

**DETERMINANTS OF IMPLEMENTATION OF HIV/AIDS
RELATED PROGRAMMES TARGETING SECONDARY
SCHOOL STUDENTS IN KISUMU EAST DISTRICT,
KENYA**

BY

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DECLARATION

This research project report is my original work and has not been presented for any award in any other university.

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DEDICATION

I dedicate this research project report to my mother Patricia Atieno and my late father Cleophas Ombega. They inspired me to work hard and always wished me the best even during academic turmoil.

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ABBREVIATIONS AND ACRONYMS

AIDS	- Acquired Immune Deficiency Syndrome
AMREF	- African Medical Research Foundation
CDC	- Centre for Disease Control
HIV	- Immuno Deficiency Virus
KAIS	- Kenya Aids Indicator Survey
KDHS	- Kenya Demographic and Health Survey
KIE	- Kenya Institute of Education
NACC	- National Aids Control Council
NGOs	- Non Governmental Organization
PMTCT	- Prevention of Mother to Child Transmission
SPSS	- Statistical Package for Social Sciences
TIQUET	- The Commission of Inquiry on totally Integrated Education and Training
UN	- United Nation
UNAIDS	- United Nations Programmes on HIV and AIDS
UNICEF	- United Nations Children Education Fund.
USAID	- United States Agency for International Development
VCT	- Voluntary Counseling and Testing
WFO	- World Food Organization
WHO	- World Health Organization

ABSTRACT

Kisumu East District had had the highest HIV/AIDS prevalence rate which stands at 14% against the National prevalence rate of 6.8% according to the National Aids Control council. Amongst the youth and secondary school going children HIV/AIDS new infections has increased with 8%. However, HIV/AIDS programme have been minimal in schools. For this reason the purpose of this study was to establish determinants of HIV/AIDS related programme among secondary schools students. The study was set to answer the following research questions; to what extent do teacher training influence implementation of HIV/AIDS related programme among secondary schools students in Kisumu East District; to what extent do availability of resources influence implementation of HIV/AIDS programme among students in Kisumu East district? To what extent do government policies influence implementation of HIV/AIDS related programme among secondary school students in Kisumu East? and to what extent do teachers and students' attitudes influence implementation of HIV/AIDS related programme in secondary schools in Kisumu East? The study adopted descriptive survey design. The population of this study comprised of 13,905 students, 45 head teachers and 45 Guidance and Counseling department. Using Cole's formula for sample selection, 375 students were selected whereas using 1/3 rule 15 heads of guidance and counseling departments were picked and 15 head-teachers. Individual students and teachers questionnaires, interview schedule were used to collect data. A pilot study was conducted to establish reliability of instruments whereas validity was ascertained by presenting the instruments to experts of research methods at the University of Nairobi whose suggestions were used to correct the instruments. Quantitative data was analyzed using descriptive statistics such as frequency and percentages counts whereas qualitative data was transcribed, organized into relevant themes of the study and reported. The study found that there was implementation of HIV/AIDS programme in secondary schools in Kisumu east district. Holders of relevant papers like Bachelors degree and masters employ variety of methods to disseminate information to students. They also exhibit professionalism in the subject. The study further found that the training and in service courses offered to teachers was inadequate. The study established that the curriculum and syllabuses were not relevant. The study found out that resources received for implementation of HIV/AIDS programme were inadequate. The study established that government policies on HIV/AIDS implementation were received by Head teachers but people charged with the responsibilities of implementation do not receive the documents. That is HOD guidance and counseling. The study recommended that teachers, head teachers and HODs guidance and counseling should be more focused at implementation level so that students open up and get the urge to participate in VCT sessions in Kisumu East District. Further, the study recommended that time allocated for teaching HIV/AIDS in secondary schools should be extended with emphasis to bringing out desired behavior change. The study also recommended that concerted effort by all stakeholders was required to set aside resources required for implementation of HIV/AIDS programme in schools. The study further recommended that government should come up with relevant policies on stigma, VCT counseling sessions and enact and implement laws which can protect the infected and work towards eradicating stigma in secondary schools in Kisumu East District. The study was limited to Kisumu East District. Further studies on the same topic could be extended to other parts of Kenya.

CHAPTER ONE

INTRODUCTION

The HIV and AIDS pandemic is addressed in two ways: first as a medical problem which requires ways to tackle it through medical intervention and secondly, as a behavioral problem which can be solved by individuals responding to available information which results from education campaigns (Holden, 2004). In USA, the problem of HIV and AIDS among the youth is compounded by inaccuracies found in abstinence. only curricula used by some school systems a report evaluating the content of such curricula found that more than 80% of these programme contain erroneous scientific information about sexual health and misrepresented the effectiveness of condoms in preventing Sexually Transmitted Infections (STIs) and pregnancy.

Sex education policy is decided broadly at the state level, while the contents of sex education are typically set at the local level. Therefore in USA there is enormous variation within each state, as many of the decisions about curriculum and programming are made at the regional. The written curriculum includes many aims and terms from public health and biomedical discourse as well as from abstinence preferred curriculum (Kirby, 2002).

In England, and Wales the government encourages secondary schools to teach pupils about HIV and AIDS as part of sex and relationship Education (SRE) although it is not a statutory subject on the national curriculum. (OFSTED, 2007) an official body that regulates schools in England reported that schools gave insufficient emphasis to teaching about HIV/AIDS despite the fact that it remains a significant health problem.

In Japan, there are limited school education programmes on sexually transmitted diseases including HIV/AIDS. There are no systematic and pragmatic AIDS education programmes for college students. There have been few reports on knowledge, attitudes and behavior with regard to HIV/AIDS among Japanese college students (Hashimoto, 2000). However Pakistan is experiencing stiff opposition in introducing HIV/AIDS related curriculum in schools because of strong taboos against open discussion of sexuality. To overcome such prohibitions, one NGO is piloting reproductive health education and partnering with Ministry of Social Welfare to provide sexuality education to adolescents (Khan and Pine, 2003).

With the help of Global fund, the Harvard school of public health; the British – Myers squi66 foundation; and numerous faith based and community based organizations – Botswana has mounted one of Africa’s most comprehensive programmes of HIV/AIDS prevention, treatment and care. Different types of HIV prevention programme taking place in Botswana include- Aids education for young people, condom distribution and education Prevention of Mother – to Child Transmission of HIV (PMTCT) NACA Botswana (2010, April) Botswana 2010 country progress report. Life based skills HIV education is now taught in all primary and secondary schools.

The situation in Nigeria improved when the 46th session of the National Council on Education approved a policy on sexuality Education into the National Curriculum intended to help young people with acquisitions of adequate knowledge, skills and responsible attitudes needed to prevent and reduce sexually transmitted infections. (National Council on Education in Nigeria Preliminary Report, 2004 May 25th compiled by 46th session).

In Zimbabwe, adolescent Reproductive Health project dubbed AIDS Action Clubs in Schools was established in collaboration with District Education Office. The programmed started in 26 schools in the Bindura and Mount Darwin districts and has some expanded work to 61 schools. The goal of the programme was to contribute towards a reduction in the transmission of HIV/AIDS through effectively reaching adolescents with reproductive health information and promoting positive attitudes and behavior (World Bank, 2003) at <http://www.schoolhealth.org>).

In Kenya, The Commission of Inquiry on Totally Integrated Education and Training (TIQUET) recommended inclusion of HIV/AIDS syllabus into the curricula of education and training institutions in 1999. (Republic of Kenya, 1996). In 2003, primary and secondary curricula were reviewed and AIDS education integrated into various subjects through a multidisciplinary approach (Republic of Kenya, 2003). The purpose of AIDS education in secondary school was to equip the students with the necessary knowledge, skills, and attitudes to enable a student adopt behavior that would enable them prevent being a victim of HIV pandemic.

However studies by recent scholars show that a lot is supposed to be done regarding the HIV and AIDS programme targeting the youth.

A study by Ego (2005) on mandatory of HIV and AIDS printed materials revealed that young people already know something about sex and HIV and AIDS but the information could be inadequate wrong and incomplete. (Likoye, 2004) also revealed that learning activities recommended in some texts, especially in the integrated approach reveal inadequacy in terms of learner empowerment. While a study conducted by Ogunya (2007) on evaluation of HIV and AIDS programme in secondary schools revealed that

the content of HIV and AIDS education programme in schools appears in patches in most subjects expected to be its vehicle for transmission to the students. The study found that the recipients don't feel touched, establish their HIV status. The recipients have not developed the urge to establish their HIV status. The study showed a case where students shield away from HIV and AIDS Education programme (Ogunya, 2007).

Likoye also describes the HIV and AIDS education content as clearly lacking in commitment to the development of preventive attitude and critical dispositions on the part of the participant (Likoye, 2004).

A number of studies have been conducted on HIV and AIDS programme in secondary schools in Kenya, Mumma (2005), Ego (2005), Ochieng (2005), Likoye (2004) and Ogunya (2007). They all doubt the effectiveness of the programme since there exists a disparity between the knowledge and AIDS practice regarding the sexual behavior among the youth in Kenya. Kisumu East is unique in the sense that the youth can easily be lured by lifestyle of people in the cosmopolitan. The vulnerable youth can be tempted into immoral behavior. This is a place where track drives bound to Uganda, Sudan or Rwanda converge. The youth must be sensitized not to fall into temptation. Therefore a well structured curriculum is a prerequisite for the youth.

1.1 Statement of the Problem

The number of youth succumbing to HIV and AIDS is alarming. Research shows that eighty percent of young people in Kenya have sexual intercourse, some with multiple partners before the age of 20 (population council report, 2000) on factors determining the spread of HIV/AIDS compiled by NACC. According to KDHS, 1998, 50% of

adolescents began childbearing by age 19. Eleven percent of schools going girls drop out of primary and secondary education annually due to pregnancy. (Garbrach, 1995). A significant proportion of abortions and complications occur primarily among adolescents (Aggarwal and Mati, 1980), (Rogo et al., 1999, Zabin, and Kiragu, 1998). This is a clear indication that HIV/AIDS programme have not offered the youth sufficient information that can empower them to make informed choices and decisions from the various options at their disposal. The same argument is highlighted in report submitted by (UNICEF & AMREF, 1987) which noted that most teachers involved in HIV/AIDS education lack adequate training and are left to their own initiative. The report further stated that teachers rely on theoretical and abstract facts (UNICEF & AMREF, 1987). That is why the best alternative is to empower the youth by equipping them with required information in secondary schools. Teachers should also be inducted to be able to cope with the rising population of infected and affected youth, right policies should be put in place to provide secondary school institutions with the right framework within which to operate and ensure that all parties develop the right attitude in dealing with the menace. This is in line with report by UN (2005) which shows that youth aged 15 to 24 years account for nearly half of all new HIV infections in the world.

This suggests that introducing HIV/AIDS Education Programme in schools may enable Kenya government to prevent and control the spread of the scourge among the youth since this strategy may focus on majority of the youth.

High prevalence rate among the youth is a clear indication that HIV and AIDS programme have not adequately addressed the pandemic which is still a serious problem among the youth, (KAIS, 2009) indicate that prevalence among young women start at

3.8% against young men 3.0%. Prevalence is said to increase with increasing age and by 24 years of age chances of being infected increase against young men and women.

The problem requires serious evaluation of HIV and AIDS programme and curriculum in secondary schools because this is the level where the youth are undergoing physiological changes thus adolescence becomes an issue at this stage in development.

Studies have been done on HIV and AIDS programme in Kenya. The studies have focused on attitude, knowledge learning resources etc. A study on HIV and AIDS curriculum has been done in Siaya District. The district has a rural setting that may not have a reflection of the state of affairs that may be experienced by the youth in urban setting. There is therefore need for a study like this to be done in Kisumu East District to establish the determinants of HIV and AIDS projects targeting the youth and high prevalence rate which stand at 8%. (KDHS, 2008-09)

1.2 Purpose of the Study

The purpose of this study was to examine the determinants of HIV/AIDS related programmes targeting secondary school students in Kisumu East.

1.3 Objectives of the Study

The study was guided by the following objectives;

- i) To determine the extent to which teacher-training influence implementation of HIV/AIDS programmes targeting secondary school students in Kisumu East.
- ii) To establish the level at which availability of resources influence implementation of HIV/AIDS programmes targeting secondary school students in Kisumu East.

- iii) To establish the extent to which government policies influence implementation of HIV/AIDS related programmes targeting secondary school students in Kisumu East.
- iv) To assess the level at which teachers and students attitudes influence implementation of HIV/AIDS related programmes in secondary schools in Kisumu East.

