

KAMPALA INTERNATIONAL UNIVERSITY

TITLE



**HEALTH AWARENESS AND EDUCATION AMONG GIRLS: CASE STUDY OF
LELMOKWO ZONE, KOSIRAI DIVISION, NANDI NORTH
DISTRICT OF KENYA**

BY

KENNEDY ONYANGO OKINDA

BED/19986/72/DF

SUPERVISED BY:

REV. ERICH KASIRYE


**A RESEARCH REPORT SUBMITTED TO THE INSTITUTE OF OPEN AND
DISTANCE LEARNING IN PARTIAL FULFILLMENT OF THE
A WARD OF BACHELOR OF EDUCATION OF
KAMPALA INTERNATIONAL UNIVERSITY.**

MAY 2010

DECLARATION

I, KENNEDY ONYANGO OKINDA BED/19986/72/DF

Do declare that the information given in this research report made by myself and has never been presented by any other person for the award of Bachelor of Education.

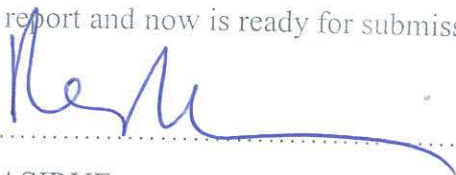
Signature: 

Date: 14/10/2020

APPROVAL

This is to certify that KENNEDY ONYANGO OKINDA BED/19986/72/DF completed her/his research report and now is ready for submission with my approval.

Signed:.....



REV. ERICH KASIRYE

KIU SUPERVISOR

DATE:.....



DEDICATION

This report has been dedicated to my wife Beatrice Akanyi Onyango for her support and inspiration in all my academic endeavors. Most important also to my parents and my children regina oloo Okinda Gerson Omino Okinda, David Wakings sammy Wakings and Denis Otieno and Janet Jamali for their cheer and enlargement during my study at **Kampala International University**

ACKNOWLEDGEMENT

I would like to thank the good Lord for giving me strength and courage to compile this research report. Without God, this research would not have seen the light of the day!

Special thanks go to my supervisor, Rev. Erich Kasirye who was a good mentor and advisor during the compilation of this work. My appreciation also go out to the Administration of Kampala International University for their support during this exercise.

Lastly and most importantly, to my family members and friends who have been close to me and supportive in this noble work all for their enormous support while I studied far from home.

May the Good Lord reward them abundantly.

TABLE OF CONTENTS

DECLARATION.....	i
APPROVAL BY SUPERVISOR.....	ii
DEDICATION.....	iii
ACKNOWLEDGEMENT.....	iv
TABLE OF CONTENTS.....	v
ABBREVIATION.....	vi
DEFINITION.....	vii
ABSTRACT.....	viii
 CHAPTER ONE.....	 1
1.0 INTRODUCTION OF THE STUDY.....	1
1.1 BACKGROUND OF THE STUDY.....	2
1.2 STATEMENT OF THE PROBLEM.....	3
1.3 GENERAL OBJECTIVES.....	4
1.3.1 SPECIFIC OBJECTIVES.....	4
1.3.2 RESEARCH QUESTIONS.....	4
1.4 SIGNIFICANCE OF THE STUDY.....	5
 CHAPTER TWO.....	 6
LITERATURE REVIEW.....	6
2.0 INTRODUCTION.....	6
2.1 THEORETICAL FRAMEWORK SOCIO ECONOMIC STATUS AND KNOWLEDGE OF AIDS.....	7
2.2 ORIGINS , FIRST CASES AND TRANSMISSION OF THE HIV/AIDS.....	8
2.3 HIV/AIDS AND TEENAGE GIRLS.....	9
2.4 SOCIO ECONOMIC IMPACTS OF HIV/AIDS.....	11
2.5 EFFORTS TO CONTROL THE PREVALENCE OF HIV/AIDS.....	12
 CHAPTER THREE.....	 20
RESEARCH METHODOLOGY.....	20

3.0 INTRODUCTION	20
3.1 RESEARCH DESIGN.....	20
3.2 RESEARCH ENVIRONMENT	20
3.3 TARGET POPULATION.....	21
3.4 SAMPLING	21
3.5 RESEARCH INSTRUMENTS , VALIDITY AND RELIABILITY	21
3.6 DATA COLLECTION PRECETURES.....	22
3.7 DATA ANALYSIS.....	23
 CHAPTER FOUR.....	24
DATA PRESENTATION, ANALYSIS, AND INTERPRETATION	24
4.0 INTRODUCTION	24
4.1.1 DISCRPTIONS OF RESPONDENCE.....	24
4.2 THE LEVEL OF AWARENESS OF TRANSMISSION AND PREVENTION OF HIV/AIDS AMONG TEENAGE GIRLS	25
4.3 INVESTIGATING THE LEVEL OF DISCRIMINATION AND SEGREGATION OF PEOPLE INFECTED AND AFFECTED BY HIV/AIDS	28
4.4 ASSESSING THE EFFECTIVENESS OF DIFFERENT ORGANIZATIONS IN FIGHTING HIV/AIDS.....	32
 CHAPTER FIVE	39
5.0 INTRODUCTION	39
5.1 SUMMARY OF FINDINGS	39
5.2 CONCLUSION.....	40
5.3 RECOMMENDATION.....	40
5.4 AREAS OF FURTHER RESEARCH	40
 REFERENCE.....	41
APPENDIX A TRANSMITAL LETTER.....	A
APPENDIX B ACCEPTANCE LETTER.....	B
APPENDIX C QUESTIONAIRE.....	C

