

**[y HTVAIDS KNOWLEDGE, CULTURAL PRACTICES AND SEXUAL
BEHAVIOUR OF SECONDARY SCHOOL STUDENTS IN
AINAMOI DIVISION, KERICHO DISTRICT** *f*

fctno aiwujsa c^Jkacfie?

BY

VINCENT KIBIlgEJT

**A Research Project Submitted in Partial Fulfillment for the
Degree of Master of Education in Educational Administration
and Planning.**

*i **

** **

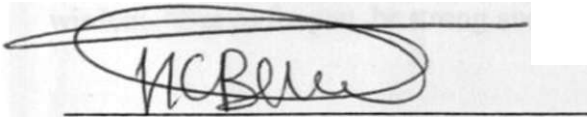
UNIVERSITY OF NAIROBI

Uhn pS,RYOF

2003

Declaration

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

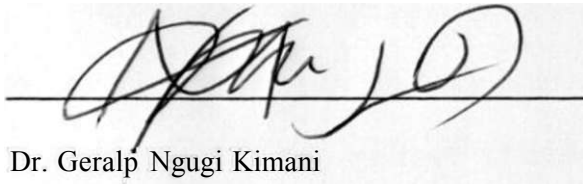


Vincent Kibii Bett

16.4 £ 004

Date

This research project has been submitted for examination with my approval as university supervisor.



Dr. Gerald Ngugi Kimani

Senior Lecturer and Dean

Faculty of Education

fry/f/^

Date

Dedication

This research project is dedicated to:

My God given helper, Alice Cheron Bett, who is suitable and understanding to me.

My children: Jean, Michael, Gideon and Gamaliel.

My brothers and sisters who have all encouraged me with the following words of wisdom. "But as for you, be strong and do not give up, for your work will be rewarded".

Acknowledgement

I am indebted to many organisations, institutions and different personalities for their contributions and support towards the successful completion of this research project. It may not be possible to mention all by name. Please do accept my sincere appreciation and gratitude.

My deepest appreciation goes to my supervisor, Dr. Gerald Ngugi Kimani, an extremely busy gentleman who could still find chances to contribute valuable comments through his critical discussion, criticisms, suggestions, technical assistance and ideas in the study. His experience in the study was an asset to this study, particularly in the guiding and formulation of the instruments of the study, which proved valid and reliable in the field. Dr. Kimani is a busy, active, humble and understanding scholar. The Chairman, Dr. George N. Reche, Dr. Khasiera, Dr. Nyaga, Mr. E. Kanori and other University of Nairobi lecturers, for their tireless efforts in professionally handling the course work units was indelible to me. The Kikuyu Campus Library staff also demonstrated signs of maturity while acting and executing their duties professionally. Mr. Leo B. Ogola of the department of curriculum and instruction, Egerton University, for the main task of data analysis.

I also wish to thank the Ministry of Education through the Teachers' Service Commission for granting me study leave through Mrs. Kirui, Headteacher of Kericho Day Secondary School. I wish to thank Mr. Robert Rono on behalf of Kericho District Education Staff for their co-operation.

I would consider my acknowledgement incomplete without special mention of my church members for their prayers, led by Rev. Chumo, Rev. Rono, Dr Njoroge of A.I.C

Kericho. The financial and material support from the Director Mlimani Schools, Eric Keter and my cousin, Charles Mitei. All friends relatives who assisted me in the fund-raising held at Koroitik Primary where Professor Wilson Lang'at, Principal Kenya Highlands Bible College, Dean of students, Egerton University then and Dr. Benard Kitur, Chairman Soil Science Department Egerton University presided over the function. I would like to thank Mr. Maritim, J.Ngetich and other colleagues for offering transport services during my data collection exercise.

It may not be possible to mention everybody who gave their assistance but to all, I say thank you. Indisputably, I owe my deepest respect and gratitude to my parents, Mr. and Mrs Lang'at without whose blessings this study and work would not have been accomplished.

Abstract

The purpose of the study was to investigate HIV/AIDS knowledge, cultural practices and sexual behaviour of Form Three secondary school students in Ainamoi Division Kericho District. The study sought to determine the HIV/AIDS knowledge and to identify cultural practices that promote the spread of HIV/AIDS. It also sought to investigate the sexual behaviour in response to the HIV/AIDS pandemic and knowledge level about condoms.

The research design used was survey research. The target population was 5449 students from 18 secondary schools. The researcher utilized a stratified random technique in obtaining the sample size of 432 respondents, 206 males and 226 females for the study. The study mainly used a questionnaire to collect data. A pilot study was conducted in seven secondary schools in Belgut Division. The pilot was used to determine the validity and reliability of the instrument. Data collected was analyzed using percentages, means and frequency tables. A computer programme Statistical Package for Social Sciences (SPSS) was used to analyze the raw data.

The study established that:

1. the respondents had gained HIV/AIDS knowledge through various sources; mass media, social activities, sex education in schools and religious organizations. However, they were rated moderate in level of HIV/AIDS knowledge.
2. the respondents 411 (96.3%) had heard of condom use while 299 (70.7%) had not used. The minority, 124 (29.3%), used to avoid sexually transmitted infections and pregnancy.

3. The respondents were sexually active and involved themselves in sexual intercourse as early as ten (10) years of age. The majority of the respondents 297 (69.2%) felt within 17-19 years of age. The study indicated that they would even have sexual intercourse with persons they had not known for long.
4. Respondents indicated some deeply rooted cultural practices in the area such as polygamous marriage, initiation, funeral rites and celebrations that encouraged the spread of HIV/AIDS.
5. Respondents did not respond to all the items as indicated in the analyzed data.

The study recommended that: -

1. Educators and public health experts should teach reproductive health education in secondary schools. Reproductive health education should not only be integrated in the curriculum but should also be taught in different sessions to encourage the youth to change sexual behaviour.
2. Reproductive health education should be extended to lower primary, for the findings indicated that pupils start sexual intercourse as early as the age of ten.
3. Traditional practitioners, in communities that still hold to cultural practices, such as initiation, should be educated on the use of sterilized instruments in order to control the spread of HIV/AIDS.
4. Blood screening for HIV status should be encouraged for it might change irresponsible sexual behaviour. Those tested either negative or positive are counselled to protect themselves and not to spread the HIV virus respectively.

Table of Contents

Content	Page
Title.....	i
Declaration.....	11
Dedication.....	111
Acknowledgement	
Abstract.....	vi
Table of contents.....	viii
List of Tables.....	xii
List of Figures.....	xv
List of Abbreviations.....	xy i
Chapter one	
Introduction.....	1
Background of the Study.....	1
Statement of the Problem.....	5
Purpose of the Study.....	5
Objectives of the Study.....	6
Research Questions.....	6
Significance of the Study.....	6
Limitations of the Study.....	7
Delimitation of the Study.....	7
Assumptions of the Study.....	7
Definitions of Significant Terms.....	8

Organization of the Study.....	9
Chapter Two	
Literature Review.....	10
Introduction.....	10
HIV/AIDS knowledge, cultural practices & social behaviour.....	10
Kipsigis Rites of Passage.....	11
Marriage	
Customs & Regulations of marriage.....	14
Betrothal Marriage.....	14
Elopment.....	15
Polygamy.....	15
Surrogate.....	16
Ceremonies and occasions.....	17
Marriage Taboos	
Childhood practices/Belief System.....	18
Ear-piercing/Tattooing.....	18
Pre-marital sex among the youth.....	19
Conceptual framework of the study.....	20

Chapter Three

Methodology	22
Introduction	22
Research Design	22
Target population.....	22
Sample & Sampling procedures	24
Research Instruments	24
Validity of the instruments	25
Data Collection Procedures.....	25
Data Analysis Techniques	26

Chapter Four

Data analysis, Interpretation and Discussion	27
Introduction	27
Questionnaire Return Rate.....	27
HIV/AIDS knowledge.....	33
Knowledge on the use of condom	37
Sexual Behaviour.....	42
Beliefs and Cultural Practices.....	47
A brief summary of the chapter.....	51

Chapter Five

Summary, Conclusions and Recommendations.....53

Introduction53

Summary..... 53

Conclusion.....54

Recommendations.....55

Suggestions for further Research.....56

Bibliography.....57

Appendices

Appendix A.....63

General Instructions

Appendix B.....64

Students Questionnaire

list of Tables

	Page
Table 1: HIV positive population and AIDS related deaths 1990-96.....	3
Table 2: HIV/AIDS Cases in Kericho District Hospital 1998-2001.....	4
Table 3: HIV/AIDS Orphaned Students in the District.....	4
Table 4: Administrative units and area of Districts by Division.....	23
Table 5: Showing the number of schools and enrolment in each Division.....	23
Table 6: Category of secondary schools in Kericho District.....	24
Table 7: Age of respondents.....	28
Table 8: The gender of the respondents.....	28
Table 9: The type of school category and no. of respondents.....	29
Table 10: The respondents' religion.....	29
Table 11: Importance attached to religion by the respondents.....	30
Table 12: Frequency of religious respondent's engagements.....	30
Table 13: The number of visits to nearest town/trading centres by respondent.....	31
Table 14: Residence of respondents when not in school.....	32
Table 15: Ethnicity of respondent's father.....	32
Table 16: Ethnicity of respondent's mother.....	32
Table 17: Sources of Information on HIV/AIDS as indicated by the respondents..	33
Table 18: Answers given by respondents when asked if they have seen people living in their area.....	34
Table 19: Responses given by the respondents when asked whether they had seen an AIDS patient.....	34

Table 20: Answers given by respondents when asked whether they can get AIDS..	34
Table 21: Suggestions given by respondents as to why they cannot get AIDS.	35
Table 22: Responses given when respondents were asked whether they are doing anything to protect themselves against AIDS.	36
Table 23: Course of action taken by respondents to avoid the AIDS virus.	36
Table 24: Summary of level of HIV/AIDS knowledge of the respondents.	36
Table 25: Answers given by the respondents when asked whether they had heard of the condom.	37
Table 26: Sources of information about condoms given by the respondents.	37
Table 27: Answers given by respondents when asked whether they have used a condom during sex.	38
Table 28: Reasons given by respondents when asked why they use condoms.	38
Table 29: Frequency of condom use by respondents.	39
Table 30: Reasons given by the respondents justifying the stated frequency of use of condoms.	39
Table 31: The respondents' experience when using condoms.	40
Table 32: Answers given by the respondents when asked who suggest the use of condoms before engaging in sex.	40
Table 33: The source of condoms to respondents during sexual activity.	41
Table 34: Responses given when asked whether their partner have ever refused to use a condom.	41
Table 35: The sources of condoms for the respondents.	42
Table 36: The number of sex partners in the respondents have had in his/her life time.	42
Table 37: The number of current regular sex partners.	43
Table 38: Answer given by respondent when asked whether the lover has other sex partners.	43

Table 39: The duration that respondents have been lovers with their current partner.....	43
Table 40: The period given by respondent since he/she last engaged in sexual Sexual activity.....	44
Table 41: The Respondents age ranges (in years) when they had their first Sexual intercourse.....	44
Table 42: The duration respondents had known partner before having sexual intercourse.....	45
Table 43: Responses given when respondents asked whether he/she would ask A new lover how many partners he/she had in the past.....	45
Table 44: Responses given when respondents asked whether they would about using condoms with a new partner.....	46
Table 45: Responses given by respondents when asked whether they would request a new partner to go for HIV/AIDS test before having sex.....	46
Table 46: Suggestions given by respondents on how to control HIV/AIDS in secondary schools.....	47
Table 47: Cultural practices that encourage the spread of HIV/AIDS.....	47
Table 48: Suggestions of who should provide care for AIDS patients given by respondents.....	48
Table 49: The steps the Government should take to minimize the spread of AIDS ...	49
Table 50: Respondents answers when asked whether they would go for a free of charge blood test.....	50
Table 51: Views of the respondents when asked whether they would like to know the results of the blood test.....	50
Table 52: The actions the respondents would take if his/her blood tests HIV positive.....	52

List of Figures

Figure 1: Conceptual Framework of the Study21

AIDS	Acquired immune deficiency syndrome
AGC	Africa Gospel Church
AIC	Africa Inland Church
BS	Boys secondary school
DEO	District Education Officer
ELISA	Enzyme linked immuno sorbent assay
GC	Guidance and Counseling
GOK	Government of Kenya
GS	Girls secondary school
GT	Grand Total
HIV	Human Immuno-deficiency Virus
KCAF	Kenya Christian Student Fellowship
MBS	Mixed boarding secondary school
MDS	Mixed day secondary school
MOEST	Ministry of Education Science and Technology
NACC	National Association Control Committee
NACAP	National AIDS and STDs control programme
NGO	Non-governmental organization
SDA	Seventh Day Adventist
SPSS	Statistical package for social sciences
STD	Sexually Transmitted diseases
STI	Sexually Transmitted Infections

ABBREVIATIONS

AIDS	Acquired immune deficiency syndrome
A.G.C	Africa Gospel Church
A.I.C	Africa Inland Church
BSS	Boys secondary school
DEO	District Education Officer
ELIZA	Enzyme linked immuno sorbent assay
GC	Guidance and Counseling
GOK	Government of Kenya
GSS	Girls secondary school
GT	Grand Total
HIV	Human immuno-deficiency Virus
K.C.S.F	Kenya Christian Student Fellowship
MBSS	Mixed boarding secondary school
MDSS	Mixed day secondary school
MOEST	Ministry of Education Science and Technology
NACC	National Association Control Committee
NASCOP	National AIDS and STDs control programme
NGO	Non-governmental organization
SDA	Seventh Day Adventist
SPSS	Statistical package for social sciences
STD	Sexually Transmitted diseases
STI	Sexually Transmitted Infections

UNAIDS	Joint United Nations Programme on AIDS
UNICEF	United Nations Children Education Fund
VCT	Voluntary Counselling and blood test
WHO	World Health Organization

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background of the Study

The world is facing a disaster of major proportions due to the Human Immuno Deficiency Virus (HIV) which causes Acquired Immune Deficiency Syndrome (AIDS). AIDS is the name given to the fatal clinical condition that results from long-term infection of HIV. Being infected with HIV does not automatically mean that a person has AIDS or is ill. It does, however, mean that a person can transmit HIV to someone else Ng'weno, (1985, p.10). HIV gradually disables an important part of the body's immune system. Its main targets are cells in the blood called T-helper cells, which HIV invades and eventually destroys. These cells normally help protect the body from attack by infection. As the immune system is progressively damaged, a person becomes increasingly vulnerable to a range of infections. According to WHO (1987) the average time of progression from infection with HIV to the outset of AIDS the incubation period is approximately 10 years. Some people stay healthy for a much shorter period than this, but a few develop AIDS within the first three years of infection. Researchers estimate that others may be infected with HIV for up to 20 years before the onset of serious illness.