1.4 Research Questions

The study expected outcomes were achieved through a concerted effort to finding solutions to the following set of research questions;

- i) To what extent does teacher-training influence implementation of HIV/AIDS programmes targeting secondary school students in Kisumu East?
- ii) To what extent does availability of resources influence implementation of HIV/AIDS programmes targeting secondary school students in Kisumu East?
- iii) To what extent do government policies influence implementation of HIV/AIDS related programmes targeting secondary school students in Kisumu East?
- iv) To what extent do teachers and students' attitudes influence implementation of HIV/AIDS related programmes in secondary schools in Kisumu East?

1.5 Significance of the Study

The Ministry of Education plays a very important role in overseeing educational activities in this country. It is envisaged that the findings of this study would be found useful by the Ministry of Education. The study had come at a time when most countries

in the world were striving to include HIV and AIDS Education Programmes in the curriculum as a way of tackling the problem through medical intervention and behavioral problem which could be solved by individuals responding to available information. It was hoped that the findings of this study would add knowledge to existing literature on the determinants of HIV and AIDS education programmes targeting students in public secondary schools. It was hoped that the study would provide an impetus for further research by building a foundation upon which other related studies could be anchored.

Finally, it was hoped that this document would act as a source of reference to all stakeholders in the HIV and AIDS related programmes playing field.

1.6 Basic Assumptions of the Study

The study was designed on the premise that all public secondary schools have HIV/AIDS related programs that were being implemented and that the government had policies that influence HIV/AIDS related programmes in public secondary schools. Further supposition was that, the sample size selected was adequate and gave a real picture of the situation on the ground and that the respondents who took part in the study gave a truthful and accurate information to the researcher.

1.7 Limitations of the Study

The study would have been conducted in all secondary schools in Kenya to improve its external validity. This was not possible given the vastness of the country. For this reason though the findings of the study should give a true picture of what is happening in

the country, but it was appropriate to adduce that the findings could only be relevant to secondary schools within Kisumu East District.

1.8 Delimitation of the Study

The study was confined to Kadibo and Winam divisions in Kisumu East District Nyanza Province. Neighbouring Districts to Kisumu East District include; Kisumu North District, Nyakach District and Nyando District. The study was delimited to the use of questionnaires and interview schedules as the main instruments of data collection. Nyanza province had the highest HIV prevalence among the youth 8%.(KDHS, 2008-09) It had the highest percentage for both young women and men (11 and 3 percent respectively), (KDHS, 2008) people living in urban areas are at slightly higher risk of infection than those living in rural areas 7.2% versus 6.0% in Nyanza Province, (KDHS, 2008). Kisumu East District had the highest HIV and AIDS prevalence rate which stood at 14.0 and has since increased to 16% according to National Institute of Health of Makerere University. The fact that Kisumu East District is in urban setting and the highest prevalence rate in the province, informed the researchers to de-limit the study to Kisumu East District in order to investigate the determinants of HIV and AIDS related programmes which had contributed to the districts high prevalence rate in the country.

1.9 Definition of Significant Terms used in the Study

Determinants – Factors influencing HIV/AIDS related programmes

Implementation – Structures put in places for the programme in secondary school.

Teacher Training – Process teachers go through in college or University in order to help them gain understanding of the developments and challenges of HIV/AIDS related programmes

Policy - Framework within which one operates.

School programmes – Comprises sessions for counseling, testing VMC

Attitude – General feeling towards an issue or something

School administration – Comprises Headteachers, Deputy Headteachers and HOD Guidance and counseling.

1.10 Organization of the Study

This section outlined the organization of the study from chapter one to five as follows; Chapter one covered, introduction, background of the study, statement of the problem, purpose of the study, objectives of the study, basic assumptions of the study, limitations of the study and delimitation of the study, definition of significant terms used in the study and organization of the study.

Chapter two covered literature review. The chapter was divided into five subsections namely; introduction, teacher training influence on the implementation of HIV/AIDS related programmes. Influence of availability of resources, government policies influence on implementation, teacher student attitude on implementation, Theoretical framework of the study conceptual framework and summary of literature review.

Chapter three described the research methodology. This included; introduction, research design, the study population, sample size and sample selection, data collection instruments, reliability and validity of instruments, data collection procedures, data analysis techniques and ethical considerations.

Chapter four presented the study findings which was analyzed, presented, interpreted and discussed in line with the study objectives which was presented in tables and discussed.

Chapter five contained summaries of findings, conclusions and recommendations. It also contained recommended topics for further research.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Chapter two covered literature review based on the following thematic areas, introduction, teacher training influence on implementation of HIV/AIDS Education programme, availability of resources on implementation of HIV/AIDS Education Programmes. Teachers and student attitude on implementations of HIV/AIDS education programme, theoretical framework of the study and conceptual framework of the study and summary of literature review.

2.2 Influence of Teacher Training on Implementation of HIV and AIDS Education Programme

Training is a process teachers go through in college or university in order to help them gain understanding of new developments, challenges and trends in HIV/AIDS education through purposefully designed curriculum (Okumbe, 1998).

In the study conducted by Kirby (2001) in which he reviewed published studies of outcomes of sex education curriculum in schools, health clinics and analysis acknowledged the fact that some sex education programmes have positive and measurable differences in lives of young people but negative consequences of young sexual activity, which cannot be remedied with a school class programme alone. The researcher further states in his findings that sexuality is influenced by parents, school communities, mass media and society as a whole.

His argument contends that youth's sexual behavior is influenced by the world around them and involves socio, economic historical and geographical factors.

However, (Barnpach and Collins et al, 2001) emphasized abstinence on his research branded "safer choices" in sex education programme in urban and sub urban San Jose, California and Houston, Texas. He emphasized abstinence as the safest choice and condom use as safer than unprotected sex. His findings further revealed that intervention group had increased use of condoms at last which reduced frequency of sex within condoms at last and reduced the number of sexual partners without condoms.

While a survey carried out in Britain recently indicate that schools gave in sufficient emphasis to the teaching of HIV/AIDS despite the fact that it remains a significant health problem. (Health Protection Agency, 2011). The lack of sex education and curriculum means many young people are leaving school ignorant about HIV and safer sex (Health protection Agency, 2011).

While in yet another study conducted in chile- Santiago. The content of research included sexuality, health relationships risky behaviors like drug abuse and smoking. The study established that the programme increased knowledge of human reproduction and enhanced contraceptive use among the youth as compared to control groups not in the programme.

Further research on the so far mentioned conducted in Japan, Nagasaki University which was designed to establish the knowledge of students on HIV/AIDS pandemic. The result of the findings revealed that there is little communication regarding HIV/AIDS occurring between themselves and their parents or teachers. (Maswanya et al, 1999).

The above studies underscore the importance of a well designed curriculum which should be subjected to evaluation from time to time to meet the needs of all stakeholders involved in the campaign against HIV/AIDS pandemic.

On the same note, (Carley et al, 2005) conducted research in South Africa on programming for HIV/AIDS prevention in South African schools. The study surveyed teachers and students over a given time, twenty two schools participated. Eleven of the schools in which the course was first introduced served as intervention schools. It was discovered that students in both control and intervention groups had sexual intercourse but those who participated in the program were slightly less likely to have done so than those in the control group (36 percent vs 37 percent) approval of teenage abstinence increased within the intervention group particularly among males. The program it was established improved the levels of knowledge.

Moreover, a similar research established that school based reproductive health is associated with lower risk towards HIV/AIDS education (UNAIDS, 2002) as a result of delayed onset of knowledge through education, has been proved to foster safer sexual behavior among the youth (Hassan, 1994) carried out of a study among Kenyan secondary schools to establish their knowledge and practices concerning HIV/AIDS. It was revealed that (41%) males and (7%) of females had multiple sexual partners. Majority of them had started playing sex very early as well as having multiple partners. Similar research conducted 11 years later by Ochieng (2005) revealed that 24% of the respondents had their first sexual intercourse in the years 11 to 15 of age group while Mummah (2003) conducted survey to investigate the quality of knowledge that teachers in Rachuonyo District in South Nyanza hold about HIV/AIDS. The investigation was in

relation to whether in-service training and curriculum had equipped them adequately. The study found out that knowledge of HIV/AIDs and the key transmission mechanism is widespread among teachers. However a similar research carried out by Oyoo (2003) revealed that majority of adolescents had knowledge on HIV/AIDS, the study further revealed that majority of adolescents did not know what the abbreviation HIV and AIDS represented.

While a study conducted by (Ochieng, 2005) on sexual health behaviour of adolescents in relation to HIV/AIDS it revealed that majority had seen a condom (97.4%) and believed condoms in protecting against pregnancy (52.3%) only (22.9%) of the respondents thought condoms were effective in protecting against HIV/AIDS (43.8%) of the respondents believed that condoms could slip off the man and disappear inside the woman's body as more male students than their counterparts also believed that condoms reduce sexual pleasure. On sexual behaviour, the study revealed that 24.5% of the respondents had their first sexual intercourse in the 11 to 15 years of age (Ochieng, 2005).

A recent study by Nyinya (2007) on attitude of teachers and students towards HIV/AIDs in Kisumu municipality revealed that both teachers and students had negative attitude towards the learning experiences/content of the HIV and AIDS Education. At the same time teachers had negative attitude towards the objectives of the programme since they held that the programme had not benefited the students.

Study conducted by Ogunya (2007) on methods of teaching and learning of HIV and AIDS established that 358 (47.7%) of student respondents felt that lecture method

made them learn better the HIV/AIDS education content while 25.1% (188) of them felt the method was not appropriate.

However, 26.4% (198) of the student respondents did not commit themselves to this fact. This suggest that significant 51.5% (386) of the respondents either did not know whether there were methods for teaching the HIV/AIDS Education content or they were not satisfied in the manner in which the programme was being handled in schools.

The studies Nyinya (2007), Ochieng (2005), Ogunya (2007) conducted on teacher training and implementation of HIV/AIDS programmes did not highlight how teachers were coping with the problems on the ground and how the problems relate to high prevalence rate of HIV and AIDS.

2.3 Availability of Resources on implementation of HIV/AIDS Education programme

A survey conducted in USA in 2007 in fifty districts (0.35% of all districts and 2.2% of all high schools nationwide) have established school-based condom availability programs. These programs involve condom distribution, condom –use education and information peer support staff partnerships and health care providers. Studies have showed that condom-availability programmes in high schools may lower the risk of HIV/AIDS and STDs in all schools. Condom use increased while sexual behaviour remained the same among high school students.

In sharp contrast, study carried out by Francoise (1999) found out that in Africa, there is low secondary enrolments. Most countries cannot finance high participation rates from domestic public resources with current lost structures. Secondary schools use

resources such as teachers and buildings what is being encountered is limited public resources and competing public spending have presented many governments the challenges of coming up with projects.

Educational development including HIV/AIDS resources as witnessed in Zimbabwe where workforce has deteriorated, food shortages have increased the number of deaths from Aids. Malnutrition has stretched resources beyond the limit that availability of resources for implementations of HIV/AIDS related programmes appears an uphill task in schools. (UNAIDS, 2005).

Kwedho (2008) conducted a study on implementation of AIDS education in secondary school curriculum and the study used questionnaire and interview schedule. The study established that there is shortage of staff who can handle HIV/AIDS programmes. The study further found out that the teaching of HIV and AIDS which was supposed to be supervised by the Head teachers was still inadequate as most teachers are preoccupied with syllabus coverage and not HIV and AIDS.

Learning materials and physical facilities were found to be seriously inadequate as money allocated for HIV/AIDS programme in the budget is limited. Allocations are set aside for other areas and not HIV an AIDS programmes. Facilities like Audio visual, videos and tapes were lacking.

While a research conducted by Jepkorir (2005) established that materials were found to be lacking in details and had unfamiliar terminologies. The study found that the teaching and learning materials were not sufficient to the programmes. Copies of literature required were few and did not show how teachers were copying with the copying situation.

A study by Ego (2005) on readability of the HIV/AIDS materials gathered information among 210 secondary school students in Nairobi. The study obtained the following results: Most of the materials were found to be appropriate for students in secondary schools. However some of them were found to be suitable for higher levels; students complained that the materials were too few, lacked details, used symbolic language and unfamiliar technologies of variety; teachers also found that the materials were lacking current information, that are learner centered to encourage openness: the teachers advocated that more materials should be produced for schools and that they should be written for each class.