LIST OF TABLES

TABLE 4.1	DESCRIPTION OF RESPONDENTS BY AGE	24
TABLE 4.2	DESCRIPTIONS OF RESPONDENTS BY EDUCATIONAL LEVEL	25
TABLE 4.3	THE LEVEL OF AWARENESS OF THE WAYS OF CONTRACTING HIV/AIDS	26
TABLE 4.4	LEVEL OF AWARENESS ABOUT USE OF CONDOMS AS METHOD OF HIV PROTECTION	27
TABLE 4.5	DIFFERENT RESPONSE GIVEN BY DIFFERENT RESPONDENTS ON CAUSES OF DEATH OF AN HIV/AIDS VICTIM	29
TABLE 4.6	SHOWING EMPATHY TO HIV/AIDS VICTIMS	30
TABLE 4.7	DISCLOSE OF CAUSE OF DEATH TO AN HIV/AIDS VICTIMS	30
TABLE 4.8	VISITING HIV/AIDS VICTIMS	31
TABLE 4.9	SHAME ASSOCIATION WITH HIV/AIDS	32
TABLE 4.10	AWARENESS OF PRESENCE OF VCT CENTERS	33
TABLE 4.11	DISTANCE FROM RESPONDENCE HOME TO VCT	33
TABLE 4.12	RESPONDENCE WILLINGNESS TO KNOW THEIR HIV STATUS	34
TABLE 4.13	RATING OF VCT SERVICES	35
TABLE 4.14	DISCUSSING HIV/AIDS AT CHURCH	36
TABLE 4.15	DISCUSSING HIV/AIDS AT SCHOOL	36
TABLE 4.16	DISCUSSING HIV/AIDS ADVOCACY GROUPS	37

ABBREVIATION

AIDS:	Acquired Immune Deficiency Syndrome
CBO:	Community Based Deficiency Virus
HIV:	Human Immune Based Organization
NACC:	National Aids Control
NGO:	Non Governmental Organization
VCT:	Voluntary Counseling and Testing Centers
WHO:	World Health Organization
STD:	Sexual Transmitted Diseases
MOH:	Ministry of Health
MHO:	Ministry of Health Officer

DEFINITION OF TERMS

Awareness : Having knowledge and realization on risk and dangers

Discrimination: This is the reflection of an individual to social or health problems such as AIDS.

Opportunities infection: This parasitic bacterial and fungal infections which take advantage of low immune in the body and cause disease such as coughing diarrhea and many other diseases.

Teenage girls: These girls at adolescent stage between the age of 10 years and 20 years.

Pandemic: These are epidemics which spread widely

Epidemics : are diseases affecting the greatest number of people of communication at certain and moving from place to place.

ABSTRACT:

This study was set to find out the HIV/AIDS awareness in Chelalanga sub - location Cheburbur location, Uasindegishu District Kenya a descriptive survey design, using both quantitative and qualitative data. teenage girls were the main respondents of this study. Convenience sampling was used to select the teenage girls of different ages from 10-20 years respectively who answered the questionnaires. Frequency counts and relative frequency were used to analyze the data from the questionnaires. Tables were used to analyze data.

The findings indicate that 38% of teenage girls had primary level of education and 52% had secondary level which increased the level of HIV/AIDS awareness among the teenage girls. Majority 73% of the respondents are not aware of it. 55% were not aware that use of condoms can prevent / reduce HIV/AIDS infection while 45% were aware that condoms use is one way of preventing and reducing HIV/AIDS infections.

Good number of respondents 40% got to know the cause of death of HIV/AIDS victims through whisper while 23% just suspected while 17% heard it from the patient, showing that HIV/AIDS is still kept in secrecy because of fear of discrimination.

The researcher concluded that even though majority of teenage girls are aware about lack of awareness of importance of VCT centers within their area.

The researcher recommends that all the organizations involved in fighting HIV/AIDS disease should try their best level to reach as many teenage girls as possible.

The government also should make it mandatory for teenage girls and all other people to be tested in hospitals so that they are given treatment early enough before they are extremely sick.

Community should be taught more about HIV/AIDS so as to reduce shame, segregation and general stigma on HIV/AIDS patients.

CHAPTER ONE

BACK GROUND

1.0 Introduction

This chapter attempts to explain the background of the study, the statement of the problem, objective of the study, research questions and the significance of the study.

1.1 Background of the Study.

Pandemics are widespread epidemics. Epidemics are diseases affecting the greatest number of people in communities at certain time and n moving from place to place. The HIV / AIDs fits this definition as it has swept around world wide and recent years has centered on African countries. More so sub-Saharan African countries. More so sub-Saharan countries of Africa. (Willis 2000)

In the years 2000, 189 leaders the world planned for development community known as millennium development goals. The sixth point in the millennium development goals is to reverse the spread of HIV/AIDS malaria and tuberculosis by the year 2015 (Nation 10th Jan 2005)

The then president Honorable Daniel Tortich Arap Moi addressed members of parliament on 25th November 1999 declaring Aids a national disaster and stating AIDS is not just a serious threat to our very existence. AIDS has reduced many families to status of beggars

and leaving children orphans. No family in Africa is left untouched by suffering and death caused by HIV/AIDS lies in the hands of each one of us. (G.O.K 2001)

According to G.O.K (2001) the negative social and economic impact of HIV/AIDS increasingly severe died of HIV /AIDS lack of basic necessities for survival.

On the other hand, traditional extended families care structures are over burdened. HIV/AIDS infection and death strike predominantly among age group expected to be the most economically productive. Valuable workers get sick and die and the household that they support suffer greatly. Labor cost for employers increase due to limited manpower. The impact of AIDS reduced Kenya and of the African countries gross product by 14.5 percent in the next 15 years that is by 2015.

In 1993, National survey revealed 90% of men and women (25-49 years) were aware of sexual transmission of AIDS irrespective of urban rural level of education or province of residence.

However misconception about modes of transmission of HIV/AIDS particularly mosquito bites and kissing was very high (60% of respondents) there is still need to intensive AIDS awareness among young people and people living in rural areas.

1.2 Statement of the problem

UNAIDS, 2000 observed that the AIDS pandemic is a global problem but the figures shows that situation in the sub-Saharan Africa is 75 percent of the worlds AIDS death which have occurred. This is a rough estimate of about 15 million Kenyans have died since there are eleven thousand infections daily. It continues to say that it is quite apparent that the pandemic is on the upward trend. According to figures released to be undertaken if the situation is to be arrested.

The problem of this study is mention in Matooke et-al 2000 that developing countries offer conducive environment for HIV to flourish in Asia and Africa. poverty malnutrition, unemployment, illiteracy lack of infrastructure facilities and basic primary health care system. rural urban migration. poor sanitation. cultural factors such as the low status according to girls and war among the factors. creating favorable setting for the long scale spread knowledge regarding AIDS is also contributing factor to the spread of HIV /AIDS.

Uasingishu district in Kenya is the researchers center of interest because it was featured by African news services 1999. according to them 10% of Uasin gishu District residence are HIV positive as reported by doctor Gideon Toromo the ministry of Health Officer (M.H.O) The Ministry of Health was planning to spend Kshs 6 million on training community workers to care for HIV infected individual.