The UNAIDS Report (2000) noted that the global HIV/AIDS as 34.3 million people living with the scourge then. The total number of people newly infected in 1999 were 5.4 million, while AIDS deaths in the same year were 2.8 million. The total number of AIDS deaths since the beginning of the epidemic in 1981 is 18.8 million. These grim facts and figures evidently posed a challenge to the nations of the world in the new millennium. (UNAIDS Report 2000:12). In Sub-Saharan Africa, 24.5 million have succumbed to the scourge of HIV/AIDS (UNAIDS Report 2000). The impact of

this HIV/AIDS pandemic is devastating to Africa's economy, given that, the majority of the infected population falls within the productive years of 15-49 years. Dortzback (1996) found out that most youths were having sex between the ages of 12 and 16, and the average age of the first sexual encounter was 14 years of age.

According to Dortzback (1996 p. 78), the mode of transmission in which the pandemic is spread is sexual intercourse. Another way to contract the HIV virus is what is referred to as perinatal transmission - mother to child. Blood transfusion is another confirmed mode of transmission. However, in Kenya, most blood for transfusion is screened for HIV, therefore only a few infections are due to blood transfusion. The other known mode is through unsterilised surgical and skin-piercing instruments thus socio-cultural practices.

Kelly (2000, p. 22) AIDS in Kenya, is wreaking the conditions of learning in secondary schools. Twenty (20) percent of the country's students aged between 15 years and seventeen (17) years are HIV positive. AIDS is alarming in schools, yet they are supposed to instil values that promote good behaviour to enable students protect themselves against infections. Ogado (2000, p.4) suggested that Kenyan students in universities and secondary schools must change their sexual behaviours if the fight against HIV/AIDS infection is to be won. According to Makokha (2001, p.6) the HIV/AIDS pandemic spread despite the awareness.

Onyango (2003, p. 18) decried the high number of students, teachers and lecturers who were dying from AIDS related complications in higher institutions of learning. The study indicated that unless drastic measures are taken to address the problem, the national education goals and mission of secondary and post-secondary may not be realized soon. The study noted that despite widespread knowledge about the disease, the attitude and behaviour of students, teachers and administrators have not

changed. The secondary schools and universities have lost very highly trained personnel as well as students with a brilliant future after incurring huge debts due to hospitalization. Katumanga (2003, p.4) spelt out that over five (5) teachers are dying of AIDS related cases per week and as a result, affecting educational administration in Kenyan schools.

Kibaki (2003, p.6) stressed the need for people to freely talk about HIV/AIDS if the war against the pandemic is to be won. The report indicated that stigmatization of the disease, should be discouraged and awareness of the scourge should be improved. The report further urged Kenyans to discuss the disease in all forums including churches, family tables, learning institutions and the media. According to Shorter and Onyancha (1997, p. 106) the young people of Kenya are threatened by AIDS if their moral disorientation is not corrected in time. They further noted that young people engage in sex with a multiplicity of partners, some of whom include prostitutes. The process exposes them to a myriad of opportunities for contracting STI including the dreaded AIDS.

Table 1: HIV Positive Population and Aids Related Deaths by Age, Sex and areas, 1990-96

	1990	1993	1994	1995	1996
HIV Positive Population					
Rural	151	284	334	383	428
Urban	298	558	655	752	842
Male	244	457	537	617	689
Female	205	384	432	518	581
Total	449	841	989	1135	1270
HIV Related Deaths					
Rural	7	15	19	25	30
Urban	13	29	37	46	56
Male	11	24	30	38	56
Female	9	20	26	33	40
Total	20	44	56	71	96

Source: District Hospital, Kericho, 1996.

The table 1 indicates the HIV/AIDS positive population and AIDS related deaths by age, sex in rural-urban areas between 1990 - 96 in the district.

TABLE 2: Showing Aids Cases Tested Positive in Kericho District

Year/Sex		
1998	Total	Percentage
Male	33	35.2%
Female	61	64.8%
Total	94	100%
1999		
Male	136	45.4%
Female	163	54.6%
Total	299	100%
2000		
Male	133	43.2%
Female	175	56.8%
Total	308	100%
2001		
Male	105	43.2%
Female	138	57.0%
Total	243	100%

Source: Kericho District Hospital Laboratory (June 2003)

Table 2 indicates the current rise of HIV/AIDS cases tested positive in Kericho District between the year 1998-2001.

TABLE 3: HIV/AIDS Orphaned Students in Kericho District

School sample size	Male	Female	Total
33 secondary schools (general students)	170 (49.6%)	173 (50.4%)	343 (100%)
33 secondary school (only Kipsigis students)	155 (48%)	170 (52%)	325(100%)

Source: Kericho District Statistics Office (June 2003).

The above table 3 shows that there is a serious impact on AIDS affecting students and administration in secondary school. There is a total of three hundred and forty three (343) orphans in 33 secondary schools out of 70 secondary schools in the District.

1.2 Statement of the Problem

According to NASCOP (1999) the rising spread of HIV/AIDS is quite alarming despite the rigorous awareness campaigns. It is a tragedy that today claims up to 700 deaths daily in Kenya. The AIDS pandemic has given a big blow to Kenya's economy. It has reduced the life expectancy from 59 years in 1989, to 49 years in (1999) as many skilled and productive workers have succumbed to the AIDS scourge. A cure or vaccine for HIV/AIDS remains elusive. It is not just a threat to education, and social and economic development, it is also a real threat to human existence, particularly youth in secondary schools who are the most vulnerable group in the society.

According to Kiptoon (2000) many classrooms were depleted in most districts because pupils and students dropped out of school because of the death of their parents and teachers due to AIDS. The study predicted huge resources normally used to purchase text books or to pay school fees being directed to pay medicine for victims leading to high rate of absenteeism and drop outs from schools.

According to Wangai (2001,p.2) behaviour formation and modification among students are largely influenced by peer pressure to indulge in sexual behaviour which causes HIV/AIDS. The big question is 'why the epidemic is spreading despite the awareness?' Why are HIV/AIDS infection rates not falling in Kenya? There is thus a need to study HIV/AIDS knowledge, cultural practices and sexual behaviour of secondary school students in Ainamoi Division, Kericho District.

1.3 Purpose of the Study

The purpose of the study was intended to determine HIV/AIDS knowledge, identify cultural practices and investigate sexual behaviour of secondary school students in Ainamoi division, Kericho district.

1.4 Objectives of the Study

The main objectives of the study were to:

- a) determine the level of HIV/AIDS knowledge of secondary school students in Ainamoi division, Kericho district.
- b) identify the cultural practices that promote the spread of HIV/AIDS among secondary school students in Ainamoi division, Kericho district.
- c) investigate the sexual behaviour of students in secondary schools in Ainamoi division.
- d) investigate secondary school students' knowledge about condoms in Ainamoi division.

1.5 Research Questions

The researcher focused on the following research questions:

- a) What is the level of HIV/AIDS knowledge among secondary school students in Ainamoi division?
- b) Which are the deeply rooted cultural practices that promote the spread of HIV/AIDS among secondary school students in Ainamoi division?
- c) What is the level of knowledge about condom use among the secondary school students in Ainamoi division?
- d) What is the sexual behaviour of students in secondary schools in Ainamoi division?

1.6 Significance of the Study

The findings of the study will assist educational administrators, parents and the entire Ministry of Education to combat AIDS and its spread in secondary schools. Appropriate campaign strategies will be implemented after getting the level of AIDS knowledge among the students in Ainamoi division. Knowledge of deeply rooted cultural practices that promote the spread of HIV/AIDS among secondary school students is important in

fighting the HIV/AIDS scourge. The application of knowledge will offer the AIDS awareness campaign projects a better dimension in reducing the rates of HIV infections.

The findings will be useful to the Kenya Government programme personnel, non-governmental organizations, school administrators and parents in guiding and counselling the youth in schools, universities and churches on sexual behaviour so as to reduce the spread of AIDS. The Ministry of Health in conjunction with the Ministry of Education will find the study useful in imparting knowledge to students on the dangers posed through premature sexual behaviour.

1.7 Limitations of the Study

The problem of stigmatization and psychological feelings on the affected respondents might have had an influence on the study. However, a data-gathering instrument was validated to capture needed information for the study. The other limitation is that sexual issues among the locals, Kipsigis community, are not discussed openly or publicly particularly between the youth and elders. Therefore, factors such as age barrier hindered the probing during the interview schedule.

1.8 Delimitations of the Study

The study concentrated primarily on HIV/AIDS knowledge, cultural beliefs and sexual behaviour within eighteen (18) secondary schools in Ainamoi division. The respondents were restricted to 432 sampled from 5449 students.

1.9.1 Assumption of the Study

The researcher carried out the study with the following assumptions:

- a) HIV/AIDS has affected the secondary school students in Ainamoi division Kericho district.
- b) HIV/AIDS has orphaned many students in secondary school within Ainamoi division.

- c) HIV/AIDS is a major hindrance to education and other aspects of development in the division.
- d) the respondents will be able to give honest and sincere responses to all the items in the questionnaire.

1.9 Definition of Significant Terms

The following terms used in this study were defined as follows:

AIDS - refers to a disease that is caused by the HIV virus. It acts by weakening the immune system, making the body susceptible to other diseases.

Clitoridectomy: refers to excision of the clitoris.

Culture: refers to the way of life of a particular group of people; their shared set of learned manners, customs and beliefs.

HIV: refers to Human Immuno deficiency Virus, a virus that attacks the body's immune system making it hard for the body to fight infections and disease, and eventually causes AIDS.

Levirate: refers to a widely practiced custom whereby a man is obliged to marry the wife of his deceased brother.

Perinatal transmission: refer to mother to infant during pregnancy, labour, delivery or breast-feeding.

Polygamy: refers to the practice of having more than one wife at a time.

Pseudo marriage/surrogate: refers to the type of marriage where a woman marries another woman who will have children on her behalf.

Rites of passage: refers to rituals that mark the events in an individual life cycle as he or she moves from one status to another.

1.9.2 Organization of the Study

The study is organized into five chapters. Chapter one comprises the background of the study, statement of the problem, purpose of the study, objectives of the study, research questions, significance of the study, limitations, delimitation of the study, assumptions of the study, definition of significant terms and the organization of the study. Chapter two deals with literature review related to the study. The major sub-sections were as follows: modes of transmission, Kipsigis rites of passage and the practices. The conceptual frame work of the study formed the final section of the chapter.

Chapter three constitutes the research methodology used in the study. It comprises of research design, target population, research instrument, data collection procedure and procedures of data analysis techniques. Chapter four presents data analysis, research findings and discussion of findings. In chapter five the summary of the findings, the conclusions and recommendations for future research are presented.

Chapter Two

2.0 Literature Review

2.1 Introduction

The purpose of the chapter reviewed literature related to HIV/AIDS knowledge, cultural practices and sexual behaviour of secondary school students within Ainamoi division Kericho district.

HIV/AIDS knowledge, cultural practices and sexual behaviour

The majority of new HIV infections are transmitted through unprotected heterosexual intercourse. It is estimated that this mode accounts for about 80% of all HIV infections. Although the probability of transmitting HIV in a single act of intercourse can be quite low, a number of factors increase the risk of infection dramatically. The most important are presence of a sexually transmitted diseases (STD), such as syphilis and chancroid or herpes virus. A significant number of Kenyan adults suffer from STD and many have a number of sexual partners. As a result most HIV infections are due to heterosexual contact. Programmes designed to slow the spread of HIV will need to focus on reducing transmission through sexual contact (NASCO 1991, p.6). Blood transfusion with infected blood will almost always transmit HIV. However, in Kenya most blood for transfusion is screened for HIV, therefore, only a few infections are due to blood transfusion. Many children are infected perinatally, that is, they receive the infection from their infected mothers during pregnancy, at the time of birth or through breast milk. About 30-40% of babies born to infected mothers will themselves be infected. The other 60% may not be infected but are at risk of becoming orphans when their parents die from AIDS (NASCO 1991, p.7)

Transmission through unsterile surgical and skin-piercing

Instruments: Infection with contaminated needles and syringes as well as exposure to other non-sterile skin-piercing instruments may play a role in HIV transmission. This reflects the interplay of at least four factors: patients strong preference for injections, medical services' excessive reliance on parenteral treatment (through injections), the high prevalence among non-symptomatic and ill persons in some areas leading to unsuspected contamination of needles and other instruments with HIV and the lack of adequate sterilization practices, compounded by financial and other practical constraints.

2.2 Kipsigis rites of passage

Initiation rites

The initiation rite of both boys and girls among the Kipsigis is mandatory. It is a stage in which one shifts from the status of child to an adult. It marks the end of childhood and the start of adulthood. During initiation, one is expected to discard all childish ways, to learn to control their feelings and behave in a superior manner. Boys penis foreskin must be removed with a knife, and while in seclusion, they are taught social values; norms they are taught include how to raise up children and how to handle sexual activities (Fish & Fish, 1995).

Mbiti, (1975) states that 'initiation rite' is one of the main African social practices which must be observed. The practices are highly treasured in traditional life. He agrees with Fish (1995) that 'circumcision involves cutting off the foreskin of the boy's male organ; while clitoridectomy involves cutting some puritan of the girl's female organ. In both cases, blood is spilled and the operation is very painful, since often no pain-killing herbs or other preparations are used. Mugambi & Kirima (1976) states that the shedding of blood is often interpreted as a sacrifice to a god, the spirits and the ancestors and as symbolic union with the living-dead. Parrinder (1962) found

out that the operation of male and females was performed by qualified operators yet the operation is crude and unhygienic.

Mulindi & Kimani (1997) stressed that various cultures should practice circumcision hygienically. They further emphasize that one who is circumcised in the hospital is not a lesser man and may have an advantage of avoiding HIV/AIDS infection. Girl circumcision is a practice that should be discarded. It not only has a life-long effect on the girl but as well a high risk source of HIV/AIDS infection. (NASCOP 1999).