The above studies were conducted in a different socio-economic environment, Kwedho (2008) study was conducted in Busia, Ego (2005) study was conducted in Nairobi. There is need to conduct similar study in Kisumu East because of its uniqueness in terms of socio-economic setting.

2.4 Government policies on Implementation of HIV and AIDS Education Programmes

A survey carried out in USA regarding HIV/AIDS prevention Education and HIV-related policies in secondary schools revealed that in 2006 half of the states and school districts conducting surveys, less than 50% of secondary schools had a policy on students on staff members with HIV infection or AIDS (Kirby et al, 2006).

Furthermore, another research conducted in USA reveal why the subject is treated with less seriousness. The study reveals that there is the absence of a discourse of desire in schools (Fine, and McClelland, 2006). The debates hysteria over sex education may

partly account for this neglect (Irvine, 2002). HIV/AIDs and “safe sex education” are still associated with persons located outside the daily worlds of straight, middle class, white US citizens e.g. gay men, intravenous drug users, people of colour and people in the third world especially Southern Africa Patton, (1995).

Sex is portrayed as risky for teachers. Farquhar (1991) whereas in Germany European court of Human rights rejected complaints from several Baptists against Germany mandatory sex education. WHO (2006) while in Netherlands, government policy on sex package developed in late 1980s. It aims to give teenagers the skills to make their own decisions regarding health and sexuality. Nearly all secondary schools provide sex education as parts of biology classes. The Netherlands has one of the lowest teenage pregnancy rates in the world, and the Dutch approach is often seen as a model for other countries WHO (2006).

While a survey conducted in Great Britain and Wales on Government policy on sex education revealed that almost three in ten teenagers say they need more sex and relationships education. You GOV for channel 4 (2008).

The scenario in Nigeria changed when the Pandemic became too much. Kuti (1999) after the study conducted under impact on Educational policy revealed that 60% of patients presented in hospitals in Nigeria with abortion complications are adolescents girls, 72% of deaths among young girls under the age of 19. Fifty percent of the deaths in Nigeria’s maternal mortality rate are adolescent girls.

Consequently, 46th session of the National council on Education approved a policy on sexuality Education into the National curriculum intended to help young people

with acquisition of adequate knowledge, skills and responsible attitudes needed to prevent and reduce Sexually Transmitted Infections (STI). Preliminary Report 25 (2004).

While a survey conducted by USAID (2005) in Uganda revealed numerous gaps in the implementation of government programmes directly tied to the lack of approved policy USAID (2005). On the same vein, a study commissioned by the overseas Development institute in July 2006 on Analysis of HIV/AIDS policy formulation in Kenya, revealed that in Kenya, a policy has not been created, there is lack of capacity in terms of knowledge, skills information and attitudes for interpretation and implementation of the policy. The study also indicate that teachers, headteachers and other stakeholders at grassroots level are not familiar with the HIV/AIDS policy did not have policy document did not know their mandate duties and responsibilities in the interpretation and implementation (Ndambuki et al, 2006).

The above scenario is a clear indication that serious study on the same is a prerequisite given the scenario in the province and district with the highest prevalence rate in the country.

A study conducted by Okoth (2010) on factors influencing adoption of male circumcision as a strategy against HIV/AIDS found that it is important to stress the benefit of an intervention like male circumcision to both policy makers and the public. Advocates and programme implementers must use narratives that take into account pre-existing perceptible concerns and values they must tailor the content and tone of messages to their audiences and must establish the most suitable medium for delivering messages and programmes Glanz et al (2002). This would go a long way in increasing room for adoption of the policy. The above scenario is a clear indication that serious study on the

same is a prerequisite given the scenario in the province and district with the highest prevalence rate in the country.

2.5 Teacher and Student attitude on Implementation of HIV/AIDS Education programmes

Study carried out in USA on attitude of people towards HIV/AIDS and “safe sex education” shows that pandemic is associated with persons located outside the daily world like gay men and intravenous drug users. Sex is portrayed as risky for teachers. (Farquhar, 1991), (Levine, 2002) and (Siline, 1995). The dense, multiple and many-leveled ways that sexuality is present and also derived in US schools Siline (1995) and Webs of meaning around intersections of sexuality and HIV/AIDS (Patton, 1995) (Fine and McClelland, 2006). Same information is corroborated by Luker, (2006) and (Sears, 1992) while studies in Britain where sexuality education is optional only a tiny percentage of students have withdrawn from the course based on Parental objection (OFSTED, 2002).

On the same vein, the children program had a similar experience with few students withdrawn (Murray et al, 2001) whereas in Mexico state level secretaries of education officials select textbooks omitting key information, conservative parents. Groups are asking to have a greater say in the choice of textbooks. (Amen et al, 2002).

While in Jordan despite reluctance of many teachers to avoid discussions of sexuality and reproductive health educators and school workers are among those now advocating for more attention to sexuality and reproductive health within the school curriculum (Almasasweh, 2003). The same problem is encountered in India in a study

carried out which shows that conservative forces have blocked sex education in the schools. (Amen et al, 2002). While in South Africa, there is stiff opposition from teachers and school administrators. They find sexuality education personally objectionable or lack sufficient understanding of the subject and thus reluctant or refuse to go along with such programs (Aggleton et al, 2000).

Study carried out by Ojiambo (2009) on factors Motivating performance of community Health workers in HIV VCT services uptake promotion shows that an important element in challenging stigma is VCT. According to the study, VCT brings hope and relief to clients (Zulu, 1990) as seen in countries where VCT is well established such as Uganda, people have less stigmatized attitude to HIV. (Ojiambo, 2009). Therefore there should be no fuss about the pandemic.

2.6 Theoretical Framework

This study was based on the Stufflebeams (1971) Context –Input-Process-Product (CIPP) evaluation model. Stufflebeam identified four major education decisions, which required evaluation that is the context. Input process and product. He observes that the implemented programme may differ from the recommended one depending on the four education decisions. He therefore proposed that evaluation should be done on those four components in order to establish the programs actual position. He suggested various questions to be answered in each of the four areas during evaluation which included context evaluation, which provides the rationale for justifying a particular type of programme intervention.

In put evaluation which tried to list the potentials of a school through answering the questions did a given project/programme strategy provides a logical response to a set of specified objectives. Process evaluation helped to provide feedback by answering the following questions. Was the programme on schedule or had the program been implemented, were facilities and materials being used adequately and appropriately?

Product evaluation – answered such as are objectives being achieved.

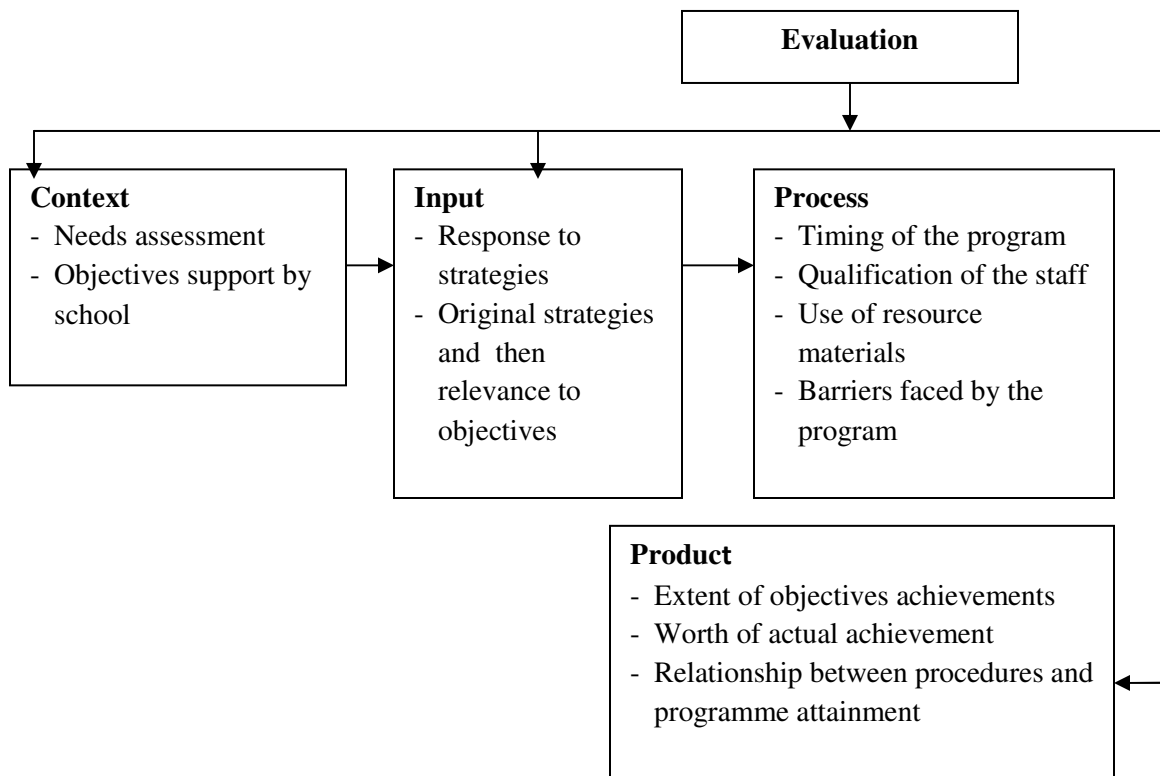
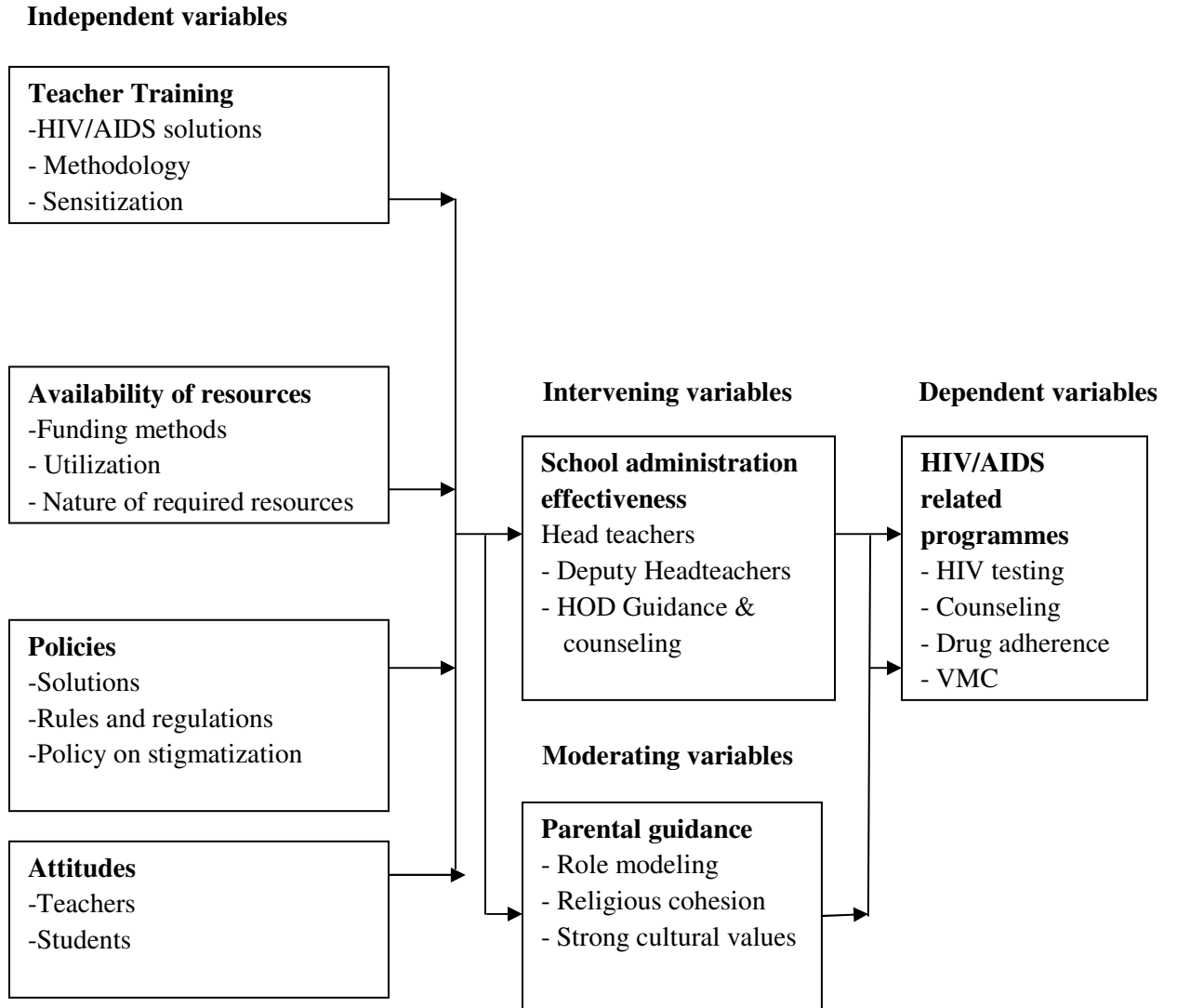


Figure 1: Theoretical framework for Programme Evaluation

Source: Stufflebeam (1971) cited by Ogunya (2007)

2.7 Conceptual Framework

This section described the perceived conceptual framework that would guide the study.