1.3 Objective of the Study

1.3.1 General Objectives

This study is aimed at determining the HIV awareness among teenage girls living in Chelalang Sub Location.

1.3.2 Specific Objectives

To improve the level of awareness of transmission and prevention of HIV/AIDS among teenage girls in Chelalang Sub – Location.

To investigate the level of discrimination and segregation of the infected of the infected and affected by HIV/AIDS.

To assess the effectiveness of different organizations in fighting the HIV/AIDS in Chelalang Sub – Location.

1.3.3 Research Questions

How is the HIV/ AIDS spread?

How are HIV/AIDS patients treated by other people in the society?

Which are some of the organizations that helps in fighting the HIV/AIDS in our society?

Do the affected/ infected participate in the socio economic activities in our society?

1.4 Significance of the Study

This study hopes to contribute to the health more so to the VCTs by supplement on what already is being done. It was also provide useful knowledge to organizations engaged in HIV/AIDS campaigns.

This is because it threw insight on stigma and discrimination on the infected and affected members of the community. This document was also sensitized the general public so as to help them in reducing stigmatization by changing their attitudes towards the victims and accommodating them in their daily living.

It was also raised their consciousness of the teenage girls infected and affected by making them perceive their ability, capacity and potential positively therefore empowering them accordingly.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter attempts to show about HIV/AIDS pandemic and its health and socio economic implication. Emphasis has been given to the facts about these problems that have risen, its consequence together with their remedies. At the same time, there is review of literature on other literature on other authorities that have postulated concurring views and opinions. The study filled gap that have risen due to different and counter information from different studies. Finally this study took its stand in this debate by giving a conclusive summary about HIV/AIDS pandemics.

2.1 Theoretical Frame work

The knowledge gap hypothesis Majkote et-al 2000. It is logical to assume that better educated people have better access to information about HIV/AIDS how it transmitted and how it can be avoided. Unequal access to information leading to knowledge gap is a phenomenon that is consistent with the idea that knowledge is imperfectly distributed in the population in the developing world, studies and reports have dealt with socio economic status and various aspects related to AIDS Knowledge and perception of AIDS among teenage girls from status families manifest greater misperception about in how HIV/AIDS is contracted, illiteracy among teenagers due to poverty, creates a gap in knowledge about HIV/AIDS.

Teenage girls from poor uncaring parents are vulnerable to people who promise to fulfill their basic needs such as clothing, food and shelter. Such people are sugar Daddies. This is because the teenage girls are economically and emotionally dependent on them. Poor teenage girls are limited in their choice about relationships and their future life as far as relationships and their future life as far as relationships and their future life as far as relationships of the opposite sex is concerned. Concerns regarding money and other basic needs may be more important to the adolescent than worries about AIDS.

Not all teenage girls are at the same level of risk. Economic status of the family and ethnic background of the teenage explain unequal distribution of the disease among the teenage girls. Teenage girls from a family of low socio economic status have low knowledge and perception of risk and high risk behaviors related to AIDS.

Developing countries offer conducive environment for HIV to flourish in Asia and Africa, poverty malnutrition, unemployment, illiteracy health care systems, rural urban migration, poor sanitation and war among other factors create favorable setting for the large scale spread of HIV. The social impediments to safer sex and knowledge regarding AIDS is also prodigious.

2.2 Origin, First Cases and Transmission of HIV/AIDS

In truth, nobody yet knows the origin of HIV infection although there are very many theories purporting to account for it. According to Willis (2000) some of these theories are simplistic and bizarre, others frankly and deeply offensive to various people who are HIV infected. Still other theories have an aim of about them which means that they resurface with a fair degree of regularity. He continues to say in some of the theories that the disease is God's wrath, comet, conspiracy (military weapon) accidental emergencies from contaminated vaccines in central Africa and finally monkey business. The prevalence of HIV in particular countries has led to stigma and unfair stereotype, which has harmed individuals and nations. If only they knew the origin of HIV, it is unlikely. Whatever the origin, HIV/AIDS is here and in need of massive resourcing to reduce and possibly eliminate its effects. Wius (2000) reports that the starting dates anywhere recording the first appearance of HIV/AIDS is not settled and possibly will never be. AIDS cases were brought to notice in the USA in 1981 and in Uganda in 1982. Wealthy Africans seeking treatment in Europe were diagnosed with HIV by Belgian and French doctors. Such cases had been observed in the general population in East Africa were thought to be suffering from "Slimi's disease" a condition in which the immune system was impaired and there is fairly rapid weight loss.

UNAIDS (1996) says that in Kenya, AIDS was reported in 1984. However, retrospective clinical studies show an increase in frequency of HIV related disease between late 1970 and early 1980. At this point in Kenya, there was a general scene that HIV/AIDS was

not a serious problem for the country. It was assumed that HIV would only spread with in small population and it was often sectionalized by the press for example on 15th and 18th of January 1998 respectively. The standard Newspaper headlines referred to the “Kakamega” national AIDS/STD control programme was formed in 1987 which together with Kenya Red cross and Red Crescent society on behalf of ministry of health initiated on HIV/AIDS awareness campaign.

UNAIDS 1996 says that major modes of transmission of HIV in Kenya is through sexual relationship. It has assumed that HIV was not a threat to the country.

However according to Willis (2002), HIV infections is through homosexual, heterosexual with infected partners, the use of contact with contaminated blood either accidentally acquired or through sharing of needles in drug taking or transmission from mothers to baby during birth and breastfeeding.

2.3 HIV/AIDS and Teenage Girls

UNAIDS (1996) observes that the HIV/AIDS affect young, sexually active teenagers between 12-20 years. Both boys and girls become infected in similar numbers reflecting the biological and social vulnerability of teenage girls plot (2004) says that the number of teenage girls. The teenage girls now account for about half of all the people living with HIV world wide. This caused by poverty abuse, violence lack of information, being lured by old men (sugar daddy's) and men having several concurrent sexual relationship with many young girls in against network of infection. WILL(2000) reports

that teenage girls are seen as disadvantaged in many areas of life. Sadly, this also reflect in the clinical statistics surrounding HIV and AIDS, particularly in developing countries. In spite of the statistics from researchers pointing out that much has been made of the spread of AIDS by sex – workers in various African countries a large, a large number of teenage girls infected have many sexual partners.

Cravero (2005) observed that in analysis of centre for disease control studies report that there has been a dramatic increase in teenage girls engaging in premarital sexual intercourse and increase in rape especially gang rape have become exceedingly unpleasant ways of spreading HIV infection in Africa context.