The use of one knife in the rite signifies togetherness and unity among the Kipsigis. The practice therefore, can be one of the mode of transmissions if one of the initiates is HIV positive (NASCOP 1999). The practice in some areas is still prevalent. A girl who was a virgin at the time of her initiation was honoured. The inspection was done by a qualified woman before the operation. The practice encouraged youths to be morally accepted and respected in the community. She was allowed to sit on a concave stool which normally belonged to the father. Her mother could take pride. After the operation, girls traditionally could spend as long as two or more years in seclusion. The sole purpose of seclusion was to train women to be responsible. The reason of clitoridectomy was to reduce sexual desire; removing of the clitoris which was believed to make women to be able to control their sexual urge and control unfaithfulness when men were far away taking care of cattle, since Kipsigis were pastoralists. Ayisi, (1992) observed that the practice of operation changes the status of the girl. The practice is common in East Africa, Northern Ghana and Northern Nigeria. The initiation in its educational aspect helps the individual to learn about the tradition of the society and to understand his duties and privileges. The practice is a strong mode of HIV/AIDS transmission (Ngumy, 1999).

Dennitah (2001) on Nubian women observed that female genital mutilation is still practices. The practice persists despite campaigns to stop. He observed that the mutilation was meant to contain sexual desire. Dennitah further observes that: 100 to 132 million women in the world have undergone the rite while 6,000 girls in Africa are circumcised daily and 2,000 annually in Kenya alone, statistics show that 75 percent of the population practice it. Mulindi (1999) remarked that circumcision and clitoridectomy is a cultural practice. He suggested that for safety, it can be carried out as a surgical operation under very hygienic conditions to safe guard against HIV/AIDS if it must be done. The threat that he observed is that female circumcision is rarely done in hospitals, but carried out by traditional practitioners.

23 Marriage

The **'initiation rite' prepares one for marriage in the Kipsigis community.** Girls in particular would marry anytime after the completion of the puberty rite (Parrinder, 1962). HIV/AIDS experts have warned that married women are more vulnerable to AIDS infections compared to their single counter parts. The factor that poses the highest risk to marriage (Oduol, 2000). Mbiti (1975) states several meanings and purposes of marriage: the obligation to bear children, a uniting link in the rhythm of life, the building of a family, new relationships between families, remembrance of parents after death, giving a status in society and justifies multiple marriages. Marriage therefore, is a contract between lineage as between families, or husband and wife. The value of marriage is important if the marital virtues are kept. Marriage can be the source of death if its tenets are not preserved. Muita, (1999) states that one of the modes of HIV/AIDS is through sexual intercourse out of wedlock if marriage principles of being faithful to a single married partner are obeyed, then we avoid the risk of the infection.

Roderic, (1982) reaffirms that Kalenjin society is a polygamous community. Peristiany (1939) observes that sexuality was not for pleasure among the Kipsigis, for after birth sexual intercourse would not take place before a year had elapsed, that is, after the child has been weaned. This practice encouraged the Kipsigis men to be polygamists. A married man would even still look for an unmarried 'sweetheart' and sleep with her in his hut ('Singiroina'). Muita, (1999) asserts that the practice encourages extra-marital which promote the spread of HIV which causes AIDS.

Marriage Practices :/Customs, regulations

Marriage in African culture, is at the center of human life. It is associated with marriage customs which include methods of choosing the marriage partner, engagement, weddings, husband and wife relationships, the setting up of a family, relationships between the couple and other relatives, rules governing whom not to marry, and rules governing separation, divorce, inheritance and other aspects. Powell, (2001) informed Kenyans to break away from taboos in order to fight the HIV, which causes syndrome.

Betrothal - 'Kabwatereret'

Fish & Fish (1995) found out that Kipsigis parents of both a boy and of a girl under age would agree on behalf of their children for marriage. A marriage ceremony was performed for their children, just the same as if they were adults. After each child had completed the initiation rites, the two lived together (immediately) for they had already been married. Roderic, (1982) established that men marry more than one wife in Kalenjin. Therefore because of a shortage of unmarried young women, some youths would look for younger girls as future wives. Girls under six of age could be engaged. The practice is common among the Kipsigis, but many have agreed that: it can be of high risk since women are not screened for HIV before marriage. And that, polygamy should be discouraged in areas where it still persists. In certain cases, a girl could even

be married very young, before her breasts had developed and before circumcision. And if it happened that a girl slept with a man before circumcision and became pregnant, she would be circumcised immediately, so that the child and her do not become outcasts.

Elopement marriage

Fish & Fish (1995) acknowledge that elopement marriage among the Kipsigis was common. The Kipsigis men used to elope a lady for marriage if the man had no dowry or had a bad character. Hakansson (1988) states that "elopement practice in various communities including the Gusii and the Luos occurred when a man lacked bride wealth". Elopement is a common way of initiating a marriage. Elopement which is the act of establishing a union of cohabitation between a man and unmarried woman that has not been legitimized by payment of bride wealth - was common among most Kipsigis men because a herd of cattle was not easy to come by. However, eloped women were at the mercy of their partners, and their position was insecure. Lack of legal sanctions, cohabitation is less stable than legitimized marriages. The worst, and the most deadly is that an infected man can elope with a partner who is free of HIV, but both will end up being victims of HIV/AIDS. (NACC 2000).

Polygyny

Mbiti (1969) observed that polygyny is a custom found all over Africa. It is common among the Kipsigis people. It would be practiced if the first wife had no children or had only daughters, which follow without exception that the husband would add another wife, partly to remedy the immediate concern of childlessness and partly to remove the shame and anxiety of apparent unproductivity.

Polygamy (or polygyny) used to prevent or reduce infidelity and male prostitutes on the part of the man. In such cases the husband was unlikely to keep concubines or go to female prostitutes. However, besides quarrels and fights among the wives and conflicts

among the children, any form of polygamy can be a source of HIV which causes sexually transmitted infections Nyaga (1997).

Wife inheritance - 'Kaantiet'

Fish & Fish (1995) noted that wife inheritance was a practice of a man taking over the responsibilities for the care of the widow of his deceased brother and her children. He expressed that no ceremony was connected with the practice. The appointed did not own the widow, but would care for the children. Although a clan, family social set up, protects a lady from being for every person in community, still is not safe from HIV/AIDS scourge if the practice is not abandoned. The custom of inheriting the wife of a deceased brother is fairly common. Onyango (2003) on wife inheritance has been campaigning to stop widow rituals, the practice that is blamed for AIDS infection rise.

Pseudo marriage (surrogate)

Mbiti, (1975) indicated that in African societies, marrying several wives, inheriting the wife of a deceased brother (or husband of a deceased sister), arranging for the wives of impotent or long-absent husbands to have children by close relatives or friends are practices commonly found among the Kipsigis. In the community, Kipsigis respect and accept a barren woman to 'marry' a woman or a younger girl to produce children for her. The family would arrange for whoever was responsible of a biological father but the social father of the children is the woman who married the younger lady. The main purpose of such unique, uncommon marriages was meant to ensure that nobody is left out of marriage or without children. These customs worked in their own way within the traditional Kipsigis set up, but modern changes such practices are high risk of HIV which is the cause of AIDS. The practice can be the best source of spreading HIV/AIDS since part or the married lady no longer stick to the one man appointed by the family.

2.4 Occasions and ceremonies - 'Tumin'

There are many known occasions accompanied with ceremonies among the Kipsigis which promote the spread of HIV/AIDS. Towett (1979) found out that alcohol drink - '*maiwek*' was meant for ceremonies as well as for helping as a labour wage for villagers during harvest seasons. Adultery, rape and fornication would take place under the influence of "*busaa*" (local brew). The incidents of such sexual activities were not suppose to be reported. The Kipsigis believe that any event done during the influence of alcohol and in particular in ceremonies is forgivable. The practice and belief can spread the various sexually transmitted infections. Ayayo & Munizwa (2000) expressed the dangers of alcoholism in the dreaded HIV/AIDS era, that abuse of alcohol often leads to abuse of sex, and HFVIA IDS infections.

2.5 Marriage taboos

There are many taboos and observations among the Kipsigis people. Fish & Fish, (1995) observed that a husband and wife were not to have sexual intercourse from the time she knew she was pregnant until about one year after the birth of the baby; thus after its first hair cut. Such a taboo encourages infidelity among men which promotes the spread of HIV/AIDS. Shorter, (1998) confirms that clean hair shaving with crude unsterilized knives and razor blades on a group can lead to HIV infection. It was also a taboo among the Kipsigis people for a widow to be married a second time by other persons a part from being inherited by a deceased brother. It is a taboo which encouraged the spread of any form of disease. Angela (1973) found out that committing adultery was common among the Nandi people, and that - adultery when partners were away from home was highly practiced and that - husbands knew this. In certain circumstances, however, married women were expected to commit adultery outside wedlock; e.g. in 1926 during famine, women were sent to search for money at the

railway construction laborers. Such practices are still silently practiced while adulterous woman among the Kipsigis was punishable. In some cases, the father of the adulteress was to pay a cow as a compensation. Adultery on the other hand should be discouraged because it can cause the spread of HIV/AIDS. Muita, (1999). Fish (1995) found out that it was a taboo for a woman to handle or touch male organ. It was punishable by a divorce or a good material compensation. These practices contradict the fact that females, who are careful, are expected to insert condoms during the sexual intercourse as a way of curbing the spread of HIV/AIDS. To date, Kipsigis men still believe that "touching male organ weakens the strength of erection or causes impotence".

Childhood practices /belief system

Childhood is an important period of growth in every society and practices is part of growth. Dental extraction is a childhood practice, which is a prerequisite to initiation. Fish & Fish (1995) stated that the removal of two lower center teeth of a child were extracted in preparation of initiation among the Kipsigis to test courage and endurance. The other purpose is for passing liquid food in case of fits. The practice was done by a traditional professional operator using a special knife. The practice would be having a good purpose but the, consensus opinion is that: "the use of one knife should be discarded lest it spreads the HIV/AIDS. And, that, if the practice must continue, then it should use one instrument knife per individual to curb the spread of HIV/AIDS." (Dortzbach, 1996).

Ear-Piercing/Tattooing

Among the Kipsigis, a child between ten and fifteen years of age could face East outside the house while his/her earlobes were pierced in preparation for initiation (Fish & Fish, 1995). Facing 'East' was meant to get the blessings from 'ASIS' god the sun. Thus, in every initiation, god's intervention was considered of paramount.

Ears piercing and scarification is still practiced in some areas in the Kipsigis/and for decoration. Among the Kipsigis culture, such rites are done by specialists with the use of special knives for the function for all the initiates. However, many scholars have continued to criticize the use of unsterilized instruments as the main mode for the spread of HIV/AIDS. Muita, (1999). Pristiany, (1939) found out that girls made themselves more attractive to the young men by making marks around breasts, navel, and loins - artificial sores. The marks were produced by piercing the skin with nails in a number of girls by an expert with the use of sharp objects.

Since girls were done in a group, using the same object: consensus opinion is that: "such practices is at the moment the mode of promote the spread of HIV - since the HIV transmission mode is through blood to blood contact, or through the use of unsterilized piercing instruments on several batches of persons as age-sets". (NASCO, 1999).

2.6 Pre-marital sex among boys and girls

Ayisi, (1992) found out that every society observe variety of sexual practices. Some African societies regard sex as the most important factor in marriage and therefore a premium is placed on virginity. Girls on marriage are expected to be virgins and are rewarded accordingly. The preservation of virginity among the Kipsigis was a great victory and honor. Boys would sleep with their sweet hearts without intercourse. In modern times virginity is rare and boy/girl friendship do not preserve their virginity while promiscuous society have been stated to promote the spread of HIV/AIDS. (K.I.E. 1999). Pristiany (1939) indicated that the mother of the girl who loses her virginity and conceives before initiation and marriage would not only be disgraced but the baby would be killed by being choked to death before it draws its first breath as the spirit of its ancestors enters its lobby at that exact moment. The practice if it could be enhanced,

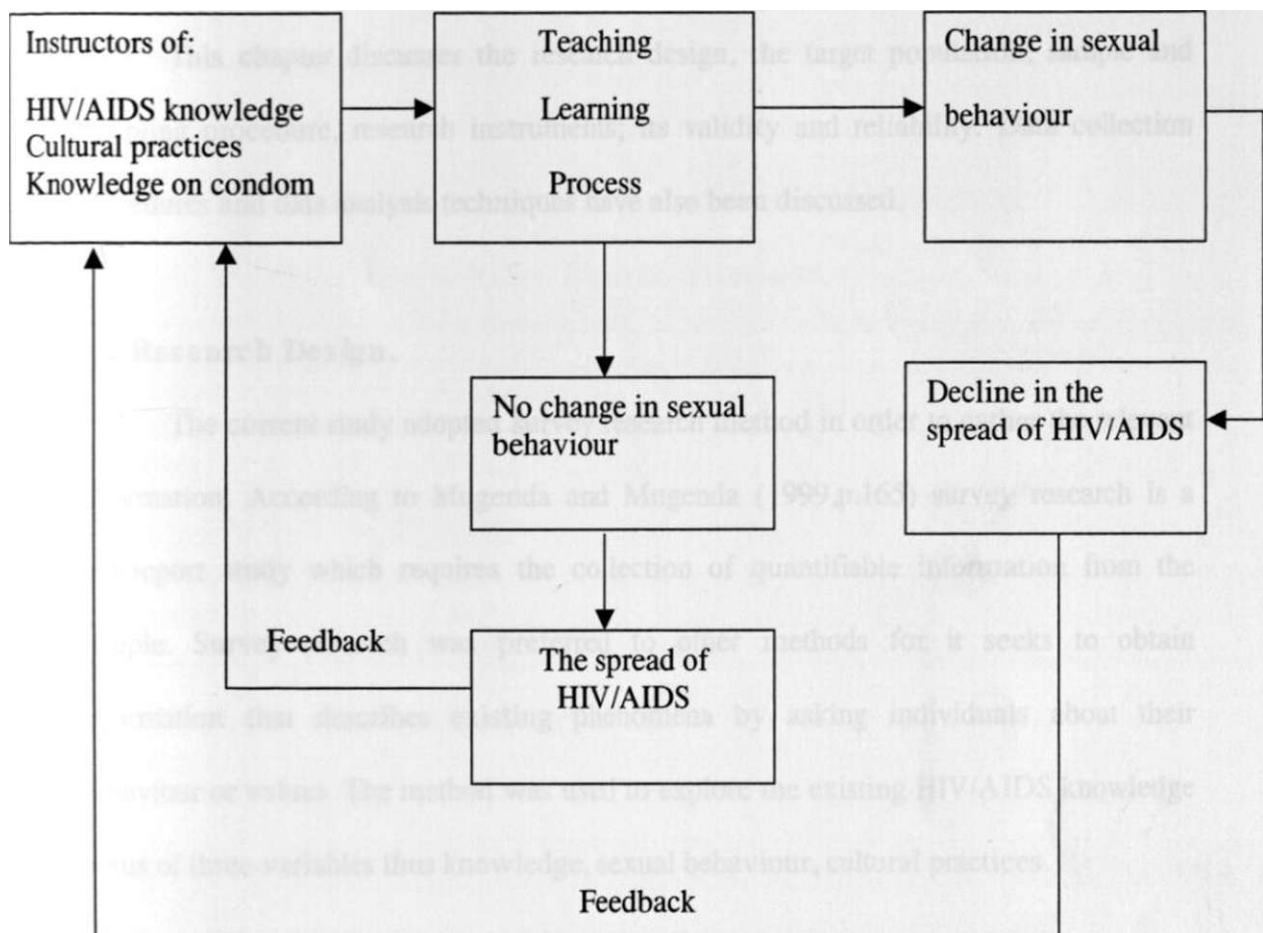
would promote the morality and minimize the spread of HIV/AIDS and STI. A virgin girl - *pergeiyat*' at her initiation was specially honored. She would be allowed to dance which precedes clitoridectomy to hold in her hands the ceremonial tail: 'fly whisky' of elders. The young men and the girls slept naked; the man lying on his left hand side and the girl on her right, the girls legs lying between the legs of the man. The boy places his penis at the orifice of the vulva and the girl 'shakes' to him in a circular movement without penetrative or intermission taking place. The act was to practice self-control. Such a practice promoted the curbing of HIV and other sexually transmitted infections for it does allow penetration of penis to vagina.