Key: —→ Indicates the functional relationships of variables

Figure 2.2: Perceived conceptual framework showing relationships between the variables in the study.

The schematic diagram (Figure 2.2) reflects the concept of intervening variables, viz, school administration influence on HIV/AIDS related programmes. The Principals leadership style and effectiveness, determines and acts like a catalyst towards enhancing HIV/AIDS related programmes like, HIV testing, voluntary counseling session, drug adherence and voluntary male circumcision. The principal is supposed to establish a culture of acceptance for one to accept his or her status and live positively. The principal should encourage students to be open, thus introduce openness and free communication as a tool for flow of ideas.

Moderating variables in this case; role modeling, religious cohesion and strong cultural values are key to ensuring that children adhere to certain principles in the life following religious dogma seriously e.g. Thou shall not commit adultery: some parents are good role models, children grow up aping their parents where parents are good role models children will not succumb to temptations. Strong cultural values will shape a Childs behaviour.

Independent variables are also key to determining the success of the programme this is so because teacher training, availability of resources government policies, teachers and student attitude on implementation will also impact positively or negatively on dependent variables. That is to say, if teacher induction is satisfactory, then he or she will be prepared to deal with the problem in secondary school. Availability of resources impact negatively or positively, if resources are not available then the exercise would be futile. Government policies and school policies would provide amicable environment friendly to handle implementation of HIV/AIDS education programme. Teachers and students attitude on HIV/AIDS can also interfere with dependent variable. If people adopt

acceptance attitude then the whole problem would be minimized to a reasonable proportion.

2.8 Summary of Literature Review

The literature captured in this section had touched on the influence of teacher training on HIV/AIDS Education Programme. The success of the programme depended on effectiveness of teacher training and induction courses offered to the teacher. The role of teachers is key in the programme and for it to be useful then teacher's input was essential. Availability of resources targeting HIV and AIDS Education programme have been captured. It is important to note that limited resources encountered against competing public spending was likely to impede HIV/AIDS education programme. Government policies have also been captured in the literature review, government policies provide frame work within which systems in secondary schools operate under the situation. The success of HIV/AIDS programmes in some countries like Netherlands depend on government policies. In some countries government don't provide serious policies hence the rate of pandemic. Teacher and student attitude on implementation of the programme is important and have been captured in the review. Attitude provides self drive where there is strict opposition towards sensitivity, then the scourge is likely to rise at alarming proportions. Attitude also determines the perspective the programme is likely to take. Also captured is theoretical framework which had provided framework for the study. Conceptual framework shows the relationship among variables and their interrelatedness.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This section included research design that was adopted in the study. The study population, sample size and sample selection, data collection instruments, reliability and validity of instruments, data collection procedure, data analysis techniques and ethical considerations.

3.2 Research Design

This study adopted descriptive survey research design. According to Kothari (2003) descriptive survey research design was described as a rigid design which focuses attention on formulation of objectives, designing the method of data collection, selecting the sample, collecting data, processing and analyzing the data and reporting the findings. Mugenda and Mugenda (2003) reports that descriptive survey research design determines and report the way things are. The design attempts to describe such things as behaviour, attitudes, values and characteristics.

Descriptive survey research design was therefore the most appropriate in collecting data regarding the opinion, perceptions and experiences of Headteachers, deputy head teachers, heads of guidance and counseling department and students on determinants of implementation of HIV/AIDS related programmes among students in Kisumu East District. This design outlined all the steps that would be followed in conducting this study which included formulation of objectives determining the sample size, selecting the

sample, collecting, processing and analyzing data, and reporting the findings. Descriptive research design was therefore the best blueprint that was adopted to conduct the study.

3.3 Target Population

The target population was 13,905 students from forty five public secondary schools as indicated in Table 3.1.

Table 3.1: Distribution of Students in Kisumu East District

Division	No. of Schools	Girls	Boys	Totals
Kadibo	12	1123	1960	3083
Winam	33	4542	6280	10822
Total	45	5665	8240	13905

Source: Kisumu District Education Office Statistics Department (2011)

The population included 45 headteachers, and 45 heads of guidance and counseling department.

3.4 Sample Size and Sample Selection

This section covered the sample size and sampling technique. The sub section described the sample size and techniques used in obtaining sample from a sample frame. According to Mugenda, (1999), a sampling frame is a list of elements from which the sample is closely related to the population. The sampling frame in this study consisted of 13,905 students drawn from Kisumu East District, 45 heads of guidance and counseling, 45 head teachers all drawn from public secondary schools in Kisumu East District.

3.4.1 Sample Size

The sample size for this study was determined by using the formulae suggested by Cole (2009) on sample size required and using one third rule as established by (Elservies, 2010). Research papers.

The sample size of students was determined using (Cole, 2009) formula on sample size selection as shown below.

$$n = \frac{NZ^2 \times .0.25}{(d^2 \times (N - 1) + (Z^2 \times 0.25))}$$

Where; **n** = Sample size required

N = Total Population (known as estimated)

d = precision level (usually 0.05 or 0.01)

Z = Number of standard deviations units of the desired confidence level

$$N = 13905$$

$$d = 0.05$$

$$z = 1.96$$

$$n = \frac{13905 (1.96^2) \times .0.25}{(0.05^2 \times (13905) + (1.96^2 \times 0.25))}$$

$$= \frac{13411.986}{35.8704} = 375 \text{ students}$$

1/3 rule of Elservies (2010)

1/3 of 45 schools

15 head teachers and 15 Heads of Guidance and Counseling arrived at using 1/3 rule.

A third of the population was chosen to reduce the sampling error.

Total number of sample 405.

3.4.2 Sample Selection

The study area was divided into two clusters namely Kadibo and Winam divisions. Saturated sampling technique was used to select all the divisions. Stratified random sampling was used to select schools included in the study.

A sample of 375 students was arrived at and using the One Third Rule as established by the Elservies (2010). Research papers, 15 public secondary schools were selected according to Elservier, one third of a population provided a representative sample with similar characteristics as the whole population. It was the best method to be used in sample selection where clusters were involved. Sample selected per school included; $\frac{375}{15} = 25$ students per school, 15 headteachers, and 15 heads of guidance and counseling departments. The sampling procedure that was used in this study was multi-stage sampling. According to Kothari (2003) multi-stage sampling techniques is the best where clusters are involved. It was estimated that 25 students per school was representative enough. The Study assumed that 25 students per school would give a number with homogenous characteristics.

According to Kisumu District education office (2011) schools are categorized by type as indicated in Table 3.2.

Table 3.2: Types of School in Kisumu East District

Type of School	Population
Boys boarding	1
Boys day	2
Boys boarding/day	2
Girls boarding	1
Girls day/boarding	2
Mixed day	30
Mixed day/boarding	4
Mixed boarding	1
Total	45

Source: Kisumu District Education Office Statistics Department (2011)

Table 3.3: Schools Selected

School	Sampling technique	Schools selected
Boys boarding	Saturated	1
Girls boarding	Saturated	1
Boys day boarding	Random sample	1
Girls day boarding	Random sample	1
Mixed boarding	Saturated	1
Mixed day	One third rule then random selection	10 schools
Total		15

Five mixed day school were picked randomly from Kadibo and from Winam divisions since both divisions had 30 mixed day schools, one third rule was used to arrive at sample selection of 10 schools five in each division to avoid biasness in research. One boy's boarding school was included in the sample using saturated sampling since it's the only one of its kind. One girl's boarding school was also included in the study using saturated sampling procedure since it's the only one with such characteristics. One boy's day boarding is picked randomly. One girl's day boarding was also picked randomly. One mixed boarding school was also picked using saturated sampling procedure since it's the only one with such characteristics. In all a total of 15 schools were selected for the study.

The study focused on form three students this was because it was assumed that a form 3 student have been in school for long and is able to provide information on HIV/AIDS programs in school. Form four students would have been preferred but given the tight schedule in form four coupled with preparations for examinations it was not possible for most schools to avail them for study. Form one had just arrived may not have had adequate information on HIV and AIDS programmes in secondary school.

In pure boys' schools, form three students were randomly picked for study. The same applied to pure girl's schools, form three girls were picked for study randomly. In mixed schools students were stratified according to sex then thirteen girls selected for the study against 12 boys alternately such that in the next station, 13 boys were selected against 12 girls alternately, until all mixed schools were cleared in the study.

According to Cole (2009) a sample size of about 375 students is appropriate for a total target population of 13,905 students and using 1/3 rule as established by (Elservies,

2010) research paper 15 head teachers and 15 heads of Guidance and Counseling Department were sufficient to provide a representative sample with similar characteristics as the whole population bringing the total number of sample to 405.

Table 3.4: Stages of Sample Selection

Stage (s)	Sampling technique
Kisumu East District	Saturated
Divisions	Saturated, cluster
Schools	Stratified random sampling
Headteachers	Purposive
Head of guidance and counseling	Purposive
Students	Stratified sampling, systematic random sampling and simple random

3.5 Data Collection Instruments

Data was collected using a questionnaire for students, interview schedule for head teachers, and questionnaire for heads of guidance and counseling.

The first section captured demographic information related to class, age and gender whereas the second section captured information related to study objectives arranged in sub-sections according to the arrangement of the objectives. There was the questionnaire for heads of guidance and counseling department. The aim of this instrument was to capture qualitative data related to teachers training, availability of resources, government policy, and student and teachers attitude and how they influenced implementation of HIV/AIDS programme among secondary schools in Kisumu East District.

3.5.1 Pilot study of the Instruments

A pilot test was conducted in three schools. Two schools were randomly selected from Winam and one school from Kadibo Division, this was because the schools are from the same environment (same district) as the targeted schools for study. According to a study conducted by Simatwa and Ajowi (2010) on maintaining students discipline in Kisumu East. Three schools are sufficient enough to pilot the instruments.

A split-half technique was used to pilot the instruments. All the questionnaire in all the research instruments were divided into two. The first set constituted odd numbers while the other set constituted even numbers formed another instrument. The two instruments were administered independently to students and teachers in three schools and results correlated. According to Kothari (2003) a correlation coefficient of 0.75 and above is considered reliable. A correlation coefficient of 0.89 was arrived at which meant that the instruments were reliable and were therefore administered.

3.5.2 Validity of Instruments

A research instrument is valid if it measures what it is supposed to measure and when the data collected through it accurately represents the respondent's opinions (Amin, 2005). The validity of the instruments was ascertained by conducting a pilot study. This ensured that the instructions were clear and all possible responses to questions captured. Content validity of a measuring instrument is the extent to which it provides adequate coverage of the investigative questions guiding the study. In the study content validity was determined by consulting research supervisors within the university. The university

supervisors reviewed the instruments and recommended corrections and verified whether the instruments addressed the objectives of the study.

3.5.3 Reliability of Instrument

According to (Kothari, 2003) reliability is the criterion that refers to the consistency of data stemming from the use of a particular method to ensure reliability of quantitative and interview schedule. Reliability in research is deviation from a true measurement. The study instruments were tested for reliability using split-half technique to three schools, where the instruments were administered independently to students and teachers in the three schools. The results from the trial were correlated and correlation coefficient was used to determine correlation using SPSS, a correlation coefficient was generated and a correlation coefficient of 0.89 was arrived at. According to Kothari (2003) a correlation coefficient of 0.75 and above is considered reliable, which meant the instruments were reliable and were therefore administered.

3.6 Data Collection Procedure

The School of post graduate studies through the school of distance learning and continuing education provided an introductory letter to the National Council of Science and Technology who provided research permit and letters of Authorization to conduct the study in Kisumu East District. The researcher sought approval through the Provincial Director of Education, district education officer and secondary school head teachers to conduct research in the district. The researcher dispatched letters to Head teachers of selected schools two weeks prior to the date of administration of research instruments.

This was done to allow for the incorporation of the study into the school programme. The instruments were administered within the working hours as from 8.00am to 5.00am and collected immediately when the respondents were through.