World AIDS Day (2004) called on teenage girls to make a difference to the HIV/AIDS epidemics. This is referred to as AIDS ACTION. About 300 notes that HIV/AIDS has an impact on the teenage girls lives not just through infections of teenagers themselves and possible loss of health and status but also through loss of partners and family members.

UNAIDS (2000) on the other hand says that it is so important to work with teenager to prevent the spread of HIV in over teenage girls in social and sexual situation and relationships. This has resulted in many creative HIV projects with teenagers.

2.3 Socio-economic impacts of HIV/AIDS

UNAIDS (1996) observed that regardless of who within the family falls sick, the impact of HIV/AIDS on social economic status of the household will be felt. When AIDS related illness arises within the family employed household members are forced to take time off to be nursed or to nurse the sick member. Family income is threatened and savings are reduced to pay medical expenses. Surviving family members will face decreased family income particularly upon the death of the primary income earner of the family. (Family bread winner)

According to Walker 1994, teenagers are the future leaders of the nation and entire nation depends fully on them because they are productive people in the society both in the farm and office work mechanics and continuation of generation (procreation)

When a teenager dies, the family members are not the only people grieving at the loss of the teenager but the whole nation will be grieving because they have lost their future leader of the nation.

UNAIDS (1996) adds that since HIV/AIDS primarily affected teenagers, within their most emotional active age ranging from 10 to 20 years these AIDS related impacts could be substantial.

Their effects can be grouped into categories as follows.

Reduction in investment and savings due to high health care expenditure.

Reduction of family members due to loss of family member.

Stigmatization of infected person, family members and community as a whole

According to Walker (1994) HIV/AIDS infected individuals become weak physically therefore causing drop in productivity and thus shortage of food leading to malnutrition and hunger. HIV affected individuals who are often affected by hunger and other opportunistic diseases, leading to death.

UNAIDS 1994 observed that the AIDS pandemic by virtue of its magnitude constitutes a threat to humanity that its spread is affecting all societies that it is hindering social and economic development.

In particular of the most affected countries and increasing disparities within and between countries, that poverty and discrimination are contributing factors to the spread of the HIV/AIDS and that the disease inflicts damage on families and communities without distinction but that teenage girls are becoming infected at an increasing alarming rate.

2.5 Efforts to Control the Spread of HIV/AIDS

Although there has been no cure for HIV/AIDS therapies are available which reduce viral load. This has greatly helped in that people living with HIV/AIDS live longer. The only challenge is to make them affordable to everyone. Early treatment prevents damage to the body caused by high and prolonged viral loads. That is why for long term patients, some doctors prefer to step up the treatment gradually starting with dual drug therapy.

However, this is only one part of the picture and where HIV services are under utilized. Therefore this research was identify the full range factors that influence decisions to take HIV test and to recommend how to overcome resistance (Ibid 2000) ~

According to females et al (2000) in his assessment on HIV testing of teenagers receiving treatment and care in the public health centers found that testing is related knowledge about vertical transmission, perceived provider endorsement of testing and social support. Teenagers who decline testing said they did so because they did not perceive themselves to be at risk for HIV or they faced administrative difficulties with some aspects of testing process example scheduling, limited availability of pre-test councilors, voluntary , confidential counseling and testing for HIV can be expanded and promoted, but the most worrying barrier is that people might not perceive themselves to be at risk. (AIDS ACTION 1994)

On the other hand, Royce (2001) have shown that there should also be supervision of quality of counseling services. The counseling must be adopted to the local situations without over whelming staff and compromising other services. Additional requirements and training needs should be identified.

However Royce et - al (2001) in their study to determine the rates of prenatal HIV testing of the teenage girls and investigating barriers to testing found out that over all 89.9% of pregnant teenage girls reported being offered testing and about 69.6% reported being

tested proportion of teenage girls not offered testing differed by location (range of 5.2% of 16.3%) as did proportion not tested (range 12.2% to 54.4%) studies done showed that in screening and counseling process the diagnosis of HIV infection in teenage girls constitutes a challenge for the current health care systems. Example the coverage of delivery in health institutions in the participating countries varies from 40% to 90% and pre-natal care shows a low percentage of teenagers that goes early during their pregnancies to consult a doctor (UNICEF 1988). Among the problems faced with voluntary counseling the testing is that the centers could be too far and especially if there is no communication transport thus making it expensive or hindrance to HIV testing. Some may perceive the poor quality of services articulated as barrier inform of time taken to give results, confidentiality and secrecy in handling results (Nuwaga et al 2002).

In recent analysis of the 1998 US national Health interview survey it was found that failure to have had a HIV test was associated with 18 and 19 years old who feared the positive results of the tests. Also lower educational status was also associated with decreased likelihood of HIV testing in Northan Thailand (Vermund et al 2002).

In some other parts, girls can encounter a lot of resistance or lack of support from the partner for example some forced marriages, sex, or violence has some how influenced the mothers in giving consent for HIV testing and thus become a major barrier millions of teenage girls around the world face two great threats to their health and well being. HIV/AIDS and violence by an intimate partner. In recent years, researchers have

investigated how these two global epidemics overlap in teenagers' lives. The strongest association between the role that violence and threat play in limiting teenage girls' ability to negotiate for safer sex with partner. A similar fear of violence discourages teenage girls who receive VCT at prenatal from telling their boyfriends about results (Horizon 2001).

According to Durban (2000), in his study, shows that decision to test was based on the social meaning ascribed to HIV testing by an individual and communities. This can be a significant barrier to getting tested and disclosing results because it can imply that there is lack of trust in one's partner's own risk sexual behavior and lack of faith in the partnership. Most respondents found it difficult to discuss HIV testing with partners without threatening their relationship. There are also many structural and economic issues that impede access to HIV testing.

(UNAIDS 201) says that teenage girls' decision to test often led to a battle with her boyfriend. This leads to a battle with her boyfriend. This leads to fear of losing her boyfriend.

However, according to Fernandez et al (2000) acceptance rates can be increased when teenage girls understand the modes of vertical transmission and role of medication regimen in preventing transmission, a belief that prenatal identification of HIV can promote the health of mother and child.

