

EFFECTS OF HIV/AIDS AMONG SECONDARY YOUTHS IN GUCHA DISTRICT,
NYACHEKI DIVISION, NYANZA
PROVINCE, KENYA.

BY

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DECLARATION

I Yunes Itira do hereby declare to the best of my knowledge that this graduation project was my original work and that it has never been submitted to any university of any other institution.

The literature and citations from other people's work have been duly referenced and acknowledgement in the text, footnotes and bibliography.

Date 29/8/08.....

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APPROVAL

This project "Effects of HIV/AIDS among Secondary youths in Gucha District" has been submitted for examination with my approval

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DEDICATION

I dedicate this project to Paul Edabu and Micah Obonyo for their moral and financial support, Bernard Otiso and Steward Okindo for their constant encouragement, brothers, sisters, classmates, lecturers, the head teachers of the five schools and above all to my supervisor, Mrs. Mutumba for the helpful comments, suggestions and guidance which helped me a great deal during my research. Finally to our almighty God, for his spiritual guidance and encouragement.

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CHAPTER ONE

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1.0 Introduction.

The research was conducted in Kenya in Gucha district, District. The district is in the Western part of Kenya and is one of the Districts that make Nyanza province. Gucha District is bordered by some Districts like Kisii, Nyamira and Borabu.

The Human Immunodeficiency Virus (HIV) is a pathogen that destroys infection fighting helper the cells in the body. Acquired Immune Deficiency Syndrome (AIDS) is an S.T.D caused by virus called (HIV). AIDS is a condition that results when infections with HIV causes a breakdown of body's ability to fight other infections.

1.1 Background to the problem.

Cases of AIDS appeared in 1980. By 1998 30million people had been infected worldwide. Journals described symptoms that had appeared in a number of gay men and users of intravenous who shared needles. Patients experienced long periods of ill health while their bodies struggled to fight various bacteria protozoa and viruses.

Centers for diseases control prevention (CDC) labeled the new and puzzling disorder Acquired Immunodeficiency Syndrome but before long it became clear that the disease causing germ was HIV and could be transmitted between people and it was frighteningly lethal.

HIV/AIDS spread rapidly in Kenya during 1990 reaching prevalence rate of 20 - 30% in some areas of the country. Prevalence subsequently declined in some sites in Kenya but remained stable in others. National prevalence declined significantly from a peak of 10 % to under 7 % in 2004. This trend is supported by the data from national surveys which document changes in behaviour towards fewer partners, less commercial sex, greater condom use and later age at first sex. The demographic health survey (KDHS, 2003) revealed that 6.7% of adults tested are infected with HIV. Reconciliation of KDHS and sentinel surveillances data gives an adjusted prevalence of 7% (range 6.1–7.5%)³

implying a total of 1.1million adult Kenyans infected with HIV, of whom about two thirds are women. In addition there are estimated to be 100, 000 children living with HIV/AIDS.

By the end of June 1996 the world health organization estimated 28million people worldwide to have been infected with HIV and 5million dead due to Aids.

An estimated 38.6m (33.4m- 46.0m) worldwide were living with HIV at the end of 2005. an estimated 4.1m (3.4m-6.2m) became newly infected with HIV and an estimated 2.8m (2.4m-3.3m) lost their lives to Aids overall, the HIV incident rate (the proportion of people who became infected with HIV) is believed to have peaked in the late 1990s and have stabilized subsequently, not withstanding increasing incidence in several countries.

In Kenya like many other countries in sub-Saharan Africa has been severely affected by HIV/AIDS since early eighties. The first case of AIDS in Kenya was diagnosed in 1984. Since then HIV/AIDS has been detected in all parts of the country.

It was estimated that approximately 65,000 adults and 25,000 children became infected with HIV in Kenya in the year 2003. Prevalence data suggested that the majority of non-paediatric infections occurred among youth, especially young aged 15-24 years and young men under 30years. The epidemic was more advanced in Nyanza, Western and parts of Rift valley provinces where HIV prevalence rates among pregnant women were 15% to 30%.