3.7 Data analysis Techniques

Data was analyzed using descriptive statistics such as frequency and percentage counts. The strength of frequencies and percentages was to indicate the significance of responses from respondents. Data was presented using frequencies and percentages tables. Frequency and percentages table are the most preferred since they show finer details that can be viewed at a glance. Qualitative data was organized into various related themes of the study and reported in writing.

3.8 Ethical Considerations

The information got from the respondents was kept as confidential as possible. There was no disclosure of information gotten from the respondents other than analysis and discussion of findings which did not point at a single respondent. Sensitive questions relating to HIV/AIDs and culture was not asked without prior consent of respondents. The researcher dispatched letters of transmittal to ask for permission from respondents to include them in the study. The researcher clarified how the study would be of benefit to respondents.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION, INTERPRETATION AND DISCUSSIONS

4.1 Introduction

This chapter presents the study findings which have been analyzed, presented, interpreted and discussed in line with the study objectives under sub-thematic areas response return rate, distribution of respondents by gender, distribution of respondents by level of training, distribution of respondents by frequency of lessons, distribution of respondents by rating of students attitude towards HIV/AIDS programme, distribution of respondents by opinion of teachers on adequacy of HIV/AIDS training, distribution of respondents by access of teachers to in-service training. Distribution of respondents by frequency of lessons, attitude towards HIV/AIDS programme, nature of resources provided to schools. Distribution of respondents by curriculum policy adopted in teaching HIV/AIDS, school policy on provision of ARV's and distribution of respondents by policy that discourage stigmatization.

4.2 Response Return Rate

Data collection instruments (questionnaires) interview schedules were administered within a period of three weeks. A total of 374 questionnaires were successfully completed and returned representing student respondents. Teachers response rate was 30, 15 head teachers and 15 HODs guidance and counseling. Students respondents return rate was therefore 374 (99.73%) head teachers 15(100%) HODs Guidance and Counseling 15(100%) total number of respondents there was 404 (99.75%). The percentage therefore was enough to continue with the study since

according to Kothari (2003) recommends that a response rate of more than 75% is enough for study to continue. Therefore collected data was assessed based on the response rate and subsequently accepted as a close representation of the entire target population since feedback was ascertained from all fifteen schools in Kisumu East District that had been identified by the study. From the fifteen schools that were targeted for information contributions were all recorded as in Tables 4.1 and 4.2.

Table 4.1 Response from each School

Name of school	Questionnaire issued to students	Questionnaire returned	Response rate (%)
Otieno Oyoo	25	25	100
Migingo Girls	25	25	100
St. Teresa Girls	25	25	100
Kisumu Boys	25	25	100
Ndiru Mixed	25	25	100
Dr. Aloo Gumbi	25	25	100
Lions High	25	25	100
Joyland special	25	25	100
Kasagam	25	25	100
Xaverian	25	25	100
Masogo	25	25	100
Alendu	25	25	100
Lela	25	25	100
Nyamasaria	25	24	96
Kanyagwal	25	25	100
Total	375	374	99.73

Out of questionnaires issued to the targeted respondents from Otieno Oyoo, Migingo girls, St. Teresa's, Kisumu Boys, Nduru mixed, Dr. Aloo Gumbi, Lions High, Joyland special, Kasagam, Exaverian, Masogo, Alendu, Lela and Kanyagwal returned fully filled questionnaires (99.73%) which were ready for subsequent analysis. However one respondent from Nyamasaria could not be reached after several attempts were made to contact her in vain hence was not available to return the questionnaire she had been issued with.

Table 4.2: Respondents return rate

Respondents	Number administered	Number returned	Response rate (%)
Students	375	374	99.73
Head teachers	15	15	100
HOD Guidance and Counseling	15	15	100
Total	405	404	99.75

The overview of questionnaire return rate in Table 4.2 shows that student questionnaire administered were 375 but 374 (99.73%) were returned questionnaire return rate for head teachers and HODs Guidance and Counseling was 100%.

4.3 Demographic Characteristics of Respondents

The demographic characteristics of the respondents helps the study to determine the quality of responses from the respondents to enable the study achieve its objectives. Options were given to respondents to indicate whether they were males or females and the findings were indicated as in Table 4.3.

Table 4.3 Demographic characteristics of respondents

Respondents	Gender					
	Males	%	Females	%	Total	%
Students	194	57.87	180	48.13	374	100
Head teachers	10	67.67	5	33.33	15	100
HOD G&C	8	53.33	7	44.67	15	100
Total	212	52.48	192	47.52	404	100

4.3.1 Distribution of respondents by Gender

After the adoption of multi stage sampling procedure, it emerged that 194(51.8%) of students were males whereas 180 (48.13%) were females. There was an attainment of gender equity which was contrary to what came out among head teachers who were 10(67.67%) males and 5(33.33%) females when it came to sampling of HOD guidance and counseling a more equitable distribution of 8(53.33%) and 7(44.67%) of males and females respectively.

4.3.2 Distribution of Respondents by Age

Ages of respondents were also sought and results were as in Table 4.4.

Table 4.4 Ages of Respondents

Ages of Respondents	Students		HOD G & C		Head teachers		Total	
	F	%	F	%	F	%	F	%
0-10	0	0	0	0	0	0	0	0
11-20	374	0	0	0	0	0	374	92.57
21-30	0	0	1	6.67	0	0	1	0.25
31-40	0	0	3	20	0	0	3	0.74
41-50	0	0	8	53.33	7	46.67	15	3.71
51-60	0	0	3	20	8	53.33	11	2.72
Total	374	15	100	15	100	100	404	00

Respondents of ages between 11-20 were 374 (92.57%) and all of them were students. Majority of teachers fall between ages 41.-50 and 51-60 with 15(3.71%) and 11(2.72%) respectively. The findings indicate that the majority of the head teachers and HODs guidance and counseling fall in ages bracket which exhibits maturity and vast experience hence their responses could be relied on as a quality response.

4.3.3 Distribution of Respondents by Level of Education

To ascertain the quality of data from respondents, the study sought to determine the education level of the respondents. Given that educated respondents provide quality responses which can be relied upon. The findings are presented in Table 4.5.

Table 4.5 Education level of Respondents

Methods of Teaching	Masters		Degree		Diploma		Any other		Total	
	F	%	F	%	F	%	F	%	f	%
Lecturer	2	6.67	0	0	0	0	0	0	2	6.67
Group Discussion	1	3.33	7	23.33	0	0	0	0	8	26.67
Interactive Teaching	2	6.67	10	33.33	4	13.33	0	0	16	53.33
Radio Programme	1	3.33	2	6.67	0	0	1	3.34	4	13.3
Total	6	20	19	63.3	4	13.3	1	3.34	30	100

Of all the head teachers and HOD guidance and counseling, non had PhD level of education however, 2(13.33%) of head teachers had Masters degree whereas 4(26.67%) of the HOD guidance and counseling had Master degree. A big number of teachers had first degree 9(60%) head teachers and 10(66.67%) HOD guidance and counseling.

The findings show that majority of teachers in the study had Bachelors degree 10(33.33%), Diploma 4(13.33%), Masters 2(6.67%) use interactive teaching approach while only 7(23.33%) and 1(3.33%) use group discussion degree and Masters holders apply lecture method which is the only one of its kind in the category. Radio programme as a mode of teaching is applied by teachers in the lower cadre without Diploma or Degree qualification mainly upgraded teachers from primary level.

The study therefore found out that there was a strong correlation between the level of professional education and the methods used to disseminate information professional teachers with degrees, masters approach, lecture method and group discussion. While teachers in lower cadre used Radio programme this is because such

teachers had not undergone training mostly upgraded teachers from primary. The number was however negligible. The study is in line with the findings of Ogunya (2007) which stated that there was correlation between the level of education and mode of delivery of facts.

4.4 Teacher Training influence on Implementation of HIV/AIDS Programmes

4.4.1 Respondents mode of sensitization adopted

Upon determining the respondents level of education in relation to mode of dissemination of information the study requested the respondents to state the method of sensitization used in college environment. The summarized findings of the study are presented in Table 4.6.

Table 4.6 Methods of sensitization

Methods of sensitization	Masters		Degree		Diploma		Any other	
	F	%	F	%	F	%	F	%
Billboards	0	0	6	20	1	3.33	0	0
Peer Counseling	4	13.33	6	20	0	0	0	0
Directives	2	6.67	7	23.3	3	10	1	3.33
Total	6	20	19	63.3	4	13.3	1	3.33

The findings indicate that majority of teachers at college level were inducted through peer counseling and directions both at Bachelors level and Masters level respectively as indicated by statistics 7 (23.33%), 26.67%) and 6(20%) and 4(13.33%) respectively. The remaining percentage 6(20%) and 1(3.33%) Degree and Diploma respectively show that 6(20%) of graduates with first degree were sensitized using

Billboards and 1(3.33%) of percentage of Diploma holders were sensitized using the same mode. The remaining 0% falling in the category of teachers without degree or diploma fall in the category of 0(0%).

Analysis of the findings revealed that the majority of teachers at colleges were inducted through peer counseling and directions both at Masters and Bachelors. The small percentage of teachers using Billboards and the remaining 0(0%) who happen to be teachers without degree or diploma fall in that category 0(0%). The study is in tandem with a similar research done in Rachuonyo District in South Nyanza which found out that the in-service training and curriculum have not equipped teachers adequately. Mummah (2003).

4.4.2 Mode of Supervision adopted

Further to determining the mode of supervision adopted by head teachers level of education was cross tabulated with mode of HIV/AIDS supervision adopted. The findings are presented in Table 4.7.

Table 4.7 Modes of Supervision adopted

Level of Education	Record of work covered		Students records of Lesson attendance		Total	
	F	%	F	%	F	%
Master	4	13.33	2	6.67	6	20.01
Degree	13	43.33	6	20	19	63.33
Diploma	1	3.33	3	10	4	13.33
Any other	0	0	1	3.33	1	3.33
Total	18	60	12	40	30	100.00

The findings show that degree holders 13(43.33%) and Masters Holders 4(13.33%) form the bulk of head teachers. Keen on checking the work of teachers based on record of work covered as a mode of supervision whereas, Diploma holders and the other category of head teachers 1(3.33%) and 1(3.33%) also adopt the same mode. The insignificant numbers shows that there is a correlation between the level of education and mode of supervision adopted by teachers.

4.4.3 Level of education and supervision

To ascertain the validity and quality of data for analysis, the study sought to establish the evidence of HIV/AIDS supervision by cross tabulating the level of education with presence of HIV/AIDS supervision. The findings show that the level of education is key in determining the presence of supervision. The findings are presented in table 4.8.

Table 4.8 Level of education and supervision

Level of Education	Presence of HIV/AIDS				Total	
	Yes		No		f	%
	f	%	f	%		
Master	6	20	0	0	6	20
Degree	17	56.67	2	6.67	19	63.34
Diploma	1	3.33	3	10	4	13.33
Any other	0	0	1	3.33	1	3.33
Total	24	80	6	20	30	100

From the findings, it was established that majority of head teachers with Degree 17(56.67%) and 6 (20%) one supervise teachers and ensure that HIV/AIDS is covered as required in the syllabus. However, 1(3.33%) and 1(3.33%) a small number don't supervise the teaching of HIV/AIDS. They are Diploma and the teachers belonging to the lowest cadre.

The findings are in line with the study conducted by Mumma (2003). The study shows a strong correlation between level of education and mode of supervision. The study found out that much as teachers supervise students as required by the syllabus, the small number represented by 1(3.33%) and 1(3.33%) of the number of teacher who don't supervise the teaching of HIV/AIDS programmes is a small percentage which can be dismissed to be negligible. The study is in line with another study carried out in Rachuonyo District in South Nyanza which revealed that the quality of knowledge that teachers in Rachuonyo District have based on HIV/AIDS is inadequate Mummah (2003).

4.4.4 Frequency of HIV/AIDS lessons taught

Further to determining the quality of respondents in providing quality data for further analysis, the study requested the respondents to choose from the five identified choices in relation to frequency of lesson taught. The findings are presented in Table 4.9.

Table 4.9 Frequency of HIV/AIDS Lessons taught

Frequency	Number of students	Percentage
Never	0	0.00
Daily	0	0.00
Weekly	204	54.55
Fourtnightly	167	44.65
Monthly	3	0.80
Total	374	100

Results from the study on frequency of HIV/AIDS lessons as presented on table 4.9. It was established that majority of respondents stated that HIV/AIDS lessons are taught weekly 204(54.55%) while 167 (44.65%) stated that they are taught fortnightly. However 3(0.8%) stated that they are taught on monthly basis. Therefore 371(99.20%) were in agreement the HIV/AIDS lessons are taught on weekly and fortnightly basis.