Katz(2000) in his study describe the experience of screening for HIV in pregnancy from the perspective of pregnant teenage girls where there were 32 participants (pregnant teenage girls) who ranged in age from 16 – 20 years were interviewed , 21 consented screening and 11 declined. Results of the thirty two women who shared their thoughts and feelings all differed in their recollection and opinions. The analysis of the interviews yielded six themes. The teenagers described being offered the screening test, how they made the decision to be tested or not and how they felt while waiting for the results were communicating to them and how they felt on learning the results of the tests. Finally the teenagers clarified their thoughts on the way screening was offered. The conclusion was that nurses must be respectful of teenagers decisions and recognize the problem where in screening. Knowledge of the HIV status can help to reduce transmission. Failure to undergo a HIV test can lead to delayed diagnosis and treatment of life threatening illness and lack of awareness of infections risk on part of an infected individuals with serious consequences for an individual and the society. Possible negative outcomes from HIV testing without adequate counseling and testing services might include coercion, stigma, discrimination and even teenage suicide key service issues are access, affordability, privacy confidentiality and convenience in several countries including in the Southern Africa region, there is an increased interest and debate concerning AIDS as a disease that should be reportable to health authorities which on voluntary testing and counseling and related issues. The act of testing can represent an important step in a young person's emotional and psychological development.

UNADS(1996) observes that the vulnerability of teenage girls exacerbated by historical trends which have removed men from their family for lengthy periods of time, increased the acceptability of men and sanctioned the behaviors of older men use their wealth and prestige to seek sex with teenage girls and young women. For married young women of age two years their and vulnerability to HIB repress an added dimension to a long term situation of inequality and discrimination. Few Kenyans believe that their husbands will not have other sexual partners, yet it has been common. For men to blame women for unwanted pregnancies STDs and AIDS.

Willis (2002) says that teenage girls in central and Eastern Africa are more like to have sexual intercourse before the age of 15 years and to marry older men as compared with similar aged girls west Africa. This may be due to older men seeking young girls in the belief that they are less likely to have HIV. Unfortunately, the girls concerned often pay for their early indulgence or marriage by contracting HIV from men and are in turn likely to transmit the HIV to their won babies. One of the greatest risk factor for HIV infection that these young women face is that 40% of the men over 35 years of age carry HIV , for whatever reason, in one region in Uganda around 50% of 10 to 20 years old and girls are infected 40% more than male in the same area.

According to Kenda (2005) with the rural teenage girls faced with numerous home chores like taking care of children nursing the sick in the family farming and daily provision of food, she is left with no time to participate in sensitization campaigns. These nursing

HIV/AIDS patients are at great risk of infection due to their ignorance and lack of information on transmission.

Cravero (2005) submits that poverty ignorance and violence increase the vulnerability of teenage girls to HIV/AIDS. In addition, were(2004) observes that biologically teenage girls are more vulnerable to sexually transmitted diseases/ infections than the men and boys. But more importantly socio cultural factors in its cruelty, are fueling the spread of on to men. For example old men are sexually exploiting teenage girls and infecting them. These old men do not realize that their young women/ teenage girlfriends will soon infect their sons with feminization of poverty, the majority of the very poor are women even as they carry the burden of orphans and giving care to those sick of AIDS. Poverty on the other hand, further fuels the spread of HIV infection among the very poor women in their families.

All the above critical issues how that HIV/AIDS awareness among teenage girls is the key. The important points to remember in awareness are:

That HIV/AIDS is real and is here with the rural just as in the urban areas.

It should also be known that any body can get HIV/AIDS irrespective of age and status.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 introduction

This chapter explains research design, research environment, target population, sampling data analysis.

3.0 Research design

The research employed survey study in carrying out the investigations. Data for this study was collected from primary source. The researcher took a sample population of teenage girls in Lelmokwo sub location context and administrates questionnaire using stratified random sampling. This was done by dividing the sub location into three villages and distributes the questionnaires in persons. In this way the researcher collected, data, code and tabulate it. For those who requested to main with the questionnaires, the researcher picked the questionnaires from Kibowa Primary school where the respondent took on the agreed data with the researcher

3.2 Research environment.

The study area for this research is the whole Lelmokwo sub location. The distance from the researcher's home to the school where the researcher met the teenage girls is about three kilometers which is about half an hour walk. The researcher allocated two hours for the answeri9ng of questionnaires by the teenagers who had nit answered.

The sub location it self is situated in the center of Kisocai Division district Nandi North district is one of the seventeen districts of the rift valley province and its headquarters is kapiyet. The main area is one of the rural centers of Nandi North .There is electrification and running water. It has health center; it has two public primary schools and one private primary school, one public secondary school.

The area is not stricken by shortage of food and because the rains are sufficient in the area

3.3 Target population

The researcher targeted on teenage girls living in three villages of Lelmokwo sub location. These villages are Itigo, Kiboswa, and Lelmokwo respectively.

3.4 sampling

Random sampling method was used in selecting questionnaires. The random method used by the researcher to select 60 teenage girls in according to their age 20 from each of the three villages of the sub location. The teenagers were expected to answer and give the questionnaires to the researcher immediately.

3.5 Researcher instruments, validity and reliability

The researcher used questionnaires carrying out her research project. A pilot study was carried out prior to the main study to assess the reliability and accuracy of the tools and the feasibility of the whole study.

In the rural areas, some respondents were not be able to read or understand thus lack of confidence in answering the questions. The researcher was ready to assist the respondent understand and over come lack of confidence and answer the questions with confidence.

3.5 Data collection procedures

The most workable method used on this research was governed by the following.

The researcher took time to acquaint herself with HIV/AIDS in general and the purpose of the study. The researcher tried to understand the questions so as to be able to translate in Kiswahili or vernacular without any problem.

Logistics were also necessary this include the techniques and strategies that were used to collect the data. These include unforeseen circumstances that impact on the research negatives. Some of the expected problems were as follows.

The researcher had to use a bicycle means of transport to cover all the three villages of the sub location due to bad weather; it took longer time than anticipated. Some respondents can simply requested to go with the questionnaires and did not return them and forced the researcher to go and look for them again. Others took long in consultation and forced researcher to wait for longer.

In addition, finance was also necessary to carry out the research. The typing and printing of questionnaires were the highest cost. The researcher minimized cost by using

structured questionnaires and avoid postage costs by administering in person and collecting questionnaires on the system after they had been responded to.