Currently, most of these cultural practices are dying out, while the youths have become more vulnerable to HIV/AIDS infection. The preservation of virginity have almost died among the youth. Lovers are shy to take pre-marital HIV/AIDS tests; while young couples are avoiding church weddings for fear of having to face HIV tests. A nervous flight has been triggered by regulations imposed by several churches requiring couples to be screened for HIV, the deadly virus that causes Aids, before being allowed to tie the knot. (Mbogoru, 2001).

2.8 Conceptual framework of the Study

The conceptual framework of this study is based on the input and output of the HIV/AIDS knowledge, cultural practices and sexual behaviour among the youth. The input covers the HIV/AIDS knowledge to the respondents and the cultural practices that promote the spread of HIV/AIDS. The Educators impart the knowledge on the practices such as initiation of boys and girls, wife inheritance, dental extractions with the use of unsterilized instrument. It also gives the knowledge on condom and expect the learners to adopt and is suppose to bring change in sexual behaviour.

Figure 1 Conceptual Framework



Chapter Three

3.0 Research Methodology

3.1 Introduction

This chapter discusses the research design, the target population, sample and sampling procedure, research instruments; its validity and reliability. Data collection procedures and data analysis techniques have also been discussed.

3.2 Research Design.

The current study adopted survey research method in order to gather the relevant information. According to Mugenda and Mugenda (1999,p.165) survey research is a self-report study which requires the collection of quantifiable information from the sample. Survey research was preferred to other methods for it seeks to obtain information that describes existing phenomena by asking individuals about their behaviour or values. The method was used to explore the existing HIV/AIDS knowledge status of three variables thus knowledge, sexual behaviour, cultural practices.

3.3 Target Population

Anderson (1990, p. 196) defines target population as the universe or group of interests in gaining information and drawing conclusions. The research was carried out in Ainamoi division Kericho district, Rift valley Province of Kenya.

The target population was 432 form three students from 18 secondary schools in the division. The selected schools had the characteristics that the researcher considered necessary for the study and relevant to the investigation.

The district has seven divisions namely: Ainamoi, Belgut, Sigowet, Soin, Chilchila, Londiani and Kipkelion which are further sub divided into fifty nine locations and one hundred and seventeen sub-locations. Londiani divisions covers the largest area of 532 km² while Chilchila division occupies the smallest area with 172km². Ainamoi has the highest number of provincial secondary schools with 5449 students.

Table 4: Administrative units of Kericho districts

Division	Area in km ²	Locations	Sub-locations
Ainamoi	302.3	9	15
Belgut	290.6	7	17
Sigowet	207.1	7	15
Soin	291.2	6	23
Chilchila	172.0	5	10
Londiani	531.5	7	14
Kipkelion	315.9	8	23
Total	2110.6	49	117

Source: District Statistics Office, Kericho 2001

Table 5: The number of schools and student enrolment in Kericho district

Divisions	No. of Secondary Schools	Students Enrolment
1. Chilchila	5	817
2. Londiani	12	1748
3. Kipkelion	12	1581
4. Soin	4	1345
5. Ainamoi	18	5449
6. Belgut	11	2817
7. Sigowet	9	1931
Totals	70	15,688

Source: Kericho District Statistics Officer, January 2003

Table 6: Category of secondary schools in Kericho District

	MBS	GSC	BSC	MDS	GT
Public schools	18	8	5	35	66
Private	2	2	-	-	4
Total	20	10	5	35	70

Source: District Education Statistics office, Kericho 2003

KEY

MBS - Mixed boarding secondary, GSC - Girls' secondary school, BSS - Boys secondary school

MDS - Mixed Day secondary school, GT - Grand Total

The table 6 shows the public and private schools in the district.

The schools have an enrolment of 15,688 students; boys 8,400 and 7,288 girls.

3.4 Sample and Sampling Procedures

A sample size assures the researcher that the sample was the representative of the population from which it is drawn, Tuckman (1978, p.231). The researcher used simple random sampling in selecting the division. The researcher also adopted a cluster sampling approach in selecting Girls and Boys schools. The researcher was only interested in a class in form three students. Form four could not be selected for they were preparing for National Examination. In each school one class was selected randomly to get 24 respondents which makes a total of 432 from eighteen secondary schools.

3.5 Research Instruments

The researcher mainly used a filled in questionnaire, which is applicable in survey design. Data for this study was gathered by means of questionnaire. The questionnaire consisted of both structured and unstructured questions. There were 49 items classified into individual characteristics, HIV/AIDS knowledge, condom use, sexual behaviour and cultural practices.

Validity of the Instruments

The validity and reliability of research instrument in this study were determined by carrying out a pilot study. The piloting was conducted in seven secondary schools in Belgut Division not included in the final study to avoid contamination of the instruments. After analyzing the pilot study responses it was found necessary to revise and modify the instruments to suit the respondents. The irrelevant items were discarded and others were reworded to elicit the required response.

3.6 Data collection procedures

The researcher sought permission and authority from the Office of the President in March 2003 to conduct the study in Ainamoi Division. A researcher permit and letter of permission was granted. The researcher then visited the office of the District Commissioner and District Education Officer to inform the office as instructed in the letter. The researcher got an introduction letter to all principals and headteachers in the Division for the District Education Officer. Data was collected using the following procedures: self-administered questionnaire which was distributed to the respondents, who in turn filled them. The questionnaires was distributed on the spot and latter collected for analysis. The self-administered questionnaire included filling-in-blank spaces, multiple choice, comment on listing and likert scale. In multiple choice questions the respondents were given a choice of answers and had to check one. Finally, the collected data were examined for completeness, comprehensibility, consistency and reliability. The researcher applied basic skills such as active listening, openness, empathy and paraphrasing. This helped to dispel hostility or suspicion.

3.7 Data Analysis Techniques

Data collected was analysed using percentages, means and frequency tables. The researcher adopted descriptive statistics, which measures central tendency. The purpose of descriptive statistics in quantitative analysis is to enable the researcher to meaningfully describe a distribution of score or measurement using a few indices or statistics. The researcher ensured proper coding before analysis. The process of coding data was done cautiously to avoid errors. Coding was necessary for efficient analysis. The questionnaire was precoded which in turn helpful for computer tabulation. Classification was done depending upon the nature of phenomenon. The data was examined in terms of comparisons between the more homogenous segments within the whole group of respondents and by comparison with some outside variables.

The results were analysed in relation to each research questions. The level of HIV/AIDS knowledge was analysed using tables, frequencies and percentages. The research questions on cultural practices as well as knowledge on condoms also adopted tables, frequencies and percentages. A computer programme Statistical Package for Social Sciences (SPSS) was used to analyse.

Chapter Four

Data Analysis Interpretation and Discussion

Introduction

The purpose of this chapter was to analyze the data, interpret and present the findings of the study. The findings were based on the collected data on HIV/AIDS knowledge, cultural practices and sexual behaviour of Form Three secondary school students in Ainamoi Division.

The findings of this investigation were analyzed and reported in five subsections. The first part presented information at the demographic data, individual characteristics of students. The second part was concerned with the responses of HIV/AIDS knowledge among students in Ainamoi Division.

The third section presents the findings on the knowledge of condoms. The fourth section dwelt on the interpretation of analyzed data on sexual behaviour among Form three students. The final section interpreted and presents the analyzed data on cultural practices and beliefs on the spread of HIV/AIDS and suggestion from the respondents.

Questionnaire Return rate

Questionnaires were administered to all four hundred and thirty two respondents in twenty-five secondary schools in Ainamoi Division Kericho District. The researcher supervised the administration and interview schedule and collected all the questionnaires from the interviewees after completion. The return rate was 432 (100.0%). This indicates that there was a high return rate of the questionnaires.

Demographic Information; individual characteristics

Table 7: Age of respondents

Responses (age in years)	Frequency	Percentage (%)
14-16	110	25.6
17-19	297	69.2
20-23	22	5.1
Total	429	100.0

The total sample size were 432 Form Three respondents from Ainamoi Division secondary schools. The respondents had been asked to indicate their age brackets. The findings revealed that the majority of the respondents 297 (68.8%) fall within 17-19 years. The medium group 110 (25.5%) were from 14 to 16 years. A few students 22 (5.1%) were at advanced age compared with their class. The possible reasons attributed to elderly students would be due to health, economic and may be they were low achievers in primary school which caused them to repeat certain classes. Boys and girls reach adolescence between the ages of twelve and eighteen and the changes that take place indicate that the adolescent has become aware of his or her sexuality. Some respondents did not show the age bracket.

Table 8: The gender of the respondents

Responses	Frequency	Percentage (%)
Male	205	47.8
Female	224	52.2
Total	429	100.0

The data collected revealed that female students 224 (52.2%) were the majority, while males were 205 (47.8%). The possible suggestion for the imbalance in gender would be due to the fact that girls boarding schools are more than boys' in the division.

Table 9: Type of the school category and number of respondents

Responses	Frequency	Percentage (%)
Day Mixed	216	50.2
Boys Boarding	24	5.6
Girls Boarding	48	11.2
Day/Boarding Mixed	142	33.0
Total	430	100.0

The type of Ainamoi division secondary schools were as follows: Day Mixed, Boys Boarding, Girls Boarding, Day/Boarding Mixed. The findings revealed that Mixed Day Schools had a respondents capacity of 216 (50.2%), Day/Boarding Schools had 142 (33%), Girls Boarding 48 (11.2%) and the least category was reflected in Boys Boarding 24 (5.6%). The data concur with the Kericho District Education Statistics Office records (Table 6) that the majority of schools are Mixed Day Schools 35 (50%), Mixed Schools 18 (25.7%), Girls Schools 8 (11.4%) and the least category is Boys Schools with only 5 (7.14%) Schools.

Table 10: The respondents' religion

Responses	Frequency	Percentage (%)
Catholic	67	15.7
Traditionalist-non believer	24	5.6
Protestants	327	76.6
Muslim	6	1.4
Others (hindu & muslim)	3	.7
Total	432	100.0

Majority of the respondents 327 (76.6%) were Protestants. The Catholics 67 (15.7%) were second, while the traditionalist and non-believers were 24 (5.6%). Muslims and others were the least with 6 (1.4%) and 3 (0.7%) respectively. The pioneer missionaries in the Division were Protestants, thus African Inland Church (AIC), Africa Gospel Church (AGC). This explains why Protestantism is common in the Division.

Table 11: Importance attached to religion by the respondents

Responses	Frequency	Percentage (%)
Very Important	367	85.7
Not important	7	1.6
Important	54	12.6
Total	428	100.0

A high percentage of the respondents 367 (85.7%) revealed that religion was very important and 54 (12.6%) view it as important while only 7 (1.6%) regard religion as not important. The results suggest that majority appreciate religion as an important aspect of their spiritual and moral insights and in making appropriate decisions in a changing society. It helps them to make moral choices when faced with issues such as drug abuse and irresponsible sexual behaviour. The respondents are likely to meet great challenges in school since their parents, teachers and guardians are not always nearby to tell them what to do. Religion is also very important among the youth as it enables them gain a balanced moral and cultural understanding so as to counter destructive practices.

Table 12: Religious participation respondent's engage

Responses	Frequency	Percentage (%)
Once a week or more	363	85.0
Never	12	2.8
Once a month or more	41	9.6
Once a year	11	2.6
Total	427	100.0

The results on table 12 showed that while 363 (85.0%) participate in religious activities weekly, 41 (9.6%) were involved monthly, 11 (2.6%) indicated their involvement once a year, but only 12 (2.8%) never involved themselves in religious activities. In schools, the youth are encouraged to participate in religious activities such christian union and young christian students to help them in spiritual and moral development. The youth are also encouraged to attend youth camps during school holidays. While in school, they attend weekend rallies and weekend challenges. Kenya Christian Student Fellowship

(KCSF) sometimes helps schools to organise weekend challenges in Protestant sponsored schools. Outside the school, local churches use the youth in worship activities. Some participate as members of the choir, others are asked to read the Bible during worship while others serve as altar boys in the Catholic Church. The youth also participate in programmes such as youth service and may represent their churches during competitions in music and drama. The above diversified activities suggest the high percentage of the respondents who participate in religious activities weekly. Most of the religious activities are designed to be carried out during leisure time and are usually geared towards spiritual development.