4.4.5 Teachers opinion on adequacy of HIV/AIDS Training

Further the respondents were requested to state in open terms if HIV/AIDS training is adequate. The study sought to establish whether HIV/AIDS training organized

for teachers was sufficient. Out of thirty respondents 15(50%) and 10(35.33%) of the respondents said that the training of HIV/AIDS in college was not adequate while 3(100%) and 2(6.67%) said that it was adequate. On relevance of the syllabus, 11(36.67%) and 10(33.33%) admitted that the syllabus was relevant while 6(20%) and 3(10%) said the contrary. Twenty five (83.33%) and 4(13.33%) said that education had not made students to know the importance of visiting VCT to establish their status while only 1(3.33%) remained neutral.

There was no respondent who gave an affirmative response. 23(76.67%) of evaluation is adequate. The study is in tandem with the study carried out by Nyinya (2007) on attitude of teachers and students towards learning experiences/content of the HIV/AIDS education.

The study is in line with a similar study conducted by Nyinya (2007) on attitude of teachers and students towards HIV/AIDS in Kisumu Municipality which revealed that both teachers and students have negative attitude towards the learning experience/content of the HIV/AIDS Education. Teachers also had negative attitude towards the objectives of the programme since they held that the programme had not benefited the students. The findings are shown on Table 4.10.

Table 4.10 Opinion of Teachers on adequacy of HIV/AIDS Training

Areas	SA		A		N		D		SD		f
	f	%	f	%	f	%	f	%	f	%	
Syllabus coverage	2	6.67	3	100	0	0	10	33.33	15	50	30
Relevance of syllabus coverage	10	33.33	11	36.67	0	0	3	10	6	20	30
VCT Training	0	0	0	0	0	1	3.33	13.33	25	83.33	30
Mode of Evaluation	94	25.13	123	32.89	2	0.53	95	25.40	60	16.04	374
VCT	0	0	0	0	1	13.33	6	20	23	76.67	30

4.4.6 Access to in-service training

In service training may have a direct bearing on how the teaches keep a breast with latest issues pertaining to HIV/AIDS pandemic. The respondents were requested to indicate on the duration of days the teachers had been subjected to in-service training. Table 4.11 shows how the in-service courses were conducted.

Table 4.11 Access of Teachers to in-service training

Duration (days)	Yes		No		Total	
	f	%	f	%	f	%
Not at all	-	-	24	80	24	80
1-5	2	6.67	0	0	2	6.67
6-10	0	0	-	-	0	0.0
11-15	4	13.33	-	-	4	13.33
16-20	-	-	-	-	0	0.0
Above 21	-	-	-	-	0	0.0
Total	6	20	24	80	30	100

From Table 4.11, twenty four (80%) of the respondents had not attended in-service course. Only 6(20%) had attended for a period ranging between 1to 2 weeks. The study shows that the big percentage of respondents who have not attended in-service courses on HIV/AIDS education programme cast doubt on the seriousness of curriculum developers in the country and policy makers. The findings echoe the study done by Likoye which holds that the knowledge acquired by the youth has had insufficient impact thereby raising doubts on the content and learning experiences (Likoye, 2004).

4.4.7 Mode of curriculum adopted

Implementation of HIV/AIDS programme takes various modes. Respondents were requested to state the nature of syllabus adopted. The study sought to establish the nature of HIV/AIDS syllabus policy programme adopted by schools. Respondents were asked to respond by stating the policy adopted. The findings are as follows on Table 4.12.

Table 4.12 Mode of Curriculum adopted in teaching HIV/AIDS

Nature of curriculum	Adoption	
	Number	Percentage
Integrated	12	80
Stand alone	0	0
Examinable	0	0
Extra curriculum	3	20
Total	15	100

From Table 4.12, 12(80%) of the respondents stated that they adopted integrated curriculum policy while 3(20%) adopted extra curriculum policy in teaching HIV/AIDS education. The rest policies are not adopted by any school, stand alone and examinable as they are represented by 0(100%) and 0(100%) respectively.

The study is in line with (Ogunya, 2008) findings that there is no direct evaluation procedures in the secondary curriculum regarding HIV/AIDS education programme. The reason being that the method used cannot enable teachers to establish the behaviour change among the students.

Information derived qualitatively, showed that the dynamics and complexities of HIV/AIDS require teachers to be thoroughly trained to be able to implement the programme fully and observe the change of attitude in learners. The study is in line with the findings of Irimu (2003) which observes that HIV/AIDS awareness may be 98.0% there are still 700 deaths daily, 29 infections per minute and 10.5 million Kenyans living with HIV/AIDS. This puts education programmes to question in which attitudes of the targeted students to such programmes raising concern Ogunya (2008).

4.5 Level at which availability of Resources influence Implementation of HIV/AIDS

Programmes

4.5.1 Nature of resources

Further the respondents were requested to state the nature of resources provided to schools. The study sought to establish the nature of resources received by schools. The findings are shown in Table 4.13.

Table 4.13 Nature of Resources provided to schools to facilitate HIV/AIDS programme

Resources	Yes		No	
	f	%	f	%
Cash	2	13.33	13	86.67
Testing kits	0	0	15	100
Books	11	73.33	3	20
Audio visual equipment	1	6.67	14	93.33

From the table, 13(86.67%) of the respondents said they had not received resources in terms of cash while 2(13.33%) affirmed having received cash to facilitate HIV/AIDS programmed. 15(100%) of the respondents did not receive testing kits for establishing the status of students. 11(73.33% of the respondents received books on HIV/AIDS to be read by students while 4(26.7%) did not receive books on the same. The study also established that 14(93.33%) of the respondents don't receive audio visual equipment while only 1(6.67%) received audio visual. The findings are in line with the study carried out by Francoise (1999) which stated that limited public resources and competing public spending have presented many governments with challenges of coming up with projects. (Francoise, 1999).

4.5.2 Frequency of funding of HIV/AIDS programme

Availability of funds and resources makes life easy for teachers charged with the responsibility of implementing HIV/AIDS programme. Manageable resources like funds,

books testing kits, computers audio visual equipments are key to the success of the programmes. Table 4.14 shows the details of funding.

To ascertain the frequency of funding HIV/AIDS programmes in schools, respondents were asked to respond to questionnaire by reacting to the four alternatives; very frequently, frequent, rarely and never. Table 4.14 shows the details of the finding.

Table 4.14 Frequency of Funding of HIV/AIDS Programmes

Duration (days)	Very frequently		Frequently		Rarely		Never		Total
	f	%	f	%	f	%	f	%	
	Head teacher	0	0	1	6.67	9	60	5	
HOD G&C	0	0	0	0	4	26.67	11	73.33	15
Total	0	0	1	3.33	13	43.33	16	53.34	30

From Table 4.14 most respondents 9(60%) rarely receive funds for HIV/AIDS while 5(33.33%) respondents never received funds at all. The remaining 1(6.67%) frequently received funds. Out of the total HOD Guidance and counseling respondents, 16(53.34%) never received funds at all and 13(43.33%) rarely received. The remaining number 1(3.33%) frequently received funds. The findings is in line with the study carried out by (Francoise, 1999) which states that most countries in Africa cannot finance high participation rates from domestic public resources with the current cost structures. The information further stated by (UNAIDS, 2005) which states that malnutrition has stretched resources beyond the availability of resources for implementations of HIV/AIDS related programmes appears an uphill task in schools.

4.5.3 Providers of HIV/AIDs counseling and testing

Resources are vital for the implementation for HIV/AIDS programme in schools. The study sought to establish the providers of HIV/AIDS counseling and testing. The respondents were asked to state the people involved in testing and counseling. The findings are in Table 4.15.

Table 4.15 Headteachers response on providers of HIV/AIDs Counseling and Testing

Providers	Yes		No		Total
	f	%	f	%	
Teachers	5	33.33	10	66.67	15
HOD G& C	15	100	0	0	15
NGO/VCT community health workers	9	60	6	40	15

From Table 4.15, 15(100%) of the respondents said Ministry of Health officers are not providers of counseling and Testing. Another 6(40%) also said NGO/VCT community health workers are not providers of counseling and testing in Kisumu East secondary schools but 9(60%) accepted that VCT, community health workers are providers of HIV/AIDs counseling and testing. 10(66.67%) of respondents said teachers are not providers of HIV/AIDs counseling and testing while 15(100%) of respondents said that HOD guidance and counseling and testing. The remaining percent of 5(33.33%) respondents said principals are providers of HIV/AIDS counseling and testing.

The findings show that most principals in secondary schools in Kisumu East are not certain about the providers of HIV/AIDs counseling and testing. It is also in line with

the study carried out in Siaya on evaluation of HIV/AIDS education programme in secondary schools which established that teachers were not sure whether students visited VCT centres not. (Ogunya, 2009).

It was observed that the programme faced by implementers like lack of proper support from the Ministry of Health, and Education. Also national resources in terms of skilled manpower lacked, training and materials lacked, mechanism to supervise monitor and evaluate programmes in schools are inadequate. This report is in line with the report delivered by WHO (1998) on provision of sex education.

4.6 How Government Policies Influence Implementation of HIV/AIDS Programmes

4.6.1 Government policy documents received by Schools

Government policy documents provide framework within which schools operate. The study sought to establish whether the school have received any document from the government on HIV/AIDS policy to be adopted by the school by giving a response of yes or no to the question posed. The findings are shown in Table 4.16.

Table 4.16 Access to Government policy document received by schools

Responses	Yes		No		Total
	f	%	f	%	
Head teachers	15	40	0	0	15
HOD	3	20	12	80	15
Total	16	60	12	40	30

From the Table, 15(100%) respondents accepted having received documents from the government on HIV/AIDs. The number of respondents in this category who have not

received documents on HIV/AIDS from government is insignificant 0(00%), 12(8%) of respondents of different category said they have not received any document on government policy on HIV/AIDS while 3(20%) said they had received. The findings further corroborate the findings of (Ndambuki et al, 2006) on formulation of policy in Kenya with regards to HIV/AIDS pandemic.

4.6.2 Policies that discourage stigmatization

Stigmatization can have a negative impact on the person infected with HIV/AIDS pandemic. The study sought to find out if education have impact on students as far as showing compassion and concern towards people infected and affected by HIV/AIDS. Respondents were asked to respond where appropriate by categorizing the response whether strongly agree, Agree etc. The findings are summarized in Table 4.17.

Table 4.17 Students response on policies that discourage stigmatization

Response	Number of Students	Percentage
Strongly Agree	20	5.35
Agree	43	11.50
Neutral	2	0.53
Disagree	155	41.44
Strongly disagree	154	41.18
Total	374	100

From the table, 155(41.44%) of respondents disagreed that education influences students to show compassion and concern to those infected and affected. 154(41.18%) also strongly disagreed while 43(11.50%) agreed that education showed compassion and concern to those infected and affected. 20(5.35%) strongly agreed on the same while the remaining 2(0.53%) remained neutral. The findings is in line with (Ogunya, 2008) which established that HIV/AIDs education programme had very little impact on social behavior of the youth in secondary schools because of the barriers youth faced on their way to successfully control HIV/AIDs amongst them.

4.6.3 School policy on HIV AIDS sessions on counseling

Guidance and counseling is a very important aspect in sensitizing the infected, affected and the general students body on how to cope with the scourge. The study sought to establish the frequency of HIV/AIDs counseling and testing conducted in schools. The respondents were requested to state the number of HIV/AIDS sessions attended. The respondents were supposed to state the answer whether never, weekly, monthly etc. The findings are summarized in the Table 4.18

Table 4.18 Frequency of HIV/AIDS Counseling and Testing

Frequency	Number of students	Percentage
Never	358	95.72
Weekly	0	0
Monthly	0	0
Trebly	0	0
Yearly	16	4.28
Total	374	100

In the table 358(95.72%) of respondents have never attended HIV/AIDs counseling and said they attended the session on yearly basis. The remaining percentage weekly, monthly and term registered 0(100%) respondents. The findings of the study is in line with the study done in Siaya on education of education programme in public secondary schools in Siaya by (Ogunya, 2008) which established that the youth still lived under fear, stigmatization and discrimination.