3.6 Data analysis

To ensure that the objectives of the study are captured fully, all major variables were analyzed on the basis of issue pertaining to awareness of transmission, spread and prevention of HIV/AIDS among teenage girls and social consideration as they emerge from the area in question. The data collected was analyzed using numbers and descriptive statistics and presented using tables as given from research findings.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION.

4.0 Introduction

This chapter shows the data presentation, their analysis and interpretation. It shows the description of respondents, the level of awareness of transmission and prevention of HIV/AIDS among teenage girls at Chelalang Sub- location, the level of discrimination and segregation of the infected and affected by HIV/AIDS, the effectiveness of different organizations in fighting HIV/AIDS in Chelalang sub - location.

4.1 Description of respondents

This section shows description of respondents used in this study. Their age, level of education and employment. The population of respondents used was 60 in number and they were of different ages. Table 4.1 shows descriptions by respondent by age.

Table 4.1: Description of respondents by age

Age bracket	No. of Respondents	Percentage
10-12	13	21
13-15	15	25
16-18	20	30
19-20	12	20
TOTAL	60	100

According to table 4.1, the respondents who turned up in large number of age of 16-18 years, they were (30%) more than other. The respondents of age 19-20 years were

fewer than the other respondents(20%). As per table 4.1 , the turning up was good this is because the respondents were willing and ready to participate in responding to the questionnaires and that they knew the researcher very well.

Concerning the level of education, the school going respondents were more than those out of school. They were 90% while those out of school were very few (10%).

Table 4.1 Description of respondents by their educational level

Level of education	No. of Respondents	Percentage
None	0	0
Primary	31	38
Secondary	23	52
Tertiary	6	10
TOTAL	60	100

According to table 4.2, majority of the respondents (52%) had secondary level of education. they were more than other respondent's those out of school were few (10%) in number. This shows that there is relationship between education and level of knowledge of HIV due to literacy level.

4.2 The level of awareness of transmission and prevention of HIV/AIDS among teenage girls.

The researcher wanted to know if the respondents were aware of different ways in which one acquires, HIV/AIDS spread were identified, to which respondents had to react showing their awareness on each. Table 4.3 summaries their responses.

Table4.3: The level of awareness of the ways of contracting HIV/AIDS

Ways of HIV contraction	Responses		Total
	Yes	No	
Mosquitoes bite	10 (16%)	48% (80%0	58(96%)
Donated blood	37 (62%)	23 (38%)	60(100%)
Sharing public toilets	9 (15%)	52(85%)	60(100%)
Sharing utensils	8(135)	51(85%)	59(100%)
Marital partner	44(73%)	16(27%)	60(100%)

According to table 4.3majorities(73%) of respondents seemed to be aware that HIV/AIDS can be contracted through marital partner.

But 27% are not aware of it. results also indicate that 85%of the respondents are not aware that HIV/AIDS can be acquired through sharing public toilets and intentions.

It also indicated that (80%) of the respondents are not aware that HIV/AIDS can be spread via mosquito bite. However(62%) showed that donating blood spread HIV/AIDS while(38%) are not aware of this fact.

Table 4.3results therefore indicate a high level of awareness showed that they are at least aware of it to a certain level. (62%) and (735) respectively. However, it also implies that there are some few teenage girls who are aware of the fact that HIV/AIDS can be contracted through donating blood and marital partner (38%) and (27%) respectively

However, it also implies that there are some few teenage girls who are not aware of the fact that HIV can be contracted through donating blood and marital partner (38%) and (27%) respectively.

This means that those few girls are at high risk of acquiring HIV since they are unaware of the ways through which they can acquire it. Since they are not aware therefore cannot avoid such ways. This general fact (that some girls are at a risk of acquiring HIV) is also indicated by certain number of teenage girls who are not HIV is not spread through mosquito, sharing public toilets and utensils (81%, 15% and 13% respectively) so in general, majority of respondents showed a high awareness about ways through which HIV can be acquired and showed no to ways like mosquito bites and sharing public toilets and utensils, as ways of acquiring HIV.

Teenage awareness about HIV was also tested by checking their level of awareness about the methods of controlling HIV spread.

In this case, the researcher wanted to disclose whether this girls have knowledge of some methods used to control prevent HIV. A number of such methods were identified like use of condoms, abstinence, faithfulness etc. the researcher for example sought girls' awareness about the use of condoms and they showed the results as in table 4.4

Table 4.4: Level of awareness about condom use as a method of HIV protection

Condom awareness	Absolute frequency	Relative frequency
Yes	27	45
No	33	55
TOTAL	60	100

About awareness of the use of condoms to reduce HIV/AIDS infections, majority of the respondents(55%) were not aware that use of condoms can prevent or reduce HIV/aids infections.

The rest(45%) were aware that condoms use is one way of preventing and reducing HIV/AIDS infections. This shows that girls in rural area do not use condoms and hence need to be taught a lot about the advantages/ importance of using condoms as a way of preventing and reducing HIV/AIDS infections.

4.3 Investigating of the level of description and segregation of the infected and affected by HIV/AIDS

The researcher wanted to find out if those people affected and infected by HIV/AIDS were discriminated and segregated by the society and as a result, she came up with the answer so as to help her find about discrimination and segregation of HIV/AIDS victims was known during the funeral, if HIV victims were shown empathy by members of the society, if the cause of their death of an HIV/AIDS victim was disclosed during funeral, if people visited HIV/AIDS victims freely in their homes or hospitals without fear of being infected and shame associated with HIV/AIDS victims.

Concerning knowing the causes of the death during funeral of an HIV/AIDS victim, the researcher gave out different options which would help guide the respondent how they found out the cause of death of an HIV/AIDS victim. Some of these options were from patients just suspect. The respondent gave different response most of the respondents heard it from whisper.

Table 4.5: knowing the cause of death of an HIV/AIDS victim during funeral

Response	No. of Respondents	Percentage of respondents
Whisper	24	40
Family member	12	20
From member	10	17
Just suspect	14	23
TOTAL	60	100

According to table 4.5, good number of respondents(40%) got to know the causes of death of HIV/AIDS victims through whisper while 20% got to know from family members , 23% jut suspected and the least (17%) heard it from the patient

This results shows how HIV/AIDS is still kept in secrecy, most victims do not disclose their status because of fear of discrimination.

The study also sought to find out from the respondents if they identified themselves with HIV/aids victims by having attended a funeral. Majority (20%) have never attended. Table4.6. shows response of different respondents.