Table 13: The number of visits to nearest town/trading centres by respondent

Responses	Frequency	Percentage (%)
Rarely	320	76.0
None	23	5.5
During holidays	19	4.5
When it is necessary	31	7.4
Daily	20	4.8
Often	8	1.9
Total	421	100.0

It was notable from the findings that 320 (76.0%) rarely visit the nearest town, 31 (7.4%) visit when it is necessary, 23 (5.5%) do not visit at all. While those who visit daily were 20 (4.8%). Those who visit during the holidays were 19 (4.5%) but only 8 (1.9%) often visit the nearest town.

The results on table 13 suggest therefore that most of the respondents rarely visit the nearest town because of the enforcement of school rules and regulations in Boarding Schools. However, they visit during the holidays.

In Mixed Day Schools, the busy schedules in school keep them away from visiting the nearest town but only when it is necessary. However, a few of the students commute either from the nearest town or trading centre.

Table 14: Residence of respondents when not in school

Responses	Frequency	Percentage (%)
Village	330	77.3
Town	90	21.1
Tea Estate	7	1.6
Total	427	100.0

From table 14, a high percentage of the respondents 330 (77.3%) live in the village in the rural areas, 90 (21.1 %) live in town or urban centres but only 7 (1.6%) live in the tea estate. Kericho Town serves Ainamoi division which a vast area hence majority of the respondents come from the interior parts of the Division.

Table 15: Ethnicity of respondent's father

Responses	Frequency	Percentage (%)
Kalenjin	283	84.7
Kikuyu	7	2.1
Luo	15	4.5
Kisii	20	6.0
Luhya	4	1.2
Others (arabs, indian & Somali)	5	1.5
Total	334	100.0

The results on parental ethnicity table 15 showed that the respondents' fathers were mainly Kalenjin 283 (84.7%). The other respondents indicated their fathers as Kisii 20 (6.0%), Luo 15 (4.5%), Kikuyu 7 (2.1%) and Luhya 4 (1.2%). Other Communities represented in the study report were Arab, Kamba, Indian and Somali 5 (1.5%).

Table 16: Ethnicity of respondent's mother

Responses	Frequency	Percentage (%)
Kalenjin	278	83.2
Kikuyu	8	2.4
Luo	17	5.1
Kisii	20	6.0
Luhya	7	2.1
Others	4	1.2
Total	334	100.0

Table 16 reports the data obtained as Kalenjin mothers 278 (83.2%) being the majority. The possible reason is that the inhabitants of the Division are Kalenjins. The medium

group of the respondents'mothers were Kisii 20 (6.0%), Luo 17 (5.1%), Kikuyu 8 (2.4%) and Luhya 7 (2.1%). Arab, Kamba, Indian and Somali mothers were the least 4 (1.2%). The study on parental ethnicity indicated that Kericho Municipality is a business area for most tribes co-exist. The findings indicated that there is intermarriage. Kikuyus are known for business while the Luos, Luhyas and Kisii are artisans and majority work in the tea industry. The fact that there are many tea pickers from Kisii, Luo and Luhya is due to the local Kipsigis regarding the job as inferior and dislike it. The various communities therefore have influenced the Kipsigis conservatism in their cultural practices, belief system and other social aspects of life such as marriage pattern and sexual behaviour. Kericho Town is also a busy trading centre for many races and ethnic groups, a stop over for tourists and truck drivers transporting goods to and fro parts of East and Central Africa.

HIV/AIDS Knowledge

The findings in this section were the data analysis on the level of HIV/AIDs knowledge among the respondents form three students in Ainamoi division.

Table 17: Sources of information on HIV/AIDS as indicated by the respondents

Responses	Frequency	Percentage (%)
Media, social activities, schools & religious organisations	370	86.0
Media, religious organisations & social activities	24	5.6
Media, social activities & schools	24	5.6
Media, religious organisations & schools	12	2.8
Total	430	100.0

While 370 (86.0%) of the respondents on table 17 indicated that they had learnt about Aids from media, social activities, schools and religious organisations; there were similar response 24 (5.6%) on those who had learnt from media religious organisations and social activities. There were only 12 (2.8%) respondents who had learnt form media, religious organisations and schools. The respondents reported the primary sources of

information being mass media, sex education in schools, religious organisations and social activities. Therefore the majority of the respondents had knowledge on AIDS.

Table 18: Answers given by respondents when asked if they have seen people living with AIDS in their area

Res ponses	Frequency	Percentage (%)
Yes	368	88.2
No	16	3.8
Do not know	33	7.9
Total	417	100.0

From table 18, 368 (88.2%) respondents admitted that there are people in their area with Aids. While 33 (7.9%) did not know if there were people living with AIDS in their areas.

Table 19: The responses given by the respondents when asked whether they had seen an Aids patient

Res ponses	Frequency	Percentage (%)
Yes	355	85.3
No	58	13.9
Do not know	3	.7
Total	416	100.0

The majority of the respondents 355 (85.3%) had seen persons living with AIDS. The findings on table 19 revealed that they personally knew someone who had AIDS. Respondents 58 (13.9%) had not seen a person living with AIDS and only 3 (0.7%) would not know a person with AIDS.

Table 20: Answer given by respondents when asked whether they can get Aids

Responses	Frequency	Percentage (%)
Yes	115	27.6
No	282	67.6
Do not know	20	4.8
Total	417	100.0

The results on the table 20 revealed that majority of the respondents 282 (67.6%) could not get Aids, while 115 (27.6%) admitted that they were likely to be infected with Aids and only 20 (4.8%) indicated they did not know if they would get AIDS. The findings

indicated that majority of the students were not aware that everyone can get AIDS. The possible suggestion is that the respondents assume the only way to get AIDS could be through irresponsible sexual behaviour. Since commercial sex workers are associated with a large number of sexual partners, they are prone to contracting AIDS. HIV/AIDS would be transmitted through blood transfusion, body fluids, after accidents or any blood contact on open wounds.

Table 21: Suggestions given by respondents as to why they could not get Aids

Res ponses	Frequency	Percentage (%)
Avoid all sources of virus	83	21.7
Abstinence	139	36.4
Can affect anybody despite the precaution	52	13.6
Irresponsible behaviour	56	14.7
Use condoms	6	1.6
Faithful to one partner	12	3.1
Knowledgeable	34	8.9
Total	382	100.0

The findings on table 21 indicated that the respondents identified were aware that abstinence 139 (36.4%), avoiding all sources of the virus 83 (21.7%), changing irresponsible behaviour 56 (14.7%) being faithful to one partner 6 (1.6%) and the use of condoms 6 (1.6%) were sure ways of not getting AIDS. It is notable from the findings that the respondents were knowledgeable of the preventive measures against AIDS. They would also do everything possible to guard against acquiring Aids. The possible explanation for the suggested reason is that AIDS education that has been introduced in school has played a role in helping the youth to acquire knowledge. The empowerment of youth through education and communication for behaviour development and change has been identified as one of the most viable methods of curbing the spread of HIV infection. The Aids education is meant to help the youth avoid bdrj^fof^Sed with HIV/AIDS and other sexually transmitted diseases.

Table 22: Responses given when respondents were asked whether they were doing anything to protect themselves against Aids.

Res ponses	Frequency	Percentage (%)
Yes	375	94.7
No	20	5.1
Do not know	1	.3
Total	396	100.0

From the data collected, as shown on table 22, 375 (94.7%) respondents know what they need to do to protect themselves against AIDS while 20 (5.1%) were doing nothing to protect themselves against Aids. Only one respondent (0.3%) did not know.

Table 23: Course of action taken by respondents to avoid the Aids virus

Res ponses	Frequency	Percentage (%)
Abstinence	211	53.7
Condoms	19	4.8
Abstinence & faithfulness	6	1.5
Faithful to one partner	28	7.1
Avoid sources of virus	57	14.5
Change in behaviour	44	11.2
Abstinence & condoms	23	5.9
Condoms & faithfulness	5	1.3
Total	393	100.0

Table 23 revealed the suggested course of action against AIDS. A high percentage of respondents 211 (53.7%) reported abstinence as the surest way of not getting Aids, avoiding sources of virus 57 (14.5%), change in behaviour 44 (11.2%), faithful to one partner 28 (7.1%) and use of condoms 19 (4.8%). The least method was condoms and faithfulness 5 (1.3%). The possible reason for this is that through AIDS education in schools, students are taught on methods prevention and control in order for them to engage in any activity that might lead to infection.

Table 24: Summary of level of HIV/AIDS knowledge of the respondents

Responses	Frequency	Percentage (%)
Low	12	2.8
Moderate	281	65.3
High	137	31.9
Total	430	100.0

From table 24 the results indicate that the 281 (65.3%) respondents are moderate in the HIV/AIDS knowledge. This suggest that the respondents are aware of HIV/AIDS. Of the 137 (31.9%) were rated high in the HIV/AIDS knowledge. A few of the respondents indicated that they were not aware who were rated low with 2.8 %.

Knowledge on Condoms

The results in this section portrayed the level of knowledge on condoms among respondents sampled from the secondary schools in Ainamoi division.

Table 25: Answers given by the respondents when asked whether they had heard of the condom

Responses	Frequency	Percentage (%)
Yes	411	96.3
No	16	3.7
Total	427	100.0

While 411 (96.3%) respondents had heard of condoms, as shown on table 25, only 16 (3.7%) had not heard of condom use.

Table 26: Sources of information about condoms given by the respondents

Responses	Frequency	Percentage (%)
Members of community, media, teachers & medical personnel	149	35.3
Members of community, teachers & media	51	12.1
Media & members of community	98	23.2
Teachers, media & medical personnel	28	6.6
Teachers & media	23	5.5
Media medical personnel	32	7.6
Members of community, medical personnel & media	41	9.7
Total	422	100.0

The respondents had been asked to state the sources of information on condoms. From the findings on table 26, 149 (35.3%) respondents reported members of community, media, teachers and medical personnel as their primary source. Respondents 98 (23.2%) indicated media and members of the community while 51 (12.1%) stated members of community teachers and media as source of information on condoms. Members of the

community, medical personnel and mass media were also reported by 41 (9.7%) and 32 (7.6%) revealed their source of information as media and medical personnel. The respondents indicated various sources, but the common sources were media, teachers and medical personnel. From the findings of the study the respondents have known the use of condom from various sources.

Table 27: Answer given by respondents when asked whether they have used a condom during sex

Res pones	Frequency	Percentage (%)
Yes	124	29.3
No	299	70.7
Total	423	100.0

The findings on table 27 revealed that although most of the respondents knew of condoms, 299 (70.7%) had not used condoms during sex while 124 (29.3%) had used it. The possible reasons why the majority had not used condoms would be lack of availability, lack of finance, ignorance the implications of using condoms and that most respondents lived in the villages.

Table 28: Reasons given by respondents when asked why they use condoms

Res pones	Frequency	Percentage (%)
Avoid infection	33	52.4
Avoid pregnancy	15	23.8
To experiment	2	3.2
Avoid std-aids & pregnancy	12	19.0
All of the above	1	1.6
Total	63	100.0

While 33 (52.4%) respondents indicated the leading reason for condoms use was to a avoid infection; 15 (23.8) is to avoid pregnancy, 12 (19.0%) to avoid sexually transmitted infections and pregnancy and only 2 (3.2%) to experiment. However, from the table 28 369 (85.4%) never indicated reasons why they use condoms.

Table 29: The frequency of condom use by the respondents

Responses	Frequency	Percentage (%)
Always	56	44.4
Frequently	6	4.8
Sometimes	25	19.8
Rarely	38	30.2
Never	1	.8
Total	126	100.0

Table 29 indicated a high percentage of respondents 306 (70.8%) omitted the item on the frequency of condoms use. About a quarter of the respondents revealed the following results: Those who used condoms always were 56 (44.4%), while those rarely used it were 38 (30.2%) and they were followed closely by 25 (19.8%) who indicated sometimes. But those who use frequently were only 6 (4.8%). The possible reason why few respondents use condoms would have been lack of availability in the centres where they come from for most respondents are living in the interior and may not finance where condoms are not free.

Table 30: The reasons given by the respondents justifying the stated frequency of use of condoms

Res ponses	Frequency	Percentage (%)
Never used	140	39.5
Safe sex	120	33.9
Rarely engage in sex	49	13.8
Sometimes or when suggested by partner	6	1.7
Whenever I engage in sex	27	7.6
Not perfect	9	2.5
Availability	3	.8
Total	354	100.0

On Table 30, the respondents reported various reasons on the frequency of condom use. The leading frequency on the reasons why respondents use condoms was for safe sex 120 (33.9%) other respondents 27 (7.6%) indicated that they use it when they engage in sex, while others sometimes use when suggested by the partner 6 (1.7%). The least reason given is whenever the condoms are available 3 (0.8%). The results of the study

certainly show low level of the use of condoms among the respondents, for 140 (39.5%) revealed that they never used while others, 9 (2.5%) indicated that the condoms were not perfect. The findings concur with UNAIDS Report (2000, p. 59) that in a survey carried out in Kenya, nearly half of the young men who had had sex never used a condom.

Table 31: The respondents' experience when using condoms

Responses	Frequency	Percentage (%)
None	133	45.2
Safe sex	75	25.5
Good, convenient, feel protected	25	8.5
Not foolproof	36	12.2
Uncomfortable	25	8.5
Total	294	100.0

The respondents gave their experiences with condoms during sexual intercourse as follows; 25 (8.5%) as good, convenient, and felt protected and 25 (8.5%) reported that it was uncomfortable. The findings on table 31 also indicated the experience of 36 (12.2%) respondents as not foolproof while 75 (25.5%) revealed it was for safe sex. From the study 133 (45.2%) respondents expressed that they felt no difference while using condoms during sex. The possible reason for non-respond could be due to unavailability of condoms.

Table 32: Answers given by the respondents when asked who suggests the use of condoms before engaging in sex

Res pones	Frequency	Percentage (%)
Me (males)	67	55.4
Female partner	13	10.7
Any of us	39	32.2
None	2	1.7
Total	121	100.0

From the findings on table 32, the results revealed that 67 (55.4%) of the respondents initiated the use of condoms while 13 (10.7%) indicated their partners made suggestion on its use. Other respondents 39 (32.2%) indicated that any of the partners would suggest.