4.6.4 Provision of ARVs to Students

Ensuring that the infected are closely monitored by provision of ARVs is a way of ensuring that the infected also become productive and live a positive life in society. The study therefore sought to establish the school policy on adherence to ARV drugs by asking respondents to state if there is provision to ensure that students on antiretroviral drugs adhere to drugs by stating the level of effectiveness. The findings are on Table 4.19

Table 4.19 Effectiveness of School Policy on Provision of ARVs

Duration	Very effective		Effective		Less effective		Not effective		Total
	f	%	f	%	f	%	f	%	
	Head teachers	9	60	6	40	0	0	0	
HOD G&C	1	6.67	2	13.33	2	13.33	10	66.67	15
Total	10	33.33	8	26.67	2	6.67	10	66.67	30

From Table 4.19, nine (60%) and 6(40%) of the respondents said that school policy on provision of ARVs is very effective and effective respectively while 0(00%) and 0(00%) represents less significant for figures while contrastingly 10(66.67%)

respondents said the policy is not effective. Two (13.33%) and 2(13.33%) said that the policy is less effective and effective respectively. One (6.67%) said the policy is very effective. The findings is in line with a study commissioned by the overseas development institute in July 2006 on analysis of HIV/AIDS policy formulation in Kenya, a policy has not been created. There is lack of capacity in terms of knowledge, skills information and attitudes for interpersonal and implementation of the policy. (Ndambuki et al, 2006).

Information derived qualitatively showed that serious policies are yet to be put in place, lack of capacity in terms of knowledge. Skills information and attitudes for interpretation and implementation of the policy are issues to be addressed. The study is in line with the findings of (Ndambuki et al, 2006) which indicated that teachers, headteachers and stakeholders at grass root level are not familiar with the HIV/AIDS policy and don't have policy documents and do not know their mandate duties and responsibilities in the interpretation and implementation.

4.7 Teachers and Students Attitudes on Implementation of HIV/AIDS related Programmes in secondary schools

4.7.1 Students attitude towards HIV/AIDS programmes

Attitude of students towards being taught HIV/AIDS in schools is important since it determines the level of seriousness of students attitude and how teachers can cope with the same. The study sought to find out whether the students like or hate being taught HIV/AIDs in school and the response is summarized in the Table 4.20.

Table 4.20 Students attitude and HIV/AIDs programmes

Attitude	Positive		Neutral		Negative		Total	
	No.	Percentage	No.	Percentage	No.	Percentage	No.	Percentage
Teachers	6	1.54	2	0.51	7	1.80	15	3.85
Students	45	11.54	98	25.13	231	59.23	375	96.15
Total	51	13.08	100	26.64	238	61.03	390	100

Table 4.20 showed that 231(59.23%) of students have a negative attitude towards the HIV/AIDs programmes while 98(25.13%) did not respond to questions by remaining neutral. 45(11.54%) of students had positive attitude towards being taught HIV/AIDs. The number is significant compared to the total respondents. On the side of teachers 7(1.80%) of respondents had a negative attitude towards the programme while 2(0.51%) remained neutral. Six (1.54%) were positive about the programme. The respondents who remained neutral was an indication that either they were not aware of the programmes or had not interacted with the programme. This brings the total number of respondents to 9(60%) with negative attitude. The study is in line with the study carried out in Mexico where students and teachers withdrew. (Murray et al, 2001). The reason being associated with taboos, and stigma associated with the pandemic.

Information derived qualitatively showed that the progress being achieved in terms of attitude is minimal. In one station, it was observed that infected students are isolated by others because of stigma and taboo associated with it (Murray et al, 2001).

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This is the last section of this study report. It presents a consolidated summary of all findings, relevant conclusions, study recommendations and suggestions for further investigations.

5.2 Summary of Findings

The data in chapter four enabled the study to establish the influence of teacher training on implementation of HIV/AIDS programme in Kisumu County with reference to Kisumu East District as indicated on table 4.5. There is a direct correlation between level of education and method employed in teaching; first degree holders and masters degree holders employ variety of methods in dissemination of HIV/AIDS information to students as indicated by statistics (83.33%) while the remaining category of teachers with Diploma and ATS and lower category use only interactive and Radio programme. The remaining percentage which is 2(6.67%) represents teachers of lower cadre in secondary school who had not attained degree level. They are either Diploma holders or promoted P1 teachers with ATS status.

The study further established that principles with Masters degree and first degree holders supervise students by applying professionalism like monitoring students record of lesson attendance and teachers record of work as indicated on Table 4.6. (83.33%) represent the number of teachers who apply professionalism in handing the pandemic in secondary schools in Kisumu East District.

The research further established that majority of students in Kisumu East District are negative in participating in school activities with HIV/AIDS like peer counseling (88.23%). This is clear indication that stigma is still an issue to be addressed. This proves that students don't open up to issues regarding HIV/AIDS even when they are affected directly or indirectly.

The research found out that majority of respondents (97.60%) believe that education had not made them see the need to visit VCT to establish their status only a small percentage (2.40%) agreed that education had made them see the need to visit VCT to determine their status Table 4.10.

The study further established that (83.33%) of respondents according to Table 4.11 disagreed that the training was adequate. The big percentage is a clear indication that HIV/AIDS programme in colleges should be evaluated from time to time to make it effective and in line with the curriculum in secondary schools.

The research further established that syllabuses and curriculum were not relevant as indicated by the respondents (70%). This was a clear indication that syllabus and curriculum at colleges should be evaluated and reviewed from time to time to be in tandem with the challenges met by students.

The study examined the resources made available to secondary schools and learnt that 14(93.33%) of the respondents don't receive funds for HIV/AIDS programme. The remaining percentage is insignificant 1(6.67%) according to Table 4.14.

The study learnt that whereas head teachers affirmed having received policy documents from government, 15(100%), 12(80%) heads of departments said they had not received any document from government on HIV/AIDS an indication that what is

happening on the ground is totally different from the real issue. The 3(20%) of the HOD respondents who have received the document is insignificant and cannot make an impact.

5.3 Conclusions

On the basis of the findings of the study, the following conclusions are made on independent variables, intervening variables, moderating variables and dependent variables on the determinants of HIV/AIDS related programme targeting secondary school students in Kisumu East district in Nyanza.

The curriculum evaluation method and mode of delivery should be reviewed and evaluated at college level and secondary level and tailor it towards students understanding to meet the objectives of teaching HIV/AIDS in secondary schools. Currently, most schools in Kisumu East district don't focus on HIV/AIDS hence behavior change among the youth is still wanting. In-service courses tailored on the same should also be intensified to ensure that the current teachers are equipped with the necessary skills in order to equip the youth with the necessary skills.

Method of teaching should be diversified to include separate topics to include those living with HIV/AIDS, life skills, use of VCT services control measures.

Emerging issues on HIV/AIDS- Divisional committees should also be incorporated like career counselors, peer counselors, parents, religious leaders, MOH officers, public health officers, NGO representatives. Co-curriculum activities should be intensified in schools to incorporate AIDS club, drama, debates, discussions, role models guest speakers living with AIDS to enable students not only to see but also to be part of the team fighting the pandemic.

Government and other stakeholders should provide funds. Without funds and resources, it is not possible to make an impact in any case government should come up with relevant policies which should be put in place in secondary schools. Currently school administration should play a leading role in its style of leadership to ensure that the pandemic is fought in all angles. There should be communication flow from top most administration to Heads of Departments and to the students and vice – versa.

5.4 Recommendations

Based on the study's findings, the following recommendations were made;

- a) From the study it was observed that HIV/AIDS Education programme was not treated with the seriousness it deserves. This is because students were still negative and most of them don't come out in open to participate in VCT sessions. They lack the initiative to visit VCT and know their status. Teachers in charge of the department should be more focused at the implementation level and make reports on term basis to ensure that objectives are met.
- b) The time allocated for teaching HIV/AIDS in secondary schools was found to be inadequate. Time allocated should enable the subject to be treated as stand alone with emphasis to bringing out the desired behavior change. The youths in the school should accept the infected and infected so as to learn to leave with the infected and root out stigma which was learnt to be a serious problem in schools.
- c) It was found out that a good number of schools lacked resources set aside for HIV/AIDS programme. A concerted effort is required by both government and relevant stakeholders to provide necessary resources required by schools. This

was discovered to be an impediment in most schools, hence HIV/AIDS programme could not be implemented fully because of resources.

- d) The government should come up with policies on HIV/AIDS in secondary schools to provide the right framework upon which schools should operate not just issuing directions and posters. Government should enact and implement laws which protect the infected and work towards the eradicating stigma associated with the pandemic. The non-governmental organization should also focus on generating activities targeting the HIV/AIDS infected students to make them accept to live with the scourge and realize that HIV/AIDS is just like any other disease like cancer, diabetes, asthma which should be managed by one knowing his/her status and living positively by abstaining and management of the disease just like any other disease.

5.5 Contribution to body of Knowledge

Table 5.1 Contribution to body of knowledge based on the findings

Objectives	Contribution to body of knowledge
Determining the extent to which teacher – training influence implementation of HIV/AIDS programme targeting secondary schools in Kisumu East District	There is direct correlation between the level of education and mode of dissemination in secondary schools
To establish the level at which availability of resources influence implementation of HIV/AIDS programme targeting secondary schools in Kisumu East district	Due to inadequate resources, most schools are impeded hence don't concentrate on HIV/AIDS programmes
To establish the extent to which government policies influence the implementation HIV/AIDS related programme targeting secondary school students in Kisumu East	Lack of proper policy framework to guide teachers on how to handle cases like stigma negative attitude students towards the infected students
To assess the level at which teachers and students influence implementation of HIV/AIDS related programmes in secondary schools in Kisumu East	Student's attitude towards the subject – HIV/AIDS is negative. Students withdrawal they are being taught HIV/AIDS activities

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APPENDICES

APPENDIX A

LETTER OF TRANSMITTAL

ODONGO PATRICK OOKO

P.O. BOX 2599-40100

KISUMU

Dear Respondent,

RE: PERMISSION TO CONDUCT A RESEARCH PROJECT STUDY

My name is **Patrick Ooko Odongo (Reg. L50/64567/2010)** a second year Master of Arts Student in Project Planning and Management at the University of Nairobi. My main reason for writing this letter is to seek for permission to conduct a research project study. I am interested in finding out the determinants of Implementation of HIV/AIDS related programmes targeting Secondary School Students in Kisumu East District Kenya. The information provided to me will be treated with utmost confidentiality and will be used for the purpose of this study only.

In case of any information or clarification, please contact the researcher on mobile number 0720 112004 or 0788 260663.

Thank you very much for your co-operation.

Yours faithfully,

ODONGO PATRICK OOKO

STUDENT UNIVERSITY OF NAIROBI

APPENDIX B
STUDENT'S QUESTIONNAIRE

Introduction

The purpose of this questionnaire is to solicit the perceptions, views, opinions and insights of the students on school programmes and HIV/AIDS related programmes, their attitude on HIV/AIDS related programmes.

Instructions on completion of the questionnaire

Please answer the questions honestly. You are humbly requested to tick (√) in the appropriate bracket or give brief opinion where necessary.

Section A: Demographic characteristics

Demographic Characteristics

1. Gender :

Female Male

2. Where does your age fall?

15 and below 16-25
26-30 35 and above

3. Which form are you?

Form I Form III
Form II Form IV

4. Which type of school are you learning?

Day Boarding Mixed Day/Boarding

5. What is the category of your school?

Boys Girls Mixed

Section B: HIV/AIDS related programmes

1. Are HIV/AIDS lessons taught?

Yes No

If yes, how frequent?