Table 4.6: Showing empathy to HIV/AIDS victims

Response	No. of Respondents	Percentage of respondents
Yes	48	80
No	12	20
Missing	0	0
TOTAL	60	100

According to table 4.6 (80%) of people who have attended funeral of people who died of HIV/AIDS indicate how majority of the society do sympathize with the family of HIV AIDS related deaths- by attending funeral, they are able to console the bereaved family and assist with funeral arrangements among other things.

The researcher also aimed at knowing whether those who got a chance to talk or give speeches during funerals of those who died of HIV related illness were bold enough to talk of AIDS as the cause of death. small percentages (23%) of the respondents have heard that, while majority (77%) have never heard it being talked freely of the cause of death being AIDS related.

Table 4.7: Disclose of the cause of an HIV/AIDS victim

Response	No. of Respondents	Percentage
Yes	14	23
No	46	77
Missing	0	0
TOTAL	60	100

Table 4.7 shows that people still feel ashamed to discuss cause of death as HIV/AIDS related in funerals. HIV/AIDS is still associated with immorality and that people don't want to disrespect the deceased to his/her family by mentioning HIV/AIDS. If the deceased left a spouse, they don't want to scare him/her concerning HIV/AIDS.

The researcher also sought to know the relationship between the sick and other members of the society found out that 87% would freely visit a sick person in hospital suffering from HIV/AIDS related illness. The remaining 23% were not willing to visit HIV/AIDS related partners in hospital as shown in table 4.8.

Table 4.8; Visiting HIV/AIDS victims

Response	No. of respondents	Percentage
Yes	52	87
No	8	13
Missing	0	0
Total	60	100

According to table 4.8, it is clear indication that people understood that by mingling with HIV/AIDS, patients would not cause them to get infected and that they can help them morally by visiting them in hospital.

The researcher also sought to find out the attitudes of the respondents towards HIV/AIDS victims by asking them if they would discuss the condition with those close to the patient. Majority (55%) of the respondents would not discuss freely while (45%) would

be free to discuss the same associated with HIV/AIDS. Table 4.9 shows the respondents of different respondents.

Table 4.9: shame association with HIV/AIDS.

Response	No. of Respondents	Percentage
Yes	27	45
No	33	55
Missing	0	0
TOTAL	60	100

The findings in table4.9 shows that people still believe that HIV/AIDS is a shameful disease and thus they don't want to discuss it in this case many people still handle it with a lot of secrecy

4.4 Assessing the effectiveness of different organization in fighting HIV/AIDS

The researcher wanted to find out the effectiveness of different organizations fighting HIV/AIDS. Examples of these organizations are (V.C.T) Voluntary Counseling and Testing centre, homes, churches , schools and local groups.

To start with, the researcher wanted to find out if the teenage girls were aware of VCT's around them. Table 4.10 illustrate this results.

Table 4.10: Awareness of presence of VCT centres

Response	No. of respondents	Percentage
Yes	27	45
No.	33	55
Missing	0	0
Total	60	100

According to table 4.10, it showed that there is still a lot to be done in order to create awareness among teenage girls who are not aware of VCT centre around them.

Out of the 27 teenagers who knew of a VCT around them, the researcher tried to find out the distance from their homes to the VCT centres. She found that most of them (45%) lived 5-6 km away from the VCT centre, some respondents (22%) lived 3-4 km away from the VCT centre. Table 4.11 shows this information.

Table 4.11: Distance from the respondent's home to VCT centre

Distance (km)	No. of respondents	Percentage
0 – 2	9	33
3 – 4	6	22
5 – 6	12	45
More than 6		
Total	27	100

According to table 4.11, it shows that the diversity of respondents was due to the area/region lived in the sub-location. Some were more close to the district headquarters while others were far away depending on geographical location.

The researcher further sought to find out respondents willingness to know their HIV status surprisingly, (67%) had never thought of knowing their status. A small number (33%) had visited a VCT. This is shown in the table 4.12.

Table 4.12: Respondents willingness to know their HIV status

Response	No. of respondents	Percentage
Yes	20	33
No	40	67
Missing	0	0
Total	60	100

The response of table 4.12 shows that many of the respondents don't think of knowing their status as an important issue. The ones who have attended a VCT did not do that voluntarily but they did so because of pressure from their partners or during antenatal clinic visits. There is thus a need to sensitize people on the goodness do testing for HIV/AIDS status.

The researcher also wanted to know more about the services offered in VCT centres from know if the services the respondents received were very good, average, poor, very poor and she got different responses from different respondents as shown in table 4.13.

Table 4.13,* Rating of VCT services

Rating	No. of respondents	Percentage
Very good	10	50
Good	8	40
Average	2	10
Poor	0	0
Very poor	0	0
Total	20	100

According to table 4.13, majority of the respondents (50%) recommended the service to be very good (40%) said that the services were good and few of them (10%) recommended the services to be average. this shows them that although the VCT services are above, majority of the respondents do not bother to utilize this services for their own good.

The researcher also tried to find out further if HIV/AIDS is discussed freely at home. The respondents gave different response as shown in table 4.14.

Table 4.14:Discussing HIV/AIDS at home

Response	No. of respondents	Percentage
Yes	37	62
No.	23	38
Missing	0	0
Total	60	100

According to table 4.14, majority of the respondents (62%) discussed HIV/AIDS at their homes and the remaining (38%) who did not discuss HIV/AIDS at their home represent the population of those who are still not attempting to fight the HIV/AIDS by discussing it at the most basic unit of institution.

The researcher also wanted to know if local religion organizations were involved in the HIV/AIDS awareness campaign. The respondents gave different responses as shown in table 4.15.

Table 4.15: Discussing HIV/AIDS at church

Response	No. of respondents	Percentages
Yes	39	65
No	21	35
Missing	0	0
Total	60	100

According to table 4.15, majority (65%) of the respondents discussed HIV/AIDS freely. There is a fraction of (35%) who did not discuss HIV/AIDS and therefore church leaders still need to be taught more about HIV/AIDS matters so as to help much in fighting HIV/AIDS diseases because these are people very close and socialize a lot with many people.

The researcher went further to find out whether the current curriculum in primary and secondary schools have helped in giving the girls a good knowledge of HIV/AIDS encouraging, she found out that majority of the respondents (70%) respondents that HIV/AIDS is discussed at school. Table 4.16 shows this information.

Table 4.16, Discussing HIV/AIDS at school.