The rate of AIDS deaths rose dramatically and it was estimated that there were about 150,000 AIDS deaths per year, double the rate in 1998. This increasing death rate, which exceeds the rate of new infection, tended to reduce overall prevalence as the epidemic in Kenya moves into the “death phase”.

The Kenya Demographic and Health Survey (KDHS 2003) indicate that 6.7% of Kenyan adults are infected with HIV. The data showed that women were particularly vulnerable to HIV infection. Almost 9% of women infected with HIV compared with 4.6% of their

male counterparts. Women between ages 20 and 30 are especially vulnerable (KDHs, 2003). It was estimated by National AIDS and STI Control Program (NASCOP) that there were about 150,000 AIDS deaths per year, twice the rate of 1998.

The UN program on HIV/AIDS estimated that 30.6m human beings worldwide have been infected with HIV of these number 508m have died, including 1.3 children. In 1997 alone, 5.8m new adult infections occurred, on average of 16,022 per day. 500,000 children were born HIV infected in 1995.

The adults and children estimated to be living with HIV/AIDS, end of 2002, in sub-Saharan Africa was 29,400,000, Latin America 1,500,000, and North America 980,000 (UNAIDS, 2000).

Uganda as a country chose a multi-sectoral response to the AIDS epidemic (Uganda AIDS Commission, 1992). One of the responses has been the introduction of education including AIDS prevention, into the primary school curriculum. The Uganda AIDS Commission's National Plan emphasizes mutual faithfulness, abstinence and delayed sexual debut as the highest priority strategies in the age group from 11 to 20years early diagnosis and treatment of STDs reduction of number of sexual partners and safer sexual practices, including the use of condoms are also endorsed as secondary strategy for this age group (Uganda AIDS commission 1993).

The vast majority of Africans migrants workers lived in cities where both demand for prostitutes and the level of HIV/AIDS were very high especially female prostitutes, were often blamed for the spread of these infections. Survey done of 144 women, the overwhelming sentiment was that because of their lack of decision making powers in sexual activities, felt more at risk of becoming infected than men (Gary F. Kelly 2000).

On the micro levels of social interaction, observers widely forecasted that aids would lead to a more conservative sexual climate among both homosexual and heterosexuals in which people would be cautious about involvement with new partners. Yet it appeared

that many sexually active people in the United States were not headed precautions about “safer sex”. According to the 1993 national wide youth risk behaviors survey. 59% of males and 46% of female reported that they or their partners used a condom during their last experience of sexual intercourse. (Centers for Disease control and prevention 1995).

However studies in the United States showed that people with virus and with AIDS who receive appropriate medical treatment are living longer than before. This may put additional pressure on policy makers to address to the issues raised by the spread of AIDS. (Epstein 1997; Herek and Glunt 1988; P.King 1996; Shilts 1987).

1.2 Statement of the problem

The social economic impact of AIDS is a phenomenal. Friends, relatives and neighbors lost some of their beloved ones to this pandemic. The spread of HIV/AIDS in Kenya especially in among secondary youth has been decreasing due to the efforts that the Government and Non-Governmental Organizations have applied in trying to reduce it. They have organized for seminars about HIV/AIDS, distributing condoms and campaigning for abstinence to young people hence spread of HIV/AIDS was not decelerating but it was still increasing at a very high speed due to some ignorance: non-preference to use condoms and unfaithfulness among married couples and some of the cultural practices which encouraged marrying more than one wife and inheritance of widows.

1.3 Research objectives

1.3.1 General objectives.

The purpose of this study was to investigate the effects of HIV/AIDS among secondary school youths of Nyacheki Division in Gucha District Kenya.

1.3.2 Specific objectives.

1. To find the effects of HIV/AIDS among youths in five schools in Nyacheki Division in Gucha District, Nyanza province, Kenya.

- These should flow from the literature review*
2. To investigate the role of school administration and guidance teachers in creating and enhancing these effects, to be known by students.
 3. To suggest possible ways of preventing HIV/AIDS among secondary youths.