Table 33: The source of condoms to respondents during a sexual activity

Responses	Frequency	Percentage (%)
Me	66	54.1
My partner	26	21.3
Any of us	26	21.3
None	4	3.3
Total	122	100.0

Table 33 indicate the results on who provides condoms during sexual intercourse. The findings revealed 66 (54.1%) respondents could supply themselves while 26 (21.3%) indicated that their partners supplied or any of the partners 26 (21.3%). Only 4 (3.3%) showed that none of the partners supplied the condoms which explains that they do not use it. The findings further revealed that majority of the respondents 310 (71.8%) did not respond to the item. The suggestion for this could be due to majority of the respondents live in the rural areas and they are Kalenjins who are conservatives. They could be having misconceptions that the use of condoms is immoral and for sex commercial workers only.

Table 34: Responses given when asked whether their partners have ever refused to use a condom

Res ponses	Frequency	Percentage (%)
Yes	50	48.5
No	49	47.6
None	4	3.9
Total	103	100.0

While 50 (48.5%) respondents noted that their sex partners had at one point refused to use condoms, 49 (47.6%) indicated that their sex partners have never refused to use it. A small percentage 4 (3.9%) indicated that none of the partners has ever refused to use a condom during sex. As shown on table 34, the majority never responded or did not reveal their views on the use of condoms 329 (76.2%).

Table 35: The sources of condoms for the respondents

Responses	Frequency	Percentage (%)
Shop	60	18.0
Medical outlet facility	162	48.5
Shop & medical outlet facility	65	19.5
Drug shop & medical outlet facility	47	14.1
Total	334	100.0

The findings on table 35 show contradictory results on the source of condoms for majority of the respondents had no revealed their views on the use of condoms as shown on the previous tables 31 to 34. It was notably interesting that the majority of the respondents 334 (77.3%) knew where to get the condoms. The respondents indicated that they would get condoms through medical outlet facility 162 (37.5%), shop and medical outlet facility were having similar response with the shop of over 13%. The other respondents 47 (10.9%) shows that they could from drug shop and medical outlet facility.

Sexual Behaviour

The analysed results in this section was on the sexual behaviour among the Form three students sampled from secondary schools in Ainamoi Division.

Table 36: The number of sex partners in the respondents have had in his/her life time

Res ponses	Frequency	Percentage (%)
None	143	35.5
A few	227	56.3
Several	22	5.5
Multiple	11	2.7
Total	403	100.0

From table 36, the findings indicated that almost all respondents 403 (100.0%) have had sex partners in their lives, while 143 (35.5%) had none. Almost half 227 (56.3%) of the respondents showed that they had a few sex partners, while 22 (5.5%), 11 (2.7%) had several and multiple partners respectively. The findings therefore indicate the

respondents had not changed their sexual behaviour even in the present period of HIV/AIDS scourge.

Table 37: The number of current regular sex partners

Responses	Frequency	Percentage (%)
None	174	43.5
A few	222	55.5
Several	1	0.3
Multiple	3	0.8
Total	400	100.0

The respondents 400 (100.0%) responded on the number of current regular sex partners as follows: 174 (43.5%) had none, nearly half 222 (55.5%) indicated that they had a few regular partners and only a few 0.8% had multiple partners.

Table 38: Answer given by respondent when asked whether the lover has other sex partners

Res ponses	Frequency	Percentage (%)
Yes	16	4.4
Do not know	145	39.9
Have none	202	55.6
Total	363	100.0

Table 38 indicated that 202 (55.6%) of the respondents shows that their lovers had no other sex partners. While 145 (39.9%) did not know if their lovers had other sex partners. However, a few revealed that their lovers had other sex partners.

Table 39: The duration the respondents have been lovers with their current Partners

Res ponses	Frequency	Percentage (%)
Years	161	45.0
Months	93	26.0
Days	16	4.5
Have none	86	24.0
Weekends/holidays	2	.6
Total	358	100.0

Table 39 indicate the duration that the respondents had been with their current partners which ranged from years, to days ago. It is clearly shown that 161 (45.0%) respondents

had been with their current partners for years. The collected data further revealed that 93 (26.0%) had had a duration of months ago with their current partners. Other respondents 16 (4.5%) indicated that they had been with their current partners recently while 2 (0.6%) had been with their current during the weekends and a few days ago. From the findings 86 (24.0%) revealed that they had not been with their current partners recently.

Table 40: The period given by respondents since he/she last engaged in a sexual activity

Responses	Frequency	Percentage (%)
Days ago	11	2.9
Weeks ago	29	7.7
Months ago	103	27.2
Years ago	124	32.8
Never	111	29.4
Total	378	100.0

From the findings on table 40, 124 (32.8%) respondents had had sexual relationship years ago while 103 (27.2%) indicated that they had had sexual relationship months ago. Those who had sexual relationship in the recent past were 29 (7.7%) i.e this had had it weeks ago and 11 (2.9%) only days ago. The results indicated 111 (29.4%) respondents had never had sexual relationship.

Table 41: The respondents age ranges (in years) when they had their first sexual intercourse

Res poneses	Frequency	Percentage (%)
10yrs & below	38	14.1
11-15 yrs	142	52.8
16-19 yrs	85	31.6
20 yrs & above	4	1.5
Total	269	100.0

The study revealed the leading age bracket when the majority of respondents 52.8% had their first sexual intercourse as ranging between 11 to 15 years. Those who had their first sexual intercourse at the age of 16-19 years were 85 (31.6%). While those who had it at an early age 10 years and below were 38 (14.1%). Only 4 (1.5%) respondents indicated

that they had their first sexual intercourse at an advance age of 20 years and above. The results corresponds with Dortzbach (1998, p.5) that while 62% of youth wanted to wait until marriage to have sex or to have further sex, many fear being rejected by peers if they refuse sex. Nearly half (49%) of the youth attending church are sexually active, with 44% reporting they had sex within the last month. According to Dortzbach, Boys have more partners than girls. Among the boys, 30% reported five or more partners. Most youth were having sex between the ages of 12 and 16 and the average age of first sexual encounter was 14 years of age.

Table 42: The duration respondents had known their partner before having sexual intercourse.

Responses	Frequency	Percentage (%)
Days	6	2.2
Weeks	10	3.7
Months	52	19.5
Years	199	74.5
Total	267	100.0

From the findings on table 42, 199 (74.5%) respondents had known their partners for years before having sexual intercourse. While 52 (19.5%) respondents had known their partners for months. Other respondents had only known for weeks and days 10 (3.7%) and 6 (2.2%) respectively. However 165 (38.2%) respondents did not respond to the question.

Table 43: Responses given when respondents asked whether he/she would ask a new lover how many partners he/she had in the past

Responses	Frequency	Percentage (%)
Yes	307	84.8
No	44	12.2
Do not know	11	3.0
Total	362	100.0

The findings on table 43 showed that nearly three-fourths 307 (84.8%) of the respondents would ask a first partner how many partners he/she has had before. The study further revealed 44 (12.2%) respondents would not ask while 11 (3.0%) do not

know whether they would ask their first partners how many partners they have had. It was also noted that 70 (16.2%) respondents did not indicate whether they would ask or not ask their first partners how many partners they have had.

Table 44: Responses given when respondents asked whether they would discuss about using condoms with a new partner

Responses	Frequency	Percentage (%)
Yes	243	69.8
No	91	26.1
Do not know	14	4.0
Total	348	100.0

The results showed that while 243 (69.8%) respondents would discuss with a first partner about condom before having sex, 91 (26.1 %) would not do it while 14 (4.0%) do not know whether they would discuss about condoms before having sex.

Table 45: Responses given by respondents when asked whether they would request a new partner to go for a HIV/AIDS test before having sex

Responses	Frequency	Percentage (%)
Yes	319	84.2
No	51	13.5
Do not know	9	2.4
Total	379	100.0

As indicated from table 45 above the study indicated that 319 (84.2%) of respondents would ask their first partners to be tested for HIV before engaging in sex. On the other hand 51 (13.5%) would not ask their first partners to go for testing for HIV before having sex and only 9 (2.4%) did not know if to ask. The possible reason for the high number of respondents who would ask their partners to go for HIV testing would have been contributed by females who were the majority; they fear taking risks in life and are normally assumed to be rational in sexual relationships.

Table 46: Suggestions given by respondents on how to control HIV/AIDS in secondary schools

Res pones	Frequency	Percentage (%)
Behav iour change	81	19.7
Sex education	265	64.5
Guidance & counselling	24	5.8
Discipline & single sex schools	19	4.6
Avoid all sources of virus	22	5.4
Total	411	100.0

The findings on table 46 indicated various suggestions on the measures that could be taken to control the spread of Aids in secondary schools. Above half, 265 (64.5%) of the respondents suggested sex education as a key measure to control Aids. Other measures that were suggested included: Behaviour change 81 (19.7%), guidance and counselling 24 (5.8%), avoid sources of HIV virus 22 (5.4%) and finally strict discipline in single sex schools 19 (4.6%). This suggest therefore that the respondents are aware of the methods of controlling the scourge.

Beliefs and Cultural Practices

The section contains the data results on the cultural practices that promote the spread of HIV/AIDS as identified by the respondents in secondary schools in Ainamoi Division.

Table 47: Cultural practices that encourage the spread of HIV/AIDS given by the respondents

Responses	Frequency	Percentage (%)
Initiation	20	4.8
Marriage	7	1.7
Initiation & marriage	38	9.1
Initiation, marriage, funeral & celebration	336	80.2
Marriage, funeral rites & celebration	8	1.9
Initiation, funeral & celebration	10	2.4
Total	419	100.0

There are various cultural practices which are still being practiced and are notable to be spreading HIV/AIDS as revealed in the findings on table 47. A high percentage, 336 (80.2%) respondents indicated the following practices; initiation, marriage, funeral and

celebration as taking the lead in encouraging the spread of HIV/AIDS. Other practices that were reported include: initiation and marriage 38 (9.1%), initiation 20 (4.8%), funeral and celebration 10 (2.4%) and similar response on marriage, funeral rites, celebration and marriage 8 (1.9%).

In view of HIV and AIDS some cultural practices promote the infection. Polygamous marriage promotes the increase of HIV infection. Male and female circumcision also expose the initiated to the vulnerability. Funeral practices which in some communities believe that a widow needs to be cleansed after the husband dies by engaging in sex with someone else so as to ward off the evil spirits and curses and also to make her eligible for inheritance by clan members. The use of unsterilized instruments during initiation, ear piercing, tattooing, scarification results in the exchange of body fluids such as blood which transmit HIV virus.

Table 48: Suggestions of who should provide care for Aids patients given by the respondents

<u>Responses</u>	<u>Frequency</u>	<u>Percentage (%)</u>
Family-friends	95	23.0
Health workers	15	3.6
Family-friends, religious organisations & health Personnel	183	44.3
Religious organisations & family-friends	88	21.3
Family-friends & health workers	22	11
Total	413	100.0

The item on questionnaire had asked the respondents to give their views on who should care for a person suffering from Aids. There were 183 (44.3%) respondents who indicated the following groups family, friends, religious organisation and health personnel. A high percentage, 413 (100.0%) respondents indicated various groups of people who should care for those living with Aids. Some of the cited groups included Religious Organisations, Family friends 88 (21.3%), while family and friends were indicated by 95 (23.0%) and the least group mentioned was health workers 15 (3.6%).

The needs of people with HIV or Aids extend far beyond drugs and health care. They need psychological support to cope with the implications of having a life-threatening disease. People who are married or in a stable relationship need support in protecting loved ones from the virus, breaking the news to their partner and dealing with the issue of extramarital sex. At the same time, those affected by the epidemic need social support to alleviate the many consequences of an HIV diagnosis, repeated bouts of illness and ultimately death, including the impoverishment of families already near or below the poverty line. Caring for people living with Aids is also based nutrition, hygiene, emotional support, first Aid and home nursing, developing positive attitude, giving material support and advice and counselling.

Table 49: The steps the Government should take to minimize the spread of Aids.

Responses	Frequency	Percentage (%)
Sex education	10	2.4
Sex education, morality & screening-isolation	295	70.7
Sex education & morality	97	23.3
Sex education & screening-isolation	6	1.4
Morality & screening-isolation	9	2.2
Total	417	100.0

It was notable from the findings on table 49 that sex Education in Schools, moral uprightness, blood screening and isolation of those living with Aids were the major steps the government should take o minimize the spread of Aids as cited by 295 (70.7%) respondents. The other group 97 (23.3%) of the respondents indicated sex education and moral uprightness only. Sex education was mentioned by 10 (2.4%) respondents while screening and isolation also featured among most of the respondents. The common steps that the 417 (100%) respondents outlined is summed up as follows; sex education, moral uprightness, screening and isolation.

Table 50: Respondents answers when asked whether they would go for a free of charge blood test

Responses	Frequency	Percentage (%)
Yes	368	89.1
No	29	7.0
Not sure	16	3.9
Total	413	100.0

The results of data collected was on blood screening. It was clearly evident that majority of the respondents 368 (89.1%) would go for blood test if facilities were available and was being done free of charge. The explanation for the majority who wished to go for HIV test could be due to curiosity. However, 29 (7.0%) would not go for a test while those who were not sure were 16 (3.9%).

Table 51: Views of the respondents when asked whether they would like to know the results of their blood test

Responses	Frequency	Percentage (%)
Yes	382	93.2
No	21	5.1
Not sure	7	1.7
Total	410	100.0

The analysed data on table 51 revealed 382 (93.2%) among the respondents, suggested they would like to know the results of their HIV test. From the findings, 21 (5.1 %) did not want to know the results of their blood test while 7 (1.7%) were not sure whether to know the results of their blood test.

In conclusion on blood screening and results of the blood table 50 and 51, Koinange (1996, p. 48) states that blood tests only show that the individual is infected with the virus. They do not indicate how long the individual has had it. There are a variety of tests used to screen blood for HIV. The most common test is called the ELIZA (enzyme-linked immunosorbent assay). It detects antibodies to HIV, the virus that cause AIDS. A negative test means that the individual is not infected with HIV or become infected

very recently. A positive blood test means that one is infected with HIV but does not mean that the person has AIDS now. The test cannot tell if or when one will develop AIDS. Kanel (1999) concur in stating that positive test result does not mean the person has AIDS. Only a doctor or an HIV/AIDS counsellor can explain what the test result is. Testing for HIV is very important for the patient to seek early treatment. Early treatment can help people infected with HIV live longer and can make the quality of their lives better. Koinange (1996, p. 49) stated that it is important for management of the syndrome. Some women find knowing their test results helpful in reducing their worry about being infected with HIV. Others find that the test results help them make plans for the future, for example, whether or not to get pregnant. Some would protect their sexual partners from becoming infected with the virus.