Response	No. of respondents	Percentage
Yes	42	70
No	18	30
Missing	0	0
Total	60	100

According to table 4.16, (70%) of the respondents have learnt about HIV/AIDS at school. This is very encouraging because the curriculum in secondary and primary have helped a lot. The remaining (30%) of the respondents who have no idea of HIV/AIDS discussions at school can be attributed to their age. They passed through education system before the introduction of HIV/AIDS education. The researcher also sought to know if there are advocacy groups concerned with HIV/AIDS awareness.

Majority (75%) of the respondents did not know of any HIV/AIDS advocacy group. The remaining (25%) of the respondents responded positively referring to a local church, youth groups that did some advocacy some years back.

This statistics are summarized in the table 4.17

Table 4.17, HIV / AIDS advocacy groups

Response	No. of respondents	Percentage
Yes	15	25
No	45	75
Missing	0	0
Total	60	100

According to table advocacy groups needed to be awakened to mobilize more campaigns on awareness and prevention measures of HIV/AIDS. Advocacy groups can further pressure th government or NGO's to provide free ARV, provide VCT services and promote their use.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.0 INTRODUCTION

This chapter shows the summary of findings, conclusions and recommendation. It also shows the area of further research.

5.1. Summary of findings

All of the respondents were young and is in the bracket of 10 – 20 years who are at the peak of sexual and child bearing ages. A small number of respondents (6%) were out of school but majority (80%) were still secondary and primary students. A high percentage of respondents(75%) are aware of modes of transmission and prevention of HIV/AIDS. However, majority of them (55%) did not believe that condoms help in preventing infections of HIV/AIDS. HIV/AIDS is still kept in secrecy, though majority(60%) have known that someone has died of HIV/AIDS, they found out through rumors and even those who attended such funerals, they have not heard it announced publicly that the deceased died of HIV/AIDS related causes. The majority (67%) of teenage girls are not aware of the importance of organizations which help in fighting HIV/AIDS for example VCT centers. However, HIV/AIDS is discussed at home, churches and schools.

5.2 Conclusion

In conclusion therefore, high percentage of respondents(75%) are aware of mode of transmission and prevention of HIV/AIDS. However, HIV/AIDS is still kept in secrecy hence majority (60%) have known that someone has died of HIV/AIDS through rumors.

The majority (67%) of teenage girls have never visited VCT centre. However, HIV/AIDS is discussed at home, churches and schools freely without fear.

5.3 Recommendation

Although majority of the respondents (75%) are aware of HIV/AIDS, there is still great need to educate the public on the difference between HIV/AIDS infection and suffering from HIV/AIDS related illness.

HIV/AIDS is still kept in secrecy and therefore the government should introduce legislation to make it mandatory to disclose the cause of death as HIV/AIDS by using government administration such as chiefs to announce to the gathering the cause of death of deceased.

Although HIV/AIDS is discussed at home, churches and schools freely, there is still need to create awareness among teenage girls about the presence of VCT centres within their home area and the importance of the VCT centre.

5.4. Area of further research

More research should be done on teenage boys awareness of HIV/AIDS management.

REFERENCES

- G.O.K (2000) "The Kenya National HIV/AIDS Strategy 2000 – 2005" The Nairobi Government Printer.
- GOK (1997) "AIDS in Kenya" Session paper No. 4 of 1997 Nairobi, the Government Printer.
- Kendla, J (2000), "The Church and AIDS in Kenya" The standard Tuesday 8th March 2005.
- Cravero K. (2005) World Women's Day in the Standard Tuesday 8th March 2005.
- Willis. R. (2002) The AIDS Pandemic New York. The standard press LTD.
- Walker, B. (1994) Women and Emergency UK OXFAM International.
- Were M. "World AIDS Day, Girls HIV/AIDS" In the Daily Nation. Wednesday 1st Dec. 2004.
- UNAIDS (1999) "Great involvement of people living with or affected by HIV/AIDS 1999" General Switzerland.
- USAID (1996) AIDS in Kenya: New York, Health International / AIDS.
- UNICEF (1998) The progress of Nations New York ; UNICEF.
- Katz A. (2000) HIV screening in pregnancy: what women think: journal of obstetrics: Gynecologic and neonatal nursing VOL. 30.

Can condoms help in reducing the chance of HIV/ AIDS infection? Yes No.

Is there cure for HIV/AIDS? Yes No.

Can a person get HIV/AIDS from handling blood while in child birth? Yes No.

Which is the most reliable means of protection against AIDS Abstinence?

Being faithful to one partner

Using condom

Others specify

SECTION C. Social interaction

9. Do you know any one who has died of HIV /AIDS? Yes No.

10. How did you find out that the person died of HIV/AIDS?

Heard it from the patients

Just suspected

11. Have you ever attended a funeral of a person said to have died of AIDS? Yes No.

12. Have you ever heard of it talked freely the cause of death being HIV/AIDS in a funeral. Yes No.

13. If some one you know is sick and dying of HIV/AIDS in hospital, would you freely visit the person. Yes No.

14. If you visit such a person in hospital (AIDS) patient) would you be free to discuss their condition with other close to the patient?

SECTION D: Different organizations and government.

15. Do you know of any voluntary counseling and testing centre close to you?

16. If yes, what is the distance of the VCT from your home?

0-2km

APPEDIX QUESTIONNAIRES FOR TEENAGE GIRLS

Questionnaires

ALL information is confidential

Please answer all the questions confidently

PART ONE: PERSONAL DETAILS

1. In what age bracket are you?

10 – 13

14- 17

18-20

2. What is your level of education?

Primary

Secondary

Tertiary

None

SECTION B:

AIDS KNOWLEDGE AND PREVENTION

Can a person get HIV/ AIDS through any of the following (tick) being bitten by mosquitoes or other insects.

Yes No

From donating blood

Yes No

From using public toilets

Yes No

From sharing / using same utensils

Yes No

Can a person get HIV/AIDS from a marital partner? Yes No

3-4km

5-6km

Others specify

17. Have you visited a VCT or any other voluntary testing services Yes No.

18. If yes, how do you rate the services you received?

Very good

Good

Average

Very poor

Any other recommendation

19. Is HIV/AIDS discussed freely at your home? Yes No.

20. Do leaders of your local church teach about HIV/AIDS freely at church? Yes No

21. Are there any time in school when HIV/AIDS is taught? Yes No.

22. Do you know of an organization or a local group in his sub-location which advocates for HIV/AIDS awareness? Yes No.