the answer.

22. Our feelings and attitudes during adolescence make us behave and react in certain ways as we interact with members of the society.

Response	Frequency	Percent
True	94	94
False	5	5
Don't Know	1	1
TOTAL	100	100

The above results in a pie chart.



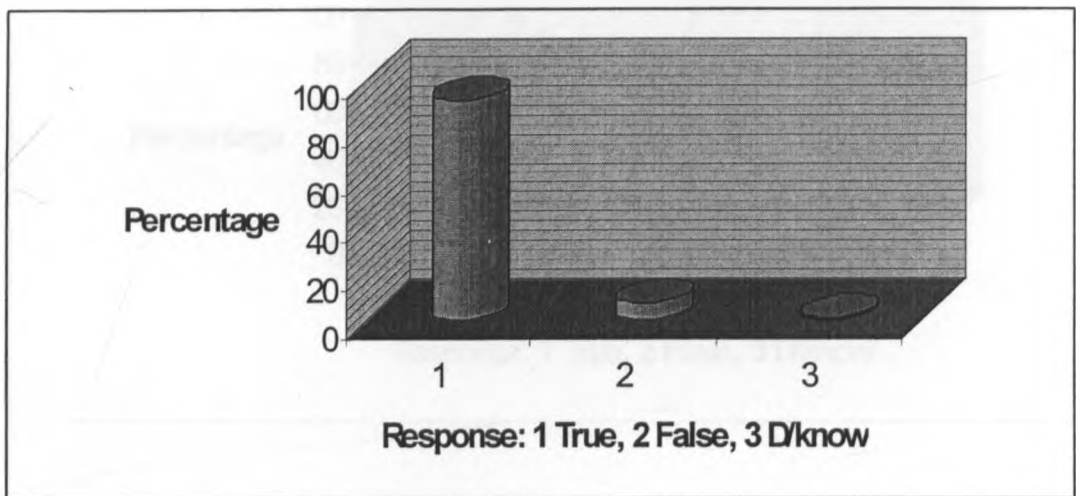
Majority of the students agreed that during adolescence people's feelings and attitudes determine their behaviours and reactions towards others in the society.

Only 5 disagreed with the statement, while 1 person didn't know what answer to give.

23. Many adolescents become victims of HIV/AIDS because of irresponsible behaviour.

Response	Frequency	Percent
True	92	92
False	7	7
Don't Know	1	1
TOTAL	100	100

The above results in a bar graph.

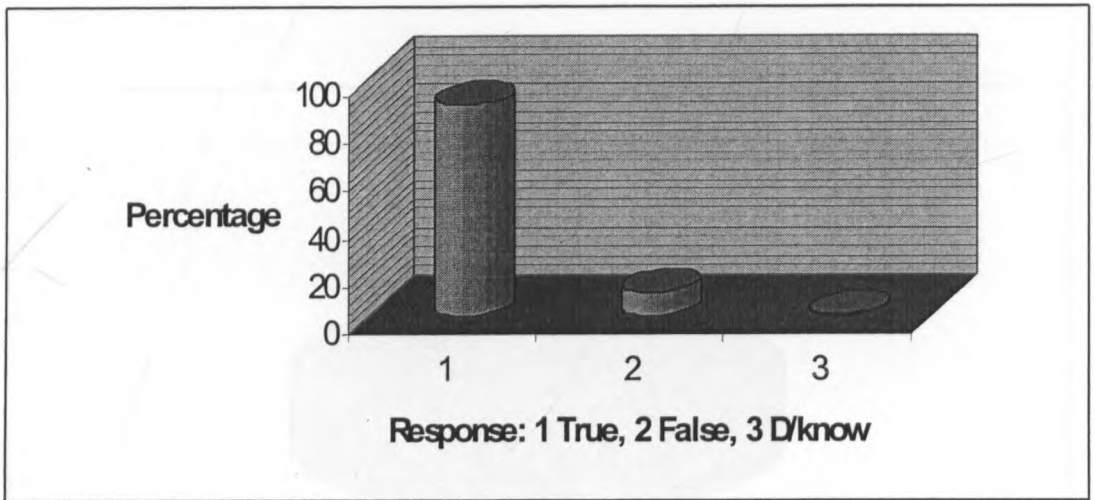


Majority of the respondents agreed that many adolescents become victims of HIV/AIDS because of irresponsible behaviour. 7 others disagreed with the statement while only 1 respondent didn't know what to say.