1.4 Research Question

1. What were effects of HIV/AIDS among secondary school youth in schools in Nyacheki Division in Gucha District, Nyanza province, Kenya?
2. What was the role of school administration and the guidance teacher in creating and enhancing HIV/AIDS effects among secondary school youth?
3. What measures was instituted to enhance HIV/AIDS effects among secondary school youth?

1.5 Scope of the study.

The researcher carried out the study on those schools within easy access, Nyacheki division, Gucha district, Nyanza province, Kenya. The researcher was conducted in five secondary schools. These schools were; Nyacheki academy's, Teresa's Nyangusu girls, Bishop Mugendi, Nyamagwa boys and Nyamache high school. Teachers also participated in the study to fill in questionnaires

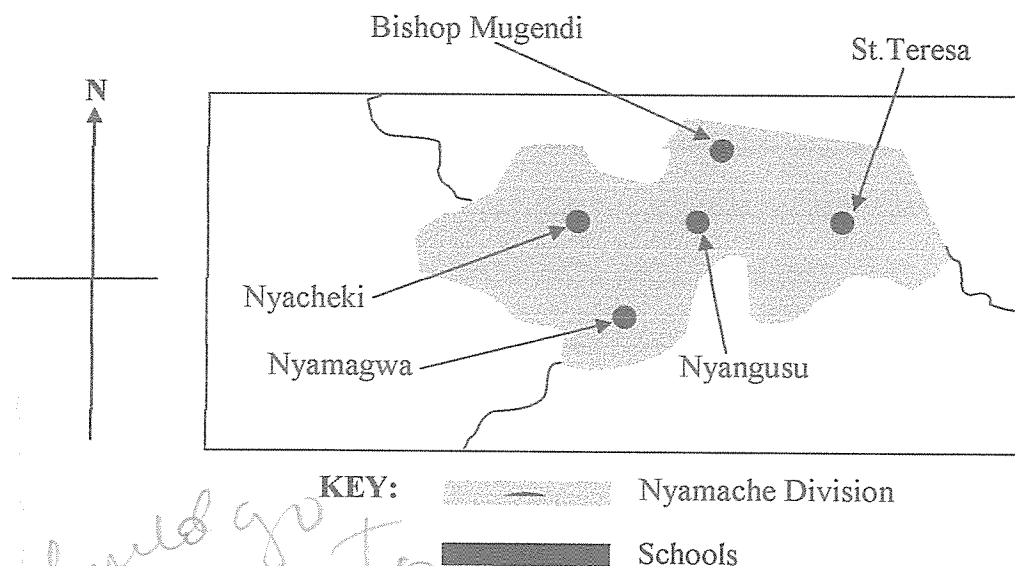
1.5.1 Content scope.

The study was investigating on the effects of HIV/AIDS among secondary youths of Nyacheki Division.

1.5.2 Geographical scope

The study covered one Division of Nyacheiki in Gucha District in the Western part of Kenya.

Fig.1.0 Shows geographical location of five secondary schools in Nyacheiki Division



1.5.3 Time scope

This study took place from January 2008 to August 2008

1.6 Significance of the study.

Being at an active of their lives, secondary school students are at great risk of exposure to AIDS. This group forms the driving force of the economy soon after leaving school. Losing them to HIV/AIDS would deal with the nation big blow.

Results of this study were used to help or arm secondary school against AIDS scourage. School administration and guidance teacher were made more aware of their crucial role in preparing the youths for the future.

The researcher was more knowledgeable and the results was useful in solving problems related to the study and gave room for future research.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction.

In this chapter the researcher relayed on literature based on the study. The 1992 WHO report predicted that by the year 2000 a total of 30 to 40 million men, women and children worldwide, were infected with HIV. By the end of the 1990s, there were over one million adult AIDS cases a year. Most of this was in the developing countries of Africa and Asia.

2.1 What is HIV/AIDS?

HIV is a human immunodeficiency Virus that is a pathogen that destroys infection fighting helper and the virus is the one that causes AIDS. Aids in this case is an acronym of Acquired Immune Deficiency Syndrome which is a condition resulting when infection with HIV causes breakdown of the bodies ability to fight other infections. When this virus infects human it has raised political and economic issues. It has unleashed prejudice, especially homophobia, biphobia and racism. HIV also seems to be changing how people approach their sexual activities (Nathanson and Aurbach, 1999).

2.2 Basic Routes of Aids Transmission.

First is sexual transmission and can occur in any sexual activity, whether heterosexual or homosexual. HIV virus is most readily transmitted through the exchange of bodily fluids, resulting in absorption into the blood stream. People with AIDS or who are experiencing other symptoms of HIV enters the body through internal linings of organs (such as the vagina, rectum, and urethra within penis or mouth) or through openings in the skin such as tiny cuts or open sores (Keeling, 1995). Sexual contact accounts for about 90% of AIDS cases in Kenya.

Second transmission of HIV/AIDS is through infected needles which provides for quick entry into the bloodstream. Drug addicts are major transmitters of HIV because they exchange and reuse needles among themselves.

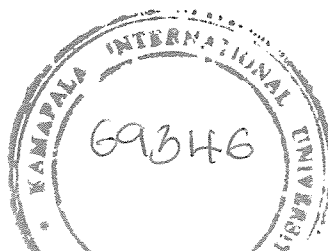
Another route is through blood transfusions. As per the research has shown that the first known infection of the blood supply occurred in the late 1970s because the HIV virus may lay dormant for months if not years many health feeling but infected carriers continued to donate blood to national blood bank. This route accounts for about 10-20% AIDS in Kenya.

X Although ordinary kissing appear to pose only a minor threat, the centers for disease control (CDC) has reported a case of HIV transmission through kissing. Both parties' had gum diseases, confirming the earlier suspicion that viruses carried in saliva and enter the body through tiny breaks or sores within the mouth. Experts therefore, caution against prolonged and wet deep kissing (French kissing).

HIV/AIDS can also be transmitted from a mother who is positive, to a child during birth and also breastfeeding. The risk increases when invasive procedures such as amniocentesis are used during pregnancy. Approximately 30 to 40% of babies born to HIV positive mothers in Kenya are infected with HIV virus and more than 100,000 children under age of five are estimated to be infected (Ministry of Health, 2002).

2.3 Aids and the Kenyan Youth.

Kenya ranked fifth in terms of HIV prevalence after India, South Africa, Uganda and Nigeria in that order. The daily nation 22nd may 1997 revealed that in Nyanza district, girls as young as eight years old were engaging in prostitution. In the neighboring Homabay district 58% of girls less than 15 years had sexual experience according to the study by AMREF. The study revealed despite information, educational and communication on the dangers of AIDS as many as 45% of the youth under 25 years indulge in premarital sex. There was an alarming lack of behavior change especially

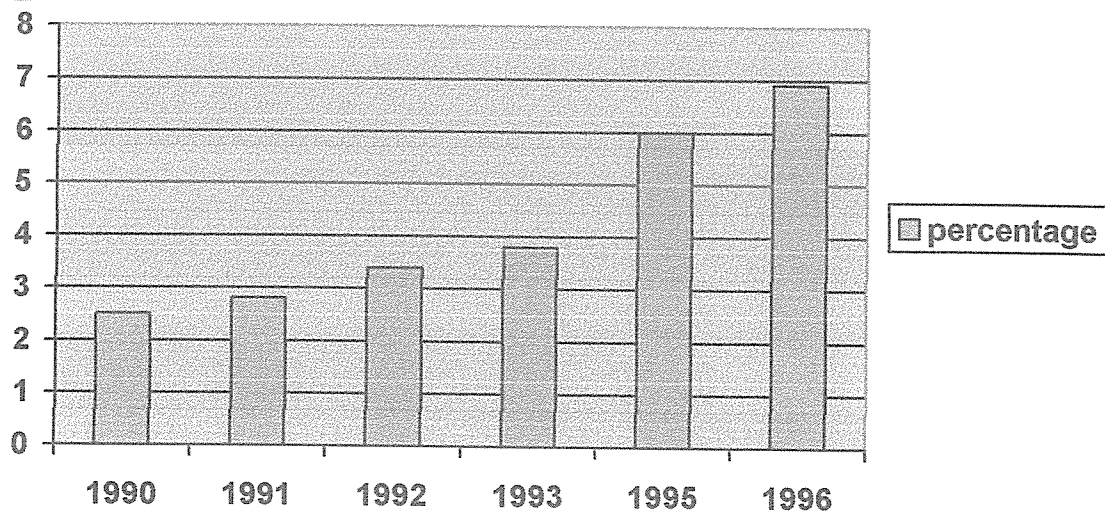


among school youths and those just out of school. Reason given by respondent for this observation ranged from lack of parental guidance, poverty and peer influence to broken homes. The study further showed that the greater impact would be forthcoming youthful facilitator and actual AIDS sufferers were invited to talk to the youth directly.

Views, comments and opinions expressed by medical personnel portray the seriousness of the threat of AIDS to the youth. Dr. Jawour, medical officer of health, Eastern province was quoted in the daily Nation of 18th June 1997 saying, "Despite the awareness created on AIDS, many people continue to have multiple sexual partners".

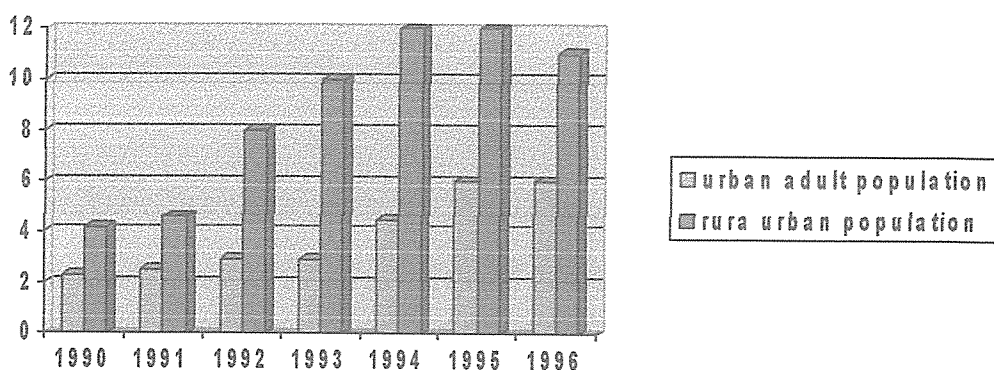
Frightening revelation was made by Dr. Godfrey Baltazar of the NASCOP who said "Over 70% of blood donated in prisons, colleges and schools is HIV infected." Daily nation, 13th Nov, 1997. Dr. Sobie Mulindi of the NAC said "idleness among the youth contributed to the involvement in drugs a promiscuous lifestyle." (E.A Standard 4th June 1997) statistics emanating from the KNASCOP showed a steady increase in AIDS prevalence among Kenya adults in both urban and rural populations.

Fig.2.0 HIV prevalence among youths in Kenya by percentage



This should have been a narrative

Fig2.1 Show the trend in both rural and urban population



Professor Joseph Mungai has contributed greatly to the creation of HIV-AIDS awareness through his regular articles "our aids against AIDS" in one such article dated second October 1997 he says;

"Prostitution among girls of tender age exposes them to high risk of AIDS infection. One of the possible reasons of these is the likely of injury of sexual organs during sex. Cervical immaturity increases chances of injuries during sex thus increasing the likelihood of among others, AIDS infection. Young girls therefore must be protected from having sex. Men out of fear of AIDS are turning more and more to young girls for sex. Promiscuity has extended to our schools. Among the possible causes of promiscuity among the youth are the rising levels of poverty and unemployment after school which exposes the youth to risky behavior."

In another of his articles in the daily nation, 26th February 1998, professor Mungai suggested that the following should be observed as a measure to protect the youth against AIDS.

- a) Having appropriate organized and supervised courtship activities for adolescents.
- b) Helping the persons to organize and perform drama on AIDS, adolescence development, courtship values and ethics.
- c) Enabling adolescence to develop male and female relationship guided by clear social values.

Among other ways that have been suggested to safeguard youths against AIDS is the provision of safer sex education and use of condoms to the youths. However, such

suggestions have met a stiff resistance from parents other group's especially religious ones.

Explaining the viewpoint of the proponents of saver education and provision of condoms to the youths. Jenser A.R and Stryker J. (1993) have this to say; "the proponent of saver sex education and condom provision to the youths point out that they do not necessarily approve of early sexual implementation on the part of young people, but that large number of young persons are sexually active under conditions of relative ignorance about consequences of their conducts."

Factual information about AIDS needs to be availed to all not only those seeming at risk expanding further of these Quinu (1986) say "Everyone needs to know the facts of AIDS whether or not he or she is at risk of infection." AIDS has generated considerable anxiety in many places around the world, unduly so, in many cases because the information was incomplete or inaccurate. It is therefore important that general information on modes of transmission, the nature and extent of individual risks and the means of prevention be commutated to all. That can be accomplished through mass media, places of employment, schools and other institutions. Schools have a special role because they access to the next generations of persons at risk.

The school therefore offers a forum where much can be achieved in terms of creating and enhancing AIDS awareness among the youths with this mind, it was important that policies be involved that transformed our schools into viable sources of complete and accurate information on AIDS. Schools administrator in general then become the agents through which this vital information is relayed. They therefore must be thoroughly informed themselves. It is therefore imperative that in creating awareness among the youth efforts must first be directed towards enlighten their teachers in school.

2.4 AIDS and Culture.

Certain social cultural practices contributed to rapid and sustained spread of HIV. Such practices were seen as possible rotes of AIDS spread in our society, For instance;

- widows inheritance

- Polygamy
- scarification for treatment using common instrument
- Scarification
- Traditional circumcision.

There was still a significant part of the population whose beliefs about HIV transmission were not compatible with accepted mode of transmission. For instance, the belief that HIV is due to witchcraft or it is only an urban phenomenon. The high level of awareness displayed by the respondent in the current study was translated onto action though avoidance of such actions or practices.

2.5 Effects of HIV/AIDS

One of its effects was that it reduced the life expectancy making it an unprecedented catastrophe in the world's history. Most countries had been experiencing decline or stagnating life expectancy due to the epidemic. Already life expectancy in Kenya had dropped from 60 years in 1993 to about 47 years in 2004 due to HIV/AIDS (Kenya National HIV/AIDS Strategic Plan 2005-2006). In nine of African countries with adult prevalence of 10 % or more, HIV/AIDS were to erase seventeen years of potential gains in life expectancy meaning instead of reaching sixty four years, by 2010 to 2015 life expectancy was regress to an average of just forty seven year; this represented a reverse of most developmental gains of the past thirty years affecting the entire generation (UNAID, 1998 a) The epidemic had lead to the decrease in annual population growth. Most of the countries where HIV started first, the population were affected and it is likely the epidemics had reached proportions severe to cause rapid decline in fertility and this means development was affected since many people had potential of developing had died. (Decosas and Adrien, 1999).

Youths have been orphaned in huge numbers. To date in sub-Saharan Africa there are 7.8 million orphans and in some hard hit cities, orphan comprise 15% of all children (UNAIDS 1998 a) care for these orphans fall on extended families stretching the capacity of these social safety nets. Many of these orphans heads homes and may end up by

dropping school which means they were to pursue survival strategic that put them at a great risk of contracting HIV/AIDS (USAID 1997). It is estimated in Kenya that 1.7m children under 18years are orphans about half due to AIDS. In Nyanza province the orphans' rate is 6% which had also the highest HIV prevalence rate (around double the National average).

National income was affected. The illness and impending death of up to 25% of all adults in some countries were enormous ieffect on national productivity and earnings. Labor productivity is likely to drop, the benefits of education will be lost, resources that would be used for investment will be used for health care, orphan care and funerals. Saving rates will decline and loss of human capital will affect production and quality of life for the years to come.

AIDS kills young economically productive people, brings hardships to families, increases expenditure on health care and adversely affects the country's development. Kenya indicates a productive person can be defined to be one aged between 15-65years. By depriving the economy of qualified and productive labour force restricting the tax base and raising the demand of social services due to increased number of orphans and widows and the cost of health care, AIDS poses great challenge to Kenya's development. The loss of skilled uniformed officers has security implications.

Another effect was number of government and private Aids control organizations and agencies which have been established are placing big financial strain on the country. The limited resources which would have gone to development have been diverted into HIV/AIDS control activities like prevention in radios, television and other anti AIDS campaigns which affect planning process by the government.

HIV/AIDS had increased the child mortality rate and this shows that in some year to come their will be no people to participate in development since many children are dying. Incase of Zambia and Zimbabwe 25 % more infants are already than it would be without

HIV/AIDS by 2010 Zimbabwe's infant and child mortality rate will be doubled. (UNAIDS, 1998 e).

The epidemic still had attributed to the increasing number of street children to the AIDS scourge. Most of them are orphans who have lost their parents to the HIV/AIDS scourge especially in Kenya number of orphans is estimated to be 1.7m and this increases big number of street children in many towns in Kenya.

In Kenya, educational services suffered as teachers lost to AIDS and children drop out of school as parent die and household income fall. The health services loses trained staff and has to cope with the increasing burden of HIV related infections.

The productivity of the agriculture sector upon which the majority of Kenyans rely for their livelihood, is undermined by negative impacts on the supply of labour, crop production, agricultural extension services, loss of knowledge and skills and at a personal level the trauma associated with death. This leads to reduced household and community food security and decline in the nutritional and health status of small holders and their families. Commercial agriculture a major source of employment and foreign earnings, is detrimentally affected by increasing health costs as well as protracted morbidity and mortality of key workers.

The HIV/AIDS epidermis was affecting lifestyle in many ways. For example, there is a high level of migration both within and out of the country including spouses who have lost their partners because of suspected or confirmed HIV/AIDS. The movement is naturally contributing to the spread of infection.

Still another effect was in some of national hospitals especially Nairobi Hospital and Kenyatta National hospital nearly half of the medical beds are already occupied by HIV/AIDS patients. It is estimated that up to 70% of the patients in some medical wards are hospitalized for tuberculoses, which often presents as an opportunistic infection among seropositives.

Increasing death due to AIDS results in higher child and adult dependency ratios, which imply greater demand for health and education services. More single parents especially mother and AIDS orphans will raise the demand for social services. Because it is the duty of the government to provide these social services, the implications of this will be the diversion of investment funds to meet the increased demands for social services. In addition, the country will have a restricted tax base thus reducing the government's ability to meet the demand for social services.

2.6 Ways of minimizing the risks of contracting HIV/AIDS.

Abstinence was the absolute safest method of protection from HIV. Abstinence is best for the secondary youths who are not married that is by delaying sex until marriage.

Being faithful was another way of minimizing risks of HIV /AIDS and is important but doesn't apply to adolescents. It is more applicable in long-term monogamous relationships such as marriage.

Use of condom consistently and correctly also helped to reduce risks of HIV/AIDS. This method is better for people who cannot abstain and cannot maintain faithfulness though it is not 100% it is only 99%.

CHAPTER THREE

3.0 Research Methodology

3.1 Introduction

In this chapter researcher talked about the procedures followed in the process of data collection in order to come up with appropriate data. These details included research design of the study, target population of study, Sample selection and size, Data collection methods, Data analysis and Limitation of study.

3.2 Research Design.

The research design used was the survey. This research was cross sectional and gender focused where secondary youth both boys and girls were studied. Both qualitative and quantitative method was used. The qualitative methods tried to investigate youth's knowledge and experience about HIV/AIDS and why it was increasing highly. Quantitative methods showed the percentage of the youth affected and percentage not affected Gucha District.

3.3 Target Population

The researcher used regular teachers, administration, student and doctors to get the information of the study. The research used ten regular teachers for five schools and for doctors in Nyacheki Division, Gucha District, Kenya.

3.4 Sample Population

For the purpose of this study the population sampled was consist of ten teachers who handled both sexes of the five schools and four doctors who handle the infected AIDS in hospital. The schools sampled included; Nyacheki Academy, St Teresa Nyangusu Girls, Bishop Mugendi Nyakegogi, Nyamagwa Boys and Nyamache High school.

The reason for choosing the schools is were;

- The schools were close to one another hence convenient to the researcher in collecting data

- Time for collecting data was short hence convenient to the researcher in time management
- They were schools which taught HIV/AIDS as learning lessons

3.5 Research instruments

The research in this case will use such instruments as self administered questions and face to face interviews.

3.5.1 Procedure of the study

The researcher got introductory letter from the University. Also she presented the letter to the head teachers in Gucha District who introduced the researcher to the respective schools, who are responsible in leading the selected schools. The interviews were conducted in the secondary schools of the respondents. Data collection was through visits to their school.

3.5.2 Sampling Technique

The researcher was obtained the needed information from the head teachers in Gucha District, youth, magazines and V.C.T journals.

3.5.2.1 Primary data

Primary data involved the questionnaires and interviews.

Questionnaires

These are set of questions designed and given to the respondents to fill in order to obtain data on a proposed topic in research. They can either be administered in person by the researcher or sent to respondent by post e-mail through office or home delivery. Questionnaires have same questions in same order but use still same words. There therefore two types of questionnaires which include open ended questions which are designed to permit free response from the respondents. The question merely raises an issue but does not provide or suggest structure for the respondents reply. Another type is

closed ended questions where in these questions responses of the subjects (respondents) are limited to stated alternatives such as Yes/No.

Advantages of questionnaires include:

A questionnaire can be administered to many people at the time.

Respondents may feel free and confidential to express themselves especially when no name is needed.

If a researcher is using postal services it is possible to cover a wide geographical area without any transport.

Interview

This is defined as face to face interaction between a researcher and a respondent for the purpose of obtaining the information. This method is also mostly preferred because:-

An interview makes it possible to obtain responses from children and people who are not literate.

An interview is useful in collecting personal information, attitudes, perceptions or beliefs through further probing.

An interview allows the investigator to hear what the respondents have to say and to observe the way in which it is said. Some times the mood is unimportant as the content of the response.

An interview is flexible that is you can rephrase your questions if you are not understood at first or if a response is not clear. Respondents have freedom to elaborate their points, to correct themselves and to question you on certain points.

3.5.2.2 Secondary data

Other sources of the researcher's information will be obtained from the annual reports, journals, magazines and other written materials related to the research topic. For example magazines that brings out the effects of HIV/AIDS among secondary youths in Gucha district.

3.5 Data Analysis.

The researcher will present the data quantitatively by the use of percentages, pie charts and bar graphs.

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Definition of Terms

The following terms will be operational defined basing on the study.

AIDS: Acquired Immunodeficiency Syndrome, a state of severely weakening or destroyed natural body immunity.

AMREF: African Medical Research Foundation

HIV: Human Immunodeficiency Virus, the AIDS-causing Virus

High-Risk sex: Sexual conduct that increase the risk of HIV transmission

HIV status: Presence or conduct of the AIDS Virus in a person.

HIV testing: Laboratory analysis of blood and body fluid samples to detect presence of the AIDS Virus.

KNSCOP: Kenya National AIDS and STDs Control Programme.

NAC: National AIDS Council.

STD: Sexual Transmitted Disease

Safe sex: Sexual conduct that minimize the risks of HIV transmission.

VCT: Voluntary Counseling Test

WHO: World Health Organization

APPENDIX A

TRANSIMITTAL LETTER

Yunes Itira
P.o box 20000,
Kampala.

The head teacher,
Nyamache sec. school,
Nyachekei Division,
Gucha District