Table 52: The actions the respondent would take if his/her blood tests HIV positive

Responses	Frequency	Percentage (%)
Commit suicide	19	5.0
Go public	220	58.0
Spread the disease	6	1.6
Spread the disease & commit suicide	5	1.3
Go public & commit suicide	82	21.6
<u>Keep quiet</u>	<u>47</u>	<u>12.4</u>
Total	379	100.0

Table 52 showed that a high count 220 (58.0%) respondents would go public if tested positive while 82 (21.6%) would not only go public but commit suicide. The other 47 (12.4%) respondents revealed that they would keep quiet, and 5 (1.3%) indicated that they would spread the diseases and commit suicide.

Summary of the Chapter

This chapter sought to established the HIV/AIDS knowledge, cultural practices and sexual behaviour of Form three students in Ainamoi division Kericho district.

The results of the findings are indicated as follows:

1. Demographic information reveals that respondents were within the age bracket of 17 to 19 years while 5.1% fall within 20-23 years. The majority of respondents were females from various categories of schools, single sex, mixed and day schools.
2. The respondents had adequate HIV/AIDS knowledge. They had learnt through mass media, social gathering, sex education in schools, religious organisations. The respondents did not believe that they could get AIDS, for they associate AIDS to commercial workers.
3. Sexual behaviour among respondents, shows that they were sexually active.
4. The various communities were slow in changing their conservative practices such as polygamous marriages, initiation and other unhealthy cultural practices.

Chapter Five

Summary, Conclusions and Recommendations

This chapter present the summary of the study, conclusions, drawn from the findings of the study and recommendations.

Summary

The main purpose of this study was to investigate the HIV/AIDS knowledge among the secondary school students from Ainamoi division in Kericho district. Secondly, the study investigated the knowledge of condom use among form three students in the sampled division. Thirdly, the study investigated whether the students had changed their sexual behaviour following the HIV/AIDS knowledge. Finally the study investigate beliefs and cultural practices that are still being practiced and encourages the spread of HIV/AIDS. A questionnaire was used as the sole research instrument on the selected respondents. The researcher use survey research method to gather the relevant information. The analysis of the pilot study revealed the validity and reliability of the instrument. The instrument was administered to all the sampled form three students in the division. The researcher supervised the administration of questionnaires. The selected 432 students returned completed questionnaires, though a few not duly filled all the items. Hence the questionnaire return rate was 100% which was considered very high by the researcher.

The following findings were deduced after the analysis of the data collected.

- (i) The level of HIV/AIDS knowledge among form three students was rated moderate. The primary sources of information were mass media, sex education in schools, religious organizations and social activities.
- (ii) The overall knowledge level of condom use shows that it was high among form three students in Ainamoi. The respondents indicated various sources of their

information: media, teachers, medical facilities and personnel. However, the use of condoms was low among the students living in the area.

- (iii) Despite the awareness of HIV/AIDS 80 percent of the form three students had a partner or multiple partners.
- (iv) In spite of various ethnic communities in the area, there were some cultural practices and belief system that were deeply rooted and were stable in promoting the spread of HIV/AIDS.
- (v) The form three students expressed that they would want to have their blood screened in order to establish their HIV/AIDS status.

Conclusion

From the study's findings, it has been found that Form three students in Ainamoi division are moderately knowledgeable on HIV/AIDS. The knowledge level of condoms is high yet its use is low. The primary sources of the HIV/AIDS knowledge and condom use information by the respondents is mass media, teachers in schools and church organizations. The school managers should continue with HIV/AIDS awareness policy.

The cultural practices such as initiation rite of boys is still mandatory among the Kipsigis. The practice is highly treasured in traditional life. The use of one knife in the rite signifies togetherness and unity among the Kipsigis community. The practice can be one of the modes of transmission if one of the initiates is HIV positive. Ministry of Health should guide traditional practitioners on basic hygienic conditions to curb the spread of HIV/AIDS.

The respondents are sexually active. The majority of student in form three fall within 17-19 years of age. Despite the fact that they were aware that the mode of HIV/AIDS transmission was mainly heterosexual and it was fatal they had not resorted to abstinence. The majority of the respondents were females from Mixed day schools.

Risky sexual behaviour was reported among some students in Ainamoi secondary schools, which started at tender age of eleven (11) years. Therefore, any readdress strategy envisioned by the Government of Kenya through the Ministry of Education is necessary.

Recommendations

From the study Findings and fore going conclusions, the following recommendations were made:-

1. The research indicated that the level of HIV/AIDS knowledge among the students was rated moderate, it was therefore recommended that the Ministry of Education in conjunction with the Ministry of Health should offer AIDS education to be taught in integrated form. The channels to be used include; family units, mass media, radios, television, posters, newspapers, leaflets and through church functions.
2. The knowledge level of condom use was high among the students but it's use was low. It is therefore recommended that parents, teachers and church organisations teach them to abstain from promiscuous life.
3. It was noted that despite the awareness of HIV/AIDS the students had a partner or multiple partners. It is suggested that professional counsellors and chaplains be stationed in each secondary school to guide the students and counsel those involved in irresponsible sexual behaviour.
4. Traditional practitioners should be enlightened on the scourge - HIV/AIDS so that any cultural practice that is still deeply rooted, if performed, the initiatives would be safe with the use of sterilized instruments. Further, Government agencies and NGOs should donate instrumental kits to the communities that practice circumcision for poverty limit people to use one object for many initiates circumcision, clitoridectomy, tattooing and scarification and ear to be piercing should be done

with the use of sterilized instruments if it must continue being practised in the community.

Surrogate marriage in various communities should be discontinued and may be adopt children for those who are barren and wish to have children for inheritance purpose.

5. Secondary school students indicated that they wish to go for blood screening and wish to know their HIV status. The researcher therefore recommends the Ministry of Health should have mobile clinic to provide facilities and personnel necessary for voluntary counselling and blood test (VCT) in secondary schools.

Suggestions for further research

To reinforce the findings for this study, the following research areas are suggested for further studies. For proper and accurate inference to the country Kenya, the researcher suggests that a similar study should be carried out in a wide area, a district or a provincial study to cover the urban and rural setting.

1. The study on the attitude towards condoms should be studied in depth. In the study the respondents were knowledgeable but few were using them. It could be interesting to note why there is low usage of the devices.
2. It would be appropriate to find out why students have not changed their sexual behaviour despite the HIV/AIDS awareness.
3. In order to educate students, a study should be done either to know the level of HIV/AIDS knowledge of teachers or parents as the medium of communications to the students.
4. The scope of the study should be expanded to base findings at a national level as step by the government to control the spread of HIV/AIDS.

Bibliography

- Adamson, J. (1975). The peoples of Kenya (3rd reprint). London: Collins and Harvill Press.
- Anderson, G. (1990). Fundamentals of Educational Research. London: The Falmer press.
- Ary, D.L., Jacobs, C. and Razarich, A. (1985). Introduction to Research in Education 3rd ed.). New York: Holt, Rinchart & Winston.
- Ayisi, O. E. (1992). Introduction to the study of African culture. Nairobi: East African Publishers Ltd.
- Barr & Robert, D. A. (1953). Educational Research and Appraisal. New York: J.B. Lippincott company.
- Best, J.W. (1981). Research in Education. USA: Prentice-Hall. New Jersey.
- Beidelman T.O. (1971). The Kaguru: "A Matrilineal People of East Africa". New York: Holt, Ririehart and Winston.
- Borg, W.R. & Gall M.D. (1973). Educational Research. New York: An introduction David Mckay Company.
- Bruce, W. T. (1978). Conducting Educational Research. New York: Harcourt Brace Jovanorick.
- Butcher, H. J. & Pont H.B (1968). Educational Research in Britain. London: University of London press.
- Central Bureau of Statistics, (2001). The 1999 Population and Housing Census Vol. 1.
- Cohen, L. & Marion, L. (1983). Research Methods in Education. London: CrooHelm.
- Denscombe, M. (2000). The Good Research Guide for Small-scale Social Research projects Buckingham: Open University Press.

- Denscombe, M. (1998). The Good Research Guide. Philadelphia: Open University press.
- Dortzbach, D. (1996). Aids in Kenya: The Church's Challenge. Nairobi: Map international.
- Dortzbach, D. & Amalemba, W. (1996). Growing Together. "A Guide for Parents and Youth". Nairobi: MAP International.
- Entwistle, N.J. & Nisbet, J.D. (1972). Educational Research in Action. London: University of London press Ltd.
- Family Health International/AIDS SCAP (1996). AIDS in Kenya: Socio economic Impact and Policy Implications U.S.A.
- Fedders, A. & Cynthia, S. (1979). Peoples and Cultures of Kenya, Nairobi: Transafrica.
- Fish, B. C. & Fish, G. W. (1990). The Place of Songs. Marion: World Gospel Mission.
- Fish, B. C. & Fish, G. W., (1995) The Kalenjin Heritage: Traditional Religious and Social Practices. Nairobi: African Gospel Church and Kenwide Media Ltd.
- Galfo, A. (1975). Interpreting Educational Research. Iowa: WM.C. Brown Company Publishers.
- Gall, D. M. & Borg, R. W, (1989). Educational Research. New York: Longman, White plains.
- Government of Kenya, (1992). Children and Women in Kenya. "A Situation Analysis". Nairobi: Reata Printers Ltd.
- Government of Kenya, (1974-78). Development Plans: Nairobi: Government Printers.
- Government of Kenya, (1979-85). Development Plan. Nairobi: Government Printers.
- Government of Kenya, (1986-89). Development Plan. Nairobi: Government Printers.
- Government of Kenya, (1990-95). Development Plan. Nairobi: Government Printers.

- Government of Kenya, (1996-2000). Development Plan. Nairobi: Government Printers.
- Idown, E. B. (1973). African Traditional Religion: a definition. London: S.C.M.Press Ltd.
- Isaac, S. and Michael, W.B. (1981). Handbook in Research and Evaluation. (2nd ed.). California: Edits publisher.
- Kathuri, J. N. and Douglas A. P. (1983). Introduction to Educational Research. Njoro: Educational Media Centre.
- Kelly (2000, October 2nd). Aids in Kenyan schools. The Daily Nation pp.6.
- Kenya Institute of Education, (1999). Aids Education Syllabus for Schools and Colleges. Nairobi: K.I.E.
- Kenya Institute of Education, (1999). Aids Education Facilitators Handbook. Nairobi: K.I.E.
- Kenya Institute of Education, (1999). Bloom or Doom Your Choice. Nairobi: K.I.E.
- Katumanga (2003, May 4th). Dying of Teachers. Sunday Standard p. 4.
- Kerre, R. M. (1998). Secondary CRE Pupils' Book One, Nairobi: Kenya Literature Bureau.
- Kibaki, Mwai (2003, May 2nd). HIV/AIDS War. The East African Standard pp.6.
- Kiiti. N. and Long, M. (1999). Facts and Feelings About Aids, Nairobi: MAP International.
- Kipkorir, B E. (1978). People of the Rift Valley. "Kenya's People". London: Evans Brothers Limited.
- Kiptoon (2000, May 13th). AIDS scourge. The Daily Nation p. 14.
- Kothari, C.R. (1985). Research Methodology Methods & Techniques. New Delhi: Wishwa Prakashan.

- K'Okul. R. N.O. (1991). Maternal and Child Health in Kenya. Kirjapanio Oy, Gummerus: The Finnish Society for Development Studies.
- Lehman, I.J. & Mehrens, W.A. (1971). Educational Research: Reading in Focus. New York: Holt, Rinehart.
- Linton Ralph (1972). The Tree of Culture. New York: Alfred A. Knopf.
- Liyong Taban Lo. (1972). Popular Culture of East Africa. Nairobi: Longman Kenya Ltd.
- Mbiti, J.S., (1975). Introduction to African Religion. London:Heinemann Company Ltd.
- Makokha (2001, December 1st). Aids Awareness. The Daily Nation p.6.
- Mandela, N. (2003, July 12th). AIDS in Africa Today. The Daily Nation pp.6.
- Maritim Ezra (2003, May 7th). Conservative Communities. East African Standard p. 8.
- Mungai, M. J., (2001). HIV/AIDS Education for Schools. Nairobi: University of Nairobi.
- Mugambi, J. and Kirima N. (1976). The African Religious Heritage. Nairobi: Oxford Universty Press.
- Mugenda, M. O. & Mugenda, G. A. (1999). Research Methods: Africa Center for Technology Studies. Nairobi: Acts Press.
- Mugenda, O.M & Mugenda, A.G.(1999). Research Methods. Qualitative and Quantitative Approaches. Nairobi: Acts press.
- Murdock, G. P. (1965). Our Primitive Contemporaries. New York: The Macmillan Company.
- Mutai, K. B. (2000). How to write Quality Research Proposal: A complete and Simplified Recipe: New Delhi: Thelley publications.

- Mutai, K B. (2001). How to write standard Dissertation: A systematic and simplified Approach. Ediuburgh: Thelley publications.
- Mwanguku, M.Ed (2002). Adult Education Teachers' perception of factors contributing to drop out in Adult literacy classes in Wundanyi Division Taita Taveta District. Unpublished Med.
- Mwanzi, H.A. (1997). A History of the Kipsigis. Nairobi: East African Literature Bureau.
- Nsubuga, E.H.K. (2000). Fundamentals of Educational Research. Kampala: M.K. Publishers Ltd.
- NASCOP. (1991). Aids in Kenya. "Background Projections Impact Interventions Policy". Nairobi: NASCOP.
- NCPD. (1999). Kenya Demographic and Health Survey Maryland: Macro International.
- Ndeti, K. and Ndeti, C. (1980). Cultural Values and Population Policy in Kenya. Nairobi: Kenya Literature Bureau.
- Ng'weno, H. B. (1989, September). Special report on AIDS in Kenya. The weekly review pp.5-34.
- Nyaga, D. (1997). Customs and Traditions of the Meru. Nairobi: East African Educational Publishers Ltd.
- Ogodo (2000, October 2nd). Sexual Behaviour in Secondary Schools. The Daily Nation p. 4.
- Onyango, Frederick (2003, May 10th). AIDS complications in learning institutions. East African Standard pp. 18.
- Orchardson, I. Q. (1970). The Kipsigis. Nairobi: East African Literature Bureau.
- Parrinder, E.G. (1975). African Traditional Religion. London: Sheldon Press.