24. Can sexual intimacy make one contract HIV/AIDS?

Response	Frequency	Percent
True	89	89
False	10	10
Don't Know	1	1
TOTAL	100	100

The above results in a bar graph.



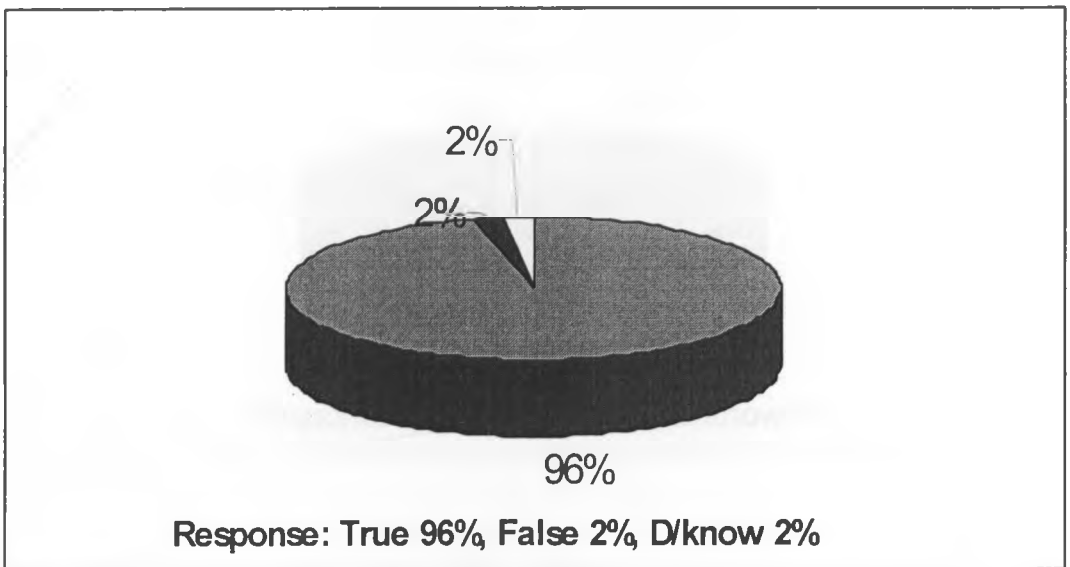
Majority of the respondents agreed that sexual intimacy can make one contract HIV/AIDS. 10 others disagreed while 1 respondent didn't have an answer.

Unprotected sexual intimacy can lead to HIV/AIDS.

25. The youth must take responsibility to protect themselves against possible sexual dangers.

Response	Frequency	Percent
True	96	96
False	2	2
Don't Know	2	2
TOTAL	100	100

The above results in a pie chart.

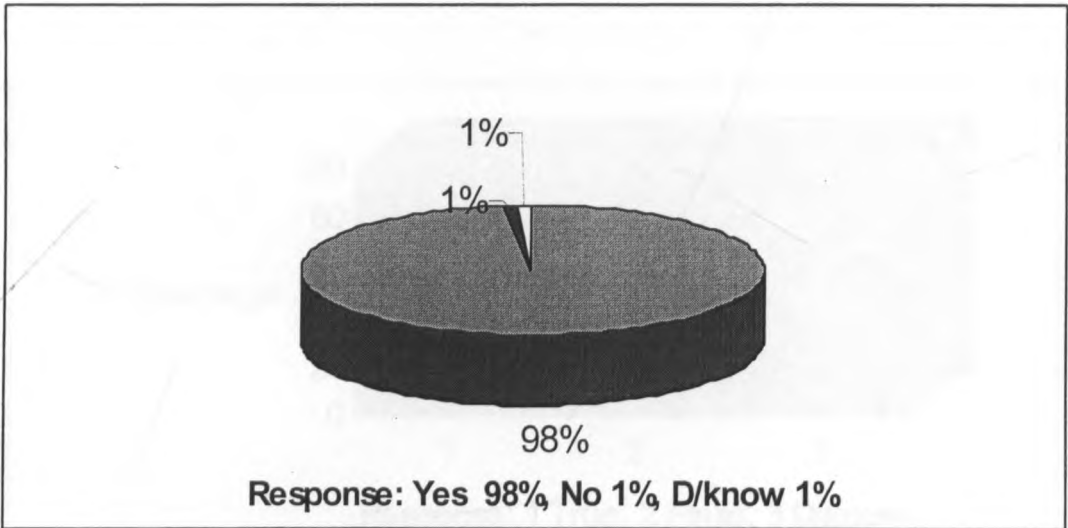


The majority of respondents agreed that the youth must take responsibility to protect themselves against possible sexual dangers. Only 2 respondents disagreed while a similar number (2) didn't have an answer.

26. Do you think AIDS education is an important aspect of our culture?

Response	Frequency	Percent
Yes	98	98
No	1	1
Don't Know	1	1
TOTAL	100	100

The above results in a pie chart.

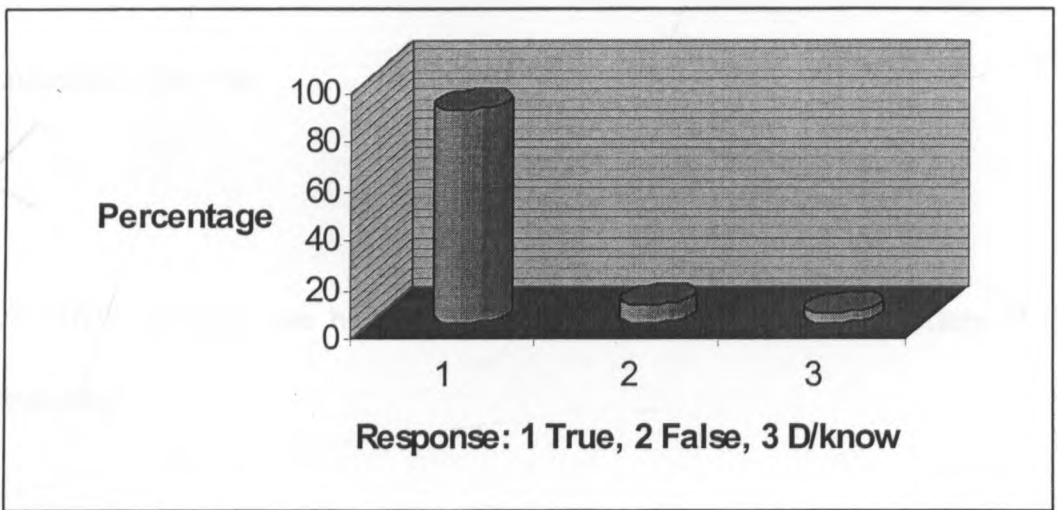


Most respondents agreed that AIDS education is an important aspect of our culture. Only 1 respondent disagreed and a similar number didn't know.

27. The effects of HIV/AIDS can be translated from the family to the community.

Response	Frequency	Percent
True	87	87
False	8	8
Don't Know	5	5
TOTAL	100	100

The above results in a bar graph.



Majority of the respondents 87, agreed with the statement. 8 respondents disagreed while 5 didn't have an answer.

28. There has been a steady increase of AIDS orphans in Kenyan families.

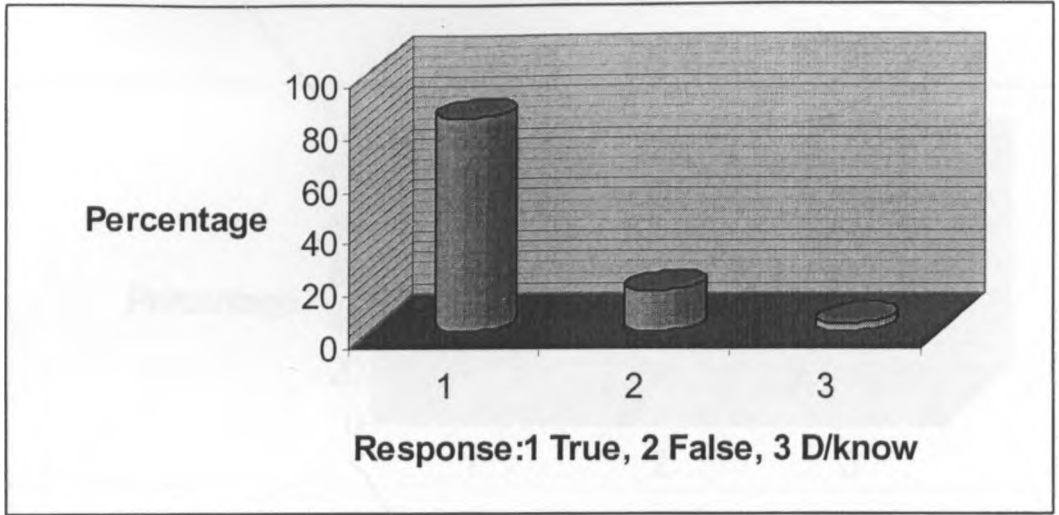
Response	Frequency	Percent
True	100	100
False	0	0
Don't Know	0	0
TOTAL	100	100

All the respondents (100) agreed that there has been an increase of AIDS orphans in Kenya's families. As the table shows, none of the respondents disagreed or indicated otherwise.

29. AIDS epidemic has had far reaching negative effects on all sectors of the economy.

Response	Frequency	Percent
True	82	82
False	15	15
Don't Know	3	3
TOTAL	100	100

The above results in a bar graph.

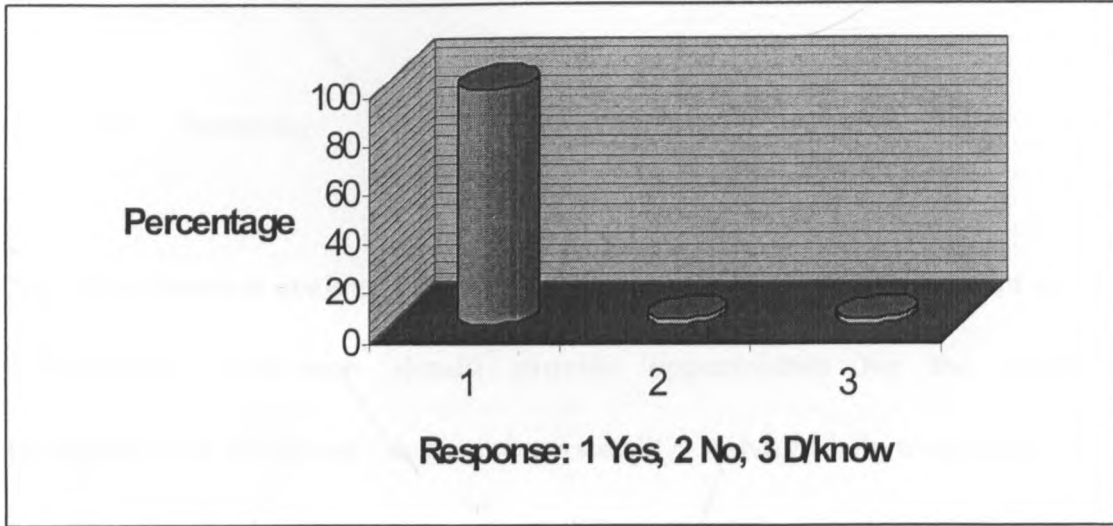


The above results show that most respondents (82) agree with the statement. 15 other respondents disagree while 3 others didn't know.

30. Should AIDS education continue being taught in schools?

Response	Frequency	Percent
Yes	96	96
No	2	2
Don't Know	2	2
TOTAL	100	100

The above results in a bar graph.



The above results indicate that majority of students want AIDS education to continue being taught in schools. 2 students disagreed while 2 others didn't have an answer.

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CHAPTER 5

5.0 SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary

One of the national goals of education in Kenya is individual development and self-fulfilment. Education should provide opportunities for the fullest development of individual talents and personality. It should help every child to develop his potential interest and abilities. A vital aspect of individual development is character building. Education should foster sound morals and religious values in order to help children grow up into self-disciplined, self-reliant and integrated citizens.

The purpose of this study was to evaluate the impact of the AIDS education programme in Secondary schools in Kenya. The introduction of this AIDS education to schools by the government was meant to be a response to the challenges of HIV/AIDS prevention and control. The AIDS education syllabus for schools, for example, puts great emphasis on the need for behaviour development and change in order to combat the challenges posed by HIV/AIDS.

In order to facilitate this evaluation, a questionnaire was designed and administered personally by the researcher. The questionnaire contained thirty (30) closed-ended questions. A total of 100 students were selected to fill a questionnaire each. Only students in public schools in Nairobi Province were selected to provide answers to the questions asked. These questions were formulated to broadly cover all the areas that the AIDS syllabus seeks to cover from form one to form four. It is expected that teachers follow this syllabus along side other teaching resources and aids. Ultimately, the learners are supposed to know all that appertains to HIV/AIDS, responsible behaviour, signs and symptoms of AIDS, youth and sexuality, effects of HIV/AIDS on the individual, family, community and the nation and the care and support of people living with HIV/AIDS.

The data collected from the field using the questionnaire was first put together by tallying. The reason here was to get the exact number of respondents for each question asked or statement made. There were five choices/responses which the respondents had to use to answer their questions. These were Yes, No, True, False, Don't know. With the number of respondents in each category, it was now possible to get a percentage score for the responses given against each question or statement.

One of the major findings of this study was that majority of the respondents interviewed indicated that they have learned a lot from AIDS education. From the answers given, one gathers that students in secondary schools virtually know all aspects or issues related to HIV/AIDS, specifically the issues they study in school. Majority of those interviewed returned a right answer to the questions asked and or statements made based on the AIDS syllabus.

5.2 Conclusion

Based on the objective of this study, which was to investigate the levels of awareness, knowledge and information the youth have gained through AIDS education, this study concludes that, so far, this programme has achieved much, with regard to what it was set out to achieve. The high number of respondents who have given the right answers as required is very encouraging.

This means that there is a link between awareness and education. AIDS education has increased the levels of awareness about HIV/AIDS. There is also a link between education and the knowledge about HIV/AIDS, and the results of the study testify to this.

However, there are other students who indicated in their answers that they either did not agree or didn't know anything concerning what was being stated. Such

students cannot be overlooked. They represent those in the system or in the entire population whose levels of awareness or knowledge have not been increased by AIDS education. Teachers have a responsibility to teach such students so that they grasp the basics and ideas of AIDS content. It is for their own good and advantage.

The communication needs of Kenyan adolescents can best be analysed and understood in the context of special characteristics of this category of people, the challenges that they face in life, and the dynamics that are normally associated with the adolescents. It should be noted that effective communication for the youth such as behaviour and attitude change is necessary if HIV campaign activities are to achieve the desired results.

The youth in Kenya have unique communication needs derived from their special and dynamic realities. While attempting to understand the communication needs of the youth in Kenya, it should be appreciated that the adolescent is a product of diverse socio-cultural background and economic lifestyles, which collectively impact on the communication needs.

Communication strategies and efforts need not be uniform and standardised, since the youth themselves are not homogeneous. Thus, the challenge lies in the search for a common denominator that addresses the needs and aspirations of

Kenyan youth while designing the Information, Education and Communication (IEC), targeting them on HIV/AIDS and sexuality.

When designing effective communication strategies for the youth on HIV/AIDS, there's a need to understand the needs and motivations of this group, such as their hopes, dreams and aspirations. It's important to understand the young person through the leisure activities that they pursue, including fun activities indulged in, media preferences, how they relate to advertising, common language among youth and their views on sexuality.

5.3 Recommendations

Based on the study findings, a number of recommendations can be made:

- Schools should be more proactive in addressing sexuality, HIV and AIDS. It is recommended that the study of sexuality and HIV and AIDS be adequately addressed within the HIV/AIDS curriculum at the school level.
- Trained educators and counsellors should be used to handle the subject of HIV and AIDS in order to ensure the privacy that is needed when discussing sexuality.
- Even though the rate of awareness on HIV/AIDS is high, the study recommends that adolescents require more information on all aspects of

HIV/AIDS, skills of protecting themselves from HIV infection, resisting peer pressure, being assertive and negotiating for safer sex.

- With regard to sexuality, the study recommends that information on the rapid sexual and physiological development be communicated to the adolescents. It is also recommended that information on reproductive health, pregnancy, contraception and male-female relationships be made available in order to prepare them to face the adolescence crisis.
- There is need for the government to include a chapter on contraceptives. The syllabus is silent on the contentious issue of condoms, for instance. Does it mean that such a discussion in schools is unwarranted?
- There is need for the government through the Ministry of Education to keep up-to-date records of those students that have in the past been infected by and or died of HIV/AIDS. Other than the results of the Demographic Health Survey (DHS) of 2003, which do not have any figures of AIDS related infections for high school students, no reference materials are available elsewhere.
- The National AIDS Control Council (NACC) should work closely with the Kenya Institute of Education (KIE) to prepare more teaching aids for this programme. Interestingly, only one resource material, “Bloom or Doom: Your Choice” by KIE is being used in secondary schools to teach AIDS syllabus. This is hardly sufficient. More teaching aids and resources are needed.

The study and its findings are by no means exhaustive. It has opened many avenues for research and experimentation. Future studies should have a larger sample from diverse areas of the country other than Nairobi. Such studies will perhaps unearth findings different from the ones in this study. Further, studies could be conducted to find out whether the rates of HIV/AIDS infection among students, if any, are low or high with this knowledge and information about HIV/AIDS.

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APPENDIX 1

Regards,

I am pursuing a Master of Arts in Communication Studies at the University of Nairobi. Currently, I am doing a study on the impact of the AIDS Education Programme in Secondary Schools as part of my dissertation.

Kindly feel free to provide the required information.

NB: DO NOT write your name anywhere in the questionnaire.

Thanks in advance for your assistance.

Faithfully,

NDETI NDATI

APPENDIX 2

A QUESTIONNAIRE ON THE IMPACT OF THE AIDS EDUCATION PROGRAMME IN SECONDARY SCHOOLS

Please answer the following questions by ticking against the answer you think is appropriate.

1. Do you know what HIV stands for?

Yes

No

Don't know

2. Do you know what AIDS stands for?

Yes

No

Don't know

3. Does HIV cause AIDS?

Yes

No

Don't know

4. AIDS weakens the body's immune system.

True

False

Don't know

5. AIDS is also transmitted sexually.

True

False

Don't know

6. When a person has HIV/AIDS, he/she can transmit the virus to another person.

True

False

Don't know

7. If you receive blood that has HIV virus then you will get AIDS.

True

False

Don't know

8. Can sharing unsterilized skin piercing instruments transmit the virus from an infected person to the next user?

Yes

No

Don't know

9. Mothers can infect their new borns with HIV during birth.

Yes

No

Don't know

10. Can vaginal secretions/fluids contain the AIDS virus?

Yes

No

Don't know

11. Semen contains AIDS virus.

Yes

No

Don't know

12. Loss of body weight within a very short time is a major sign of AIDS.

True

False

Don't know

13. The surest way to know about one's HIV status is to take an HIV blood test.

True

False

Don't know

14. Can AIDS be cured?

Yes

No

Don't know

15. Sexually transmitted infections increase the chance of one contracting HIV/AIDS.

True

False

Don't know

16. Pre-marital sex increases the chances of contracting HIV/AIDS.

True

False

Don't know

17. Blood for transfusion should be screened before being used.

True

False

Don't know

18. Should people infected with HIV/AIDS be assisted to live meaningful lives within the community and with their families.

Yes

No

Don't know

19. Does eating a balanced diet help an HIV infected person live longer?

Yes

No

Don't know

20. Girls reach adolescence between ages twelve and eighteen.

True

False

Don't know

21. Boys reach adolescence between ages fourteen to twenty.

True

False

Don't know

22. Our feelings and attitudes during adolescence make us behave and react in certain ways as we interact with members of the society.

True

False

Don't know

23. Many adolescents become victims of HIV/AIDS because of irresponsible behaviour.

True

False

Don't know

24. Can sexual intimacy make one contract HIV/AIDS.

Yes

No

Don't know

25. The youth must take responsibility to protect themselves against possible sexual dangers.

True

False

Don't know

26. Do you think AIDS education is an important aspect of our culture?

Yes

No

Don't know

27. The effects of HIV/AIDS can be translated from the family to the community.

True

False

Don't know

28. There has been a steady increase of AIDS orphans in Kenyan families.

True

False

Don't know

29. AIDS epidemic has had far reaching negative effects on all the Sectors of the economy.

True

False

Don't know

30. Should AIDS education continue being taught in schools?

Yes

No

Don't know

Thank You

■ ■ END ■ ■