Daily Twice a week Weekly

Thrice a week Four times

2. How many times have you attended HIV/AIDS counseling sessions?

3. Do you agree with the following statements? (Tick where appropriate)

Strongly Agree (5marks) Agree (4marks) Neutral (3marks)

Disagree (2marks) Strongly Disagree (1mark)

HIV/AIDS programmes	SA	A	N	D	SD
Classroom lessons with HIV/AIDS information are enjoyable					
Most students enjoy participating in school activities with HIV/AIDS					
The allocation by schools for HIV/AIDS guidance and counseling is enough					
Students are very supportive to HIV/AIDS students					
Voluntary circumcision is very important in the control of HIV/AIDS					
Schools establish peer counseling groups which handle HIV/AIDS issues among the students					
Schools receive updated HIV/AIDS education programme, teaching and learning resources from relevant authorities					
Teachers make their HIV/AIDS by using resources such as charts, video, magazines etc					

Students Attitudes	SA	A	N	D	SD
Students hate being taught about HIV.AIDS					
Students are very supportive to HIV/AIDS students					
If you are HIV/AIDS positive, would you carry your drugs to school?					
HIV/AIDS education has made students know the importance of visiting VCT to establish their HIV/AIDS status					
Students normally volunteer to help those are living with HIV/AIDS within the school community					
Students have developed life skills that enable them prevent manage the spread of HIV/AIDS among the youth in the community					
HIV/AIDS has brought about behaviour change among the students in secondary schools					
HIV/AIDS education influences students to show compassion and concern towards people infected and affected by HIV/AIDS					

APPENDIX C
H.O.D GUIDANCE AND COUNSELING QUESTIONNAIRE

Introduction

The researcher is interested in what you think, feel and how you participate in implementation of HIV/AIDS programme in school

Instructions on completion of the questionnaire

Please answer all questions honestly as possible. Where required tick (√) in the appropriate bracket or fill in the spaces provided

Section A: Demographic characteristics

1. Gender :

Female Male

2. Age of respondents?

25 and below 36-45

31-35 45 and above

3. What is your highest academic qualification

Secondary certificate

Degree Masters Degree

4. Teaching experience

Below 5 years 6-10 years 11-15 years

16-20 years 21 and above

5. Marital status

Single married polygamous

Married

Section B: Teaching, Training and HIV/AIDS Programmes

Do you agree with the following statements? (Tick where appropriate)

Strongly Agree (5marks) Agree (4marks) Neutral (3marks)

Disagree (2marks) Strongly Disagree (1mark)

HIV/AIDS programmes	SA	A	N	D	SD
HIV/AIDS training was adequately provided in college					
HIV/AIDS syllabus adequately covered core areas					
Integrating HIV/AIDS education in the existing curriculum makes it more meaningful to the students					
Students develop interest in it HIV/AIDS education if it is taught under other subjects					
Teachers spend their overtime preparing teaching resources for HIV/AIDS education lessons					
Teachers spend their over time preparing teaching resources for HIV/AIDS education lessons					
HIV/AIDS syllabus is properly taught and tested to establish behavioral changes among the students					
HIV/AIDS education has made students know the importance of visiting VCT to establish their HIV/AIDS status					
Teachers teach and guide students in matters related to HIV/AIDS prevention among the youth					
Teachers have developed required life skills that enables them prevent and manage the spread of HIV/AIDS among the youth in the community					
Teachers normally volunteer to help those who are living with HIV/AIDS within the school community					
HIV/AIDS is easy to teach as long as teachers are interested in the subject					

6. State the methodology used in dispensation of HIV/AIDS curriculum at college?

Lecture

Interactive teaching

Group discussion

Individualized instructions

Radio programs

Field work

7. Would you say that the method used in dispensation of HIV/AIDS curriculum was effective?

Yes No

If yes, state reasons why?

If no, state reasons why?

8. State methods used for HIV/AIDS sensitization within college environment

radio broadcast

Billboards

Peer counseling

Dramatization

Directives

Any other specify -----

9. Have you attended any in-service training on HIV/AIDS (Tick) where appropriate

Yes No

10. If yes, state the duration/days

1-5 6-10 11-14 15-20

11. In service course you attended has made you effectively handle HIV/AIDS

programmes in school

Yes No

If no, give reasons why -----

Section C: Availability of Resources

1. State the source of funding for HIV/AIDS programmes

- Non governmental organization
- Ministry of Education
- CDF fund
- Co-operate organization
- Ministry of Health
- PTA

Any other (specify)-----

2.How frequent is your school funded?

- Very frequent Frequent
- Rarely never

3.State nature of resources

- Cash Books Audio visual equipments
- Testing kits computers

Any other (specify)-----

4. Do you agree with the following statements. Tick (√) where appropriate

Strongly Agree (5marks) Agree (4marks) Neutral (3marks)

Disagree (2marks) Strongly Disagree (1mark)

	SA	A	N	D	SD
Resources donated home been adequately used					
School HIV/AIDS programme require more resources					
In teaching aids education the following are some of the problems faced by teachers time limitations for HIV/AIDS activities					
Teachers also find problems related to inadequate curriculum material on HIV and AIDs					
Teachers also face a problem associated with lack of space for the HIV and AIDS activities					

Section D: Policy implementation

1. State the nature of HIV/AIDS syllabus policy programme adopted by the school

Policy syllabus

Integrated

Stand alone

Examinable

Extra curriculum

2. Is their any school policy on provision of anti retroviral drugs and adherence to drugs?

Yes

No

If yes, how effective

Very effective

Effective

Less effective

Not effective

3. Do you agree with the following statements?

Strongly Agree (5marks) Agree (4marks) Neutral (3marks)

Disagree (2marks) Strongly Disagree (1mark)

	SA	A	N	D	SD
School rules and regulation do support HIV/AIDS programme					
School polices has done a lot to discourage discrimination and stigmatization of HIV/AIDS victims					

Section E: Attitude and HIV/AIDS related programmes

Do you agree with the following statements (Tick where appropriate)

Strongly Agree (5marks) Agree (4marks) Neutral (3marks)

Disagree (2marks) Strongly Disagree (1mark)

Statement	SA	A	N	D	SD
Teachers are very supportive to HIV/AIDS programmes in schools					
Teachers do support HIV positive students					
When teachers get tested, it is an encouragement for students to be tested					
A good number of students volunteer to be tested					

APPENDIX D

INTERVIEW SCHEDULE FOR HEAD TEACHERS

Introduction

The purpose of this interview is to establish how HODs guidance and counseling implement, and facilitate HIV/AIDS related programmes in secondary schools.

Instructions on completion of the interview schedule

Please indicate the correct option by ticking in bracket provided. For the structured questions, use the space provided.

Section A: Demographic Information

1. Which age bracket do you fall?
20 years 21-30 years
40-49 years above 50 years
2. How long have you served as a Principal?
Below 10 years 10-19 years Over 20 years
3. State your academic qualification
Diploma Degree
Masters PhD

Section B:

1. Do you have HIV/AIDS syllabus in the school? If yes, are they accessed by teachers?
Yes No
2. How do teachers teach HIV/AIDS lessons in class?
Lecture method
Group discussion
Interactive teaching
3. How do you sensitize students on HIV/AIDS pandemic in the school?
Billboards Administration
Peer counseling Directors Dramatization

4. Do you supervise teaching of HIV/AIDS education programme?

Yes No

5. How do you evaluate teaching and learning activities?

Records of works

Students records

Section C: Resources and HIV/AIDS related programmes

1. How do you source for funds for HIV/AIDS?

Church funding

Ministry of Education

CDF fund

Co-operate organization

PTA

Any other specify -----

2. How do you utilize the HIV/AIDS funds?

3. Do you have mechanism for auditing HIV/AIDS funds?

Yes No

4. State the nature of resources required by the school to formulate HIV/AIDS related programmes

5. Are resources provided adequate?

Yes No

If no, why, state reasons-----

Section D: Policy Implementation

1. Have you received any document from the government on HIV/AIDS policy to be adopted by schools?

Yes No

If yes, which documents?-----

2. What is the nature of HIV/AIDS syllabus policy programme adopted by the schools?

Policy syllabus

Integrated

Stand alone

Examinable

Extra curriculum

3. Do schools rules and regulations support HIV/AIDS programme?

Yes No

If yes, explain how-----

4. Do you have school policies which discourage discrimination and stigmatization of HIV/AIDS victims?

Yes No

If yes, explain -----

5. Are their provisions to ensure that students on antiretroviral drugs adhere to drugs?

Yes No

If yes, explain -----

Section E: Attitude and HIV/AIDS related

1. Do you discuss HIV/AIDS pandemic?

Yes No

If yes, explain how-----

2. Have you come across a situation of teachers who treat HIV/AIDS as taboo?

If yes, explain -----

3. Are students counseled and tested for HIV/AIDS?

Yes No

4. If yes, how often are they subjected to counseling and testing?

On tertiary basis Monthly basis yearly basis

5. Who are the people involved in counseling and testing?

VCT Ministry of Health Officers

Teachers and HOD counseling departments

APPENDIX E
RESEARCH AUTHORIZATION LETTERS

REPUBLIC OF KENYA



NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY

Telephone: 254-020-2213471,2241349
254-020-310571,2213123, 2219420
Fax: 254-020-318245,318249
when replying please quote
secretary@ncst.go.ke

P.O. Box 30623-00100
NAIROBI-KENYA
Website: www.ncst.go.ke

Our Ref:

NCST/RCD/14/012/1266

Date:

5th September 2012

Patrick Ooko Odongo
University of Nairobi
P.O.Box 30197-00100
Nairobi.



RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on *“Determinants of implementation of HIV/AIDS related programmes targeting secondary school students in Kisumu East District, Kenya,”* I am pleased to inform you that you have been authorized to undertake research in **Kisumu East District** for a period ending **30th October, 2012**.

You are advised to report to **the District Commissioner and the District Education Officer, Kisumu East District** before embarking on the research project.

On completion of the research, you are expected to submit **two hard copies and one soft copy in pdf** of the research report/thesis to our office.

DR. M. K. RUGUTT, PhD HSC.
DEPUTY COUNCIL SECRETARY

Copy to:

The District Commissioner
The District Education Officer
Kisumu East District.

“The National Council for Science and Technology is Committed to the Promotion of Science and Technology for National Development”.

APPENDIX F



UNIVERSITY OF NAIROBI
COLLEGE OF EDUCATION AND EXTERNAL STUDIES
SCHOOL OF CONTINUING AND DISTANCE EDUCATION
KISUMU CAMPUS

The Secretary
National Council for Science and Technology
P.O Box 30623-00100
NAIROBI, KENYA

27th June 2012

Dear Sir/Madam

RE: ODONGO PATRICK OOKO REG NO: L50/64567/2010 – MASTER OF ARTS IN PROJECT PLANNING AND MANAGEMENT

This is to inform you that Odongo Patrick Ooko named above is a student in the University of Nairobi, College of Education and External Studies, School of Continuing and Distance Education, Kisumu Campus.

The purpose of this letter is to inform you that he has successfully completed his course work and Examinations in the programme; he has developed Research Project Proposal and submitted before the School Board of Examiners which he successfully defended and made corrections as required by the School Board of Examiners.

The research title approved by the School Board of Examiners is: *“Determinants of implementation of HIV/AIDS related programmes targeting secondary school students in Kisumu East District, Kenya”*. The research project is part of the pre-requisite of the course and therefore, we would appreciate if the student is issued with a research permit to enable him collect data and write a report. Research project reflect integration of practice and demonstrate writing skills and publishing ability. It also demonstrates the learners’ readiness to advance knowledge and practice in the world of business.

We hope to receive positive response so that the student can move to the field to collect data as soon as he gets the permit.

Yours Faithfully

A handwritten signature in black ink, appearing to read 'Charles M. Rambo', written over a horizontal line.

Dr. Charles M. Rambo, PhD
RESIDENT LECTURER/CO-ORDINATOR POST-GRADUATE
PROGRAMME – DEPARTMENT OF EXTRA-MURAL STUDIES
UNIVERSITY OF NAIROBI

APPENDIX G

RESEARCH PERMIT


PAGE 2 PAGE 3


Research Permit No. NCST/RCD/14/012/1266
Date of issue **5th September, 2012**
Fee received **KSH. 1,000**

THIS IS TO CERTIFY THAT:
Prof./Dr./Mr./Mrs./Miss/Institution
Patrick Ooko Odongo
of (Address) University of Nairobi
P.O.Box 30197-00100, Nairobi.
has been permitted to conduct research in

Location Kisumu East Nyanza	District Province
--	------------------------------------

on the topic: Determinants of implementation of HIV/AIDS related programmes targeting secondary School students in Kisumu East District, Kenya


Patrick Ooko Odongo
Applicant's
Signature


Secretary
National Council for
Science & Technology

for a period ending: 30th October, 2012.

CONDITIONS

- 1. You must report to the District Commissioner and the District Education Officer of the area before embarking on your research. Failure to do that may lead to the cancellation of your permit**
- 2. Government Officers will not be interviewed with-out prior appointment.**
- 3. No questionnaire will be used unless it has been approved.**
- 4. Excavation, filming and collection of biological specimens are subject to further permission from the relevant Government Ministries.**
- 5. You are required to submit at least two(2)/four(4) bound copies of your final report for Kenyans and non-Kenyans respectively.**
- 6. The Government of Kenya reserves the right to modify the conditions of this permit including its cancellation without notice**

REPUBLIC OF KENYA
RESEARCH CLEARANCE
PERMIT

GPk60553mt10/2011 (CONDITIONS—see back page)