- Perisiiany J.G. (1964). The Social Institution of the Kipsigis. London: Routledge & Kegan Paul Ltd.
- Richards, C. E. (1972). Man in Perspective: An introduction to Cultural Anthropology. New York: Random House.
- Saleemi, N.A. (1997). Statistics Simplified. Nairobi: N.A. Saleemi Publishers.
- Sherman, R.R. & Webb, R. B. (1997). Qualitative Research in Education: Focus and methods. London: The Falmer press.
- Shorter, A. & Onyanch, E. (1998). The Church and AIDS in Africa. Nairobi: Paulines Publication Africa.
- Snell, G.S. (1986). Nandi Customary Law. Nairobi: Kenya Literature Bureau.
- Soi, E. K. (1984). Kipsigis Words of Wisdom. Sotik: Rift Valley Review Associates.
- Toweett, T. (1979). Oral Traditional History of the Kipsigis. Nairobi: Kenya Literature Bureau.
- Travers, R. (1958). An introduction to Educational Research. New York: The Macmillan Company.
- Tuckman, B.W. (1978). Conducting Educational Research. (Second Edition). New York: Harcourt Brace Jovanovich.
- UNAIDS, (2000). Report on the Global HIV/AIDS Epidemic. United Nations Program.
- Wangai (2001, p. 2). Guidance and Counselling. Unpublished.

APPENDIX A

HIV/AIDS KNOWLEDGE, CULTURAL PRACTICES AND SEXUAL BEHAVIOUR

GENERAL INSTRUCTION TO THE RESPONDENTS (STUDENTS)

- i) Your careful, complete and honest answers to this questionnaire will help the Ministry of Education and Health to improve HIV/AIDS Education programme in secondary schools.

- ii) In answering this questionnaire, please bear the following in mind:
 - a) The Questionnaire is not a Test:

There is no grade or other mark attached to the answers you will give. The only right answer to the questions are those which best explain your situation or express your views.

 - b) Your individual identity will not be known:

All your answers will be treated confidential. Information will be reported only in statistical summaries.

 - c) Answer every question in accordance with directions. Please note that questions ask you to check only one answer and yet others ask you to list, state or describe.

 - d) Please read every question or statement carefully before answering. It will not take you long to answer these questions.

THANK YOU

APPENDIX B - CONFIDENTIAL

STUDENT'S QUESTIONNAIRE

This questionnaire is designed to gather general information on HIV/AIDS knowledge, cultural practices and sexual behaviour. Confidentiality and research ethics will be maintained in dealing with your responses. Please indicate the correct option as honestly and correctly as possible by putting a tick () on any of the provided options. For the item that requires your opinion, please fill in the blank spaces provided (). You are kindly requested to attempt all the items.

A. INDIVIDUAL CHARACTERISTICS

A1. How old are you (years)

- | | |
|-----------------------------------|-----------------------------------|
| 1) <input type="checkbox"/> 11-13 | 3) <input type="checkbox"/> 17-19 |
| 2) <input type="checkbox"/> 14-16 | 4) <input type="checkbox"/> 20-23 |

A2. What is your gender?

- | | |
|----------------------------------|------------------------------------|
| 1) <input type="checkbox"/> Male | 2) <input type="checkbox"/> Female |
|----------------------------------|------------------------------------|

A3. Name of your school

A4. What is your educational level

- | | |
|---|--|
| 1) <input type="checkbox"/> Class _____ | 2) <input type="checkbox"/> Form _____ |
|---|--|

A5. What is your religion?

- | | |
|--|---|
| 1) <input type="checkbox"/> Roman Catholic | 2) <input type="checkbox"/> Traditionalist |
| 3) <input type="checkbox"/> Protestant | 4) <input type="checkbox"/> Non-believer |
| 5) <input type="checkbox"/> Moslem | 6) <input type="checkbox"/> Other (specify) |

A6. How important is religion in your daily life?

- | | |
|--|---|
| 1) <input type="checkbox"/> Very important | 2) <input type="checkbox"/> not important |
| 3) <input type="checkbox"/> Important | |

A7. How often do you participate in religious activities?

- | | |
|--|---|
| 1) <input type="checkbox"/> Once a week or more | 2) <input type="checkbox"/> Never participate |
| 3) <input type="checkbox"/> Once a month or more | 4) <input type="checkbox"/> Once a year |

A8. How often do you move from your place of residence to the nearest town/trading centre?

- | | |
|--|---------------------------|
| 1) <input type="checkbox"/> Once a week | 2) Do not move at all |
| 3) <input type="checkbox"/> Once a month or more | 4) Others (specify) _____ |

A9. Where do you live?

- | | | |
|-------------------------------------|----------------------------------|---------------------------|
| 1) <input type="checkbox"/> Village | 2) <input type="checkbox"/> Town | 3) Others (specify) _____ |
|-------------------------------------|----------------------------------|---------------------------|

B. HIV/AIDS KNOWLEDGE

B1. What is AIDS?

B2. What is HIV?

B3. In what ways does a person get AIDS? (tick all that apply)

[Yes] [No] [Don't Know]

- | | |
|--|------------------------------|
| 1) Sharing clothing with an infected person | [Y] [N] [DK] |
| 2) Witchcraft | [Y] [N] [DK] |
| 3) Sleeping in the same room with a person
Suffering from AIDS | [Y] [N] [DK]
[Y] [N] [DK] |
| 4) Having sex with an HIV infected person | [Y] [N] [DK] |
| 5) Being bitten by mosquitoes, bedbugs which
have bitten a person previously suffered from AIDS | [Y] [N] [DK]
[Y] [N] [DK] |
| 6) Being in the same room as a person with AIDS | [Y] [N] [DK] |
| 7) By coughing and sneezing | [Y] [N] [DK] |
| 8) Sharing utensils with someone who is HIV positive | [Y] [N] [DK] |
| 9) Using unsterilized needles and syringes which have
been previously used by infected person | [Y] [N] [DK]
[Y] [N] [DK] |
| 10) Poor health and bad nutrition | [Y] [N] [DK] |
| 11) Receiving blood which has been infected | [Y] [N] [DK] |
| 12) A woman who has AIDS virus can pass it to the baby | [Y] [N] [DK] |
| 13) Sharing toilets | [Y] [N] [DK] |
| 14) Other (specify) | |

B4. From what sources have you learnt about Aids? (tick all that apply)

- | | |
|-----------------------|---------------------------|
| 1) [] Friends | 6) [] Leaflets/pamphlets |
| 2) [] Radio | 7) [] jcommunity |
| c) [] Television | 8) [] Meetings |
| 3) [] Posters | 9) [] Newspapers |
| 4) [] Drinking place | 10) [] School |
| 5) [] Church/mosque | 11) [] Other (specify). |

B5. Does a person with HIV infection have characteristics which can be used to identify him/her?

Ifno, how can you tell who has HIV?

B6. If a person contracts the virus that show up?

AIDS, how long will it be before the signs

- | | |
|------------------------------|-----------------------------------|
| 1) [] Less than a week | 4) [] At least six months |
| 2) [] At least one month | 5) [] At least one year |
| 3) [] At least three months | 6) [] At least five to ten years |

B7. What are some of the signs, which show that a person is suffering from AIDS?

- | | 1 | 2 | 3 |
|--|-----|-----|------|
| 1) Diarrhoea for more than one month | [Y] | [N] | [DK] |
| 2) Fever for more than one month | [Y] | [N] | [DK] |
| 3) Pus discharge for more than one month | [Y] | [N] | [DK] |
| 4) Vomiting for more than one month | [Y] | [N] | [DK] |
| 5) Visible rash | [Y] | [N] | [DK] |
| 6) Cough for more than one month | [Y] | [N] | [DK] |
| 7) Others (specify) | | | |

B8. Can AIDS be cured?

- | 1 | 2 | 3 |
|-----|-----|------|
| [Y] | [N] | [DK] |

B9. If yes, do you think that AIDS can be cured by a:

- | | |
|---------------------------------------|--|
| 1) <input type="checkbox"/> Doctor | 3) <input type="checkbox"/> Others (specify) |
| 2) <input type="checkbox"/> Herbalist | |

BIO Can the spread of HIV be prevented by:

- | | 1 | 2 | 3 |
|---|-----|-----|------|
| 1) Eating good food | [Y] | [N] | [DK] |
| 2) Always using condoms during sex | [Y] | [N] | [DK] |
| 3c) Having sex with only one person/partner | [Y] | [N] | [DK] |
| 4) Having a few boyfriends (2-4) | [Y] | [N] | [DK] |
| 5) Avoiding casual sex | [Y] | [N] | [DK] |
| 6) Use of protective witchcraft medical person | [Y] | [N] | [DK] |
| 7) Avoid injections by unqualified medical person | [Y] | [N] | [DK] |

B11. Do you think that there are people in your area with AIDS or HIV infection?

- | 1 | 2 | 3 |
|-----|-----|------|
| [Y] | [N] | [DK] |

B12. Have you ever seen anyone with AIDS?

- | | | |
|-----|-----|------|
| [Y] | [N] | [DK] |
|-----|-----|------|

B13.1) Do you think that you could get AIDS?

- | | | |
|-----|-----|------|
| [Y] | [N] | [DK] |
|-----|-----|------|

2) Why?

3) Are you doing anything to protect yourself against AIDS?

- | | | |
|-----|-----|------|
| [Y] | [N] | [DK] |
|-----|-----|------|

d) If yes, what:

C. CONDOM USE

CI. Have you ever heard or do you know anything about a condom?

- | | |
|---------------------------------|--------------------------------|
| 1) <input type="checkbox"/> Yes | 2. <input type="checkbox"/> No |
|---------------------------------|--------------------------------|

C2. What was your source of information on condom? (Tick all that apply)

- | | |
|---|--|
| 1) <input type="checkbox"/> Parents/Guardians | 6) <input type="checkbox"/> Radio |
| 2) <input type="checkbox"/> Relatives | 7) <input type="checkbox"/> Doctor |
| 3) <input type="checkbox"/> Teachers | 8) <input type="checkbox"/> Family planning clinic |
| 4) <input type="checkbox"/> Friends | 9) <input type="checkbox"/> Women's group |
| 5) <input type="checkbox"/> Books/Magazines | 10) <input type="checkbox"/> Others (specify) |

- C3. Have you ever used a condom during sex?
1) Yes 2) No
- C4. Why do you use a condom?
1) **To avoid infection with STDs and AIDS**
2) To avoid pregnancy
3) To experiment it
4) Others (specify) _____
- C5. How often do you use a condom?
1) Always 3) Sometimes
2) Frequently 4) Rarely
- (b) Explain your answer
- C6. What has been your experience of using condoms?
- C7. When you use a condom, who suggests its use?
1) Me 3) Any of us
2) My partner 4) Other (specify) _____
- C8. Who provides it?
1) Me 3) Any of us
2) My partner 4) Other (specify) _____
- C9. Has your sex partner ever refused to use a condom?
1) Yes 3) Other (specify) _____
2) No (if no skip to question)
- C10. Where can one get/buy condoms?
1) Shop/Drugs shop
2) Hospital/Health Centre
3) Private clinic
4) Family Planning Clinic

D. SEXUAL BEHAVIOUR

- D1. How many regular partners have you had in your life?
Number of regular partner (s)
- D2. How many regular partners do you have now?
Number of regular partner (s)
- D3. Does your partner have any other sexual partner (s) apart from you?
1) Yes 3) Do not know
2) No 4) Other (specify) _____

D4. How long have you been with your current partner?

- 1) [] Years 3) Day(s)
2) [] Months 4) Other (specify)

D6. How long ago is it since you last had sexual relationship with any one?

- 1) [] Day ago 4) [] Yeas ago
2) [] Weeks ago 5) [] Other (specify)
3) [] Months ago

D7. How old were you when you first had sexual intercourse?

- 1) [] Age years

D8. For how long had you known this partner before having sexual intercourse?

- 1) [] Day ago 4) [] Years ago
2) [] Weeks ago 5) [] Others (specify)
3) [] Months ago

D9. Would you be able to do the following with a first or a new partner:

- 1) Ask how many partners he/she has had [Y] [N] [DK]
2) Discuss using condoms before having sex [Y] [N] [DK]
3) Ask him/her to be tested for HIV before having sex [Y] [N] [DK]

D10. What do you think needs to be done to control the spread of AIDS in secondary schools?

E. BELIEFS AND CULTURAL PRACTICES

E1. Among the following cultural practices please indicate which ones are practised in your sub-location.

- | | |
|--|-----------------------------------|
| 1) [] Blood binding | 5) [] Scarification marks |
| 2) [] Circumcision | 6) [] Funeral rites |
| 3) [1] Sharing of women by agemates | 7) [] Polygamy |
| 4) [] Inheriting a woman of a brother who dies | 8) [] Ear-piercing |
| 9) [1] Other (specify) | |
- _____

E2. Among the cultural practices given above, which ones do you think can be encourage the spread of HIV/AIDS?

- 1) Blood binding
- 2) Circumcision
- 3) Sharing of women by agemates
- 4) Inheriting a woman of a brother who dies
- 5) Scarification marks
- 6) Funeral rites/jovial celebrations
- 7) Polygamy
- 8) Ear-piercing

E3. Who should care for a person suffering from AIDS?

- 1) His/her family members
- 2) Health workers
- 3) Friends with same illness
- 4) Religious persons
- 5) Friends
- 6) Relatives
- 7) Other (specify)

E4. What steps should the government take to minimize the spread of AIDS? (tick all that apply)

- 1) Mass screening and isolation of victims
- 2) Encourage people to seek a mutual faithful sexual relationship.
- 3) Promote condoms
- 4) Chase all barmaids and prostitutes from towns
- 5) Test blood of all people coming into the country and depot the ones with HIV.
- 6) Promote religious morals pr
- 7) Confine all AIDS patients in hospitals
- 8) Provide sex education for children and youth
- 9) Encourage virginity before marriage
- 10) Other (specify)_

E5. If there were facilities to test people's blood free of charge, would your blood be tested?

- 1) Yes
- 2) No
3. Not sure

E6. Would you like to know the results of your test?

- 1) Yes
- 2) No
3. Not sure

E7. If you found results of your blood test to be HIV positive what would you do?

- 1) I would commit suicide
- 2) I would tell my family
- 3) I would tell my friends
- 4) I would announce publicly
- 5) I would keep quiet
- 6) I would spread the disease by being more promiscuous
- 7) Other (specify)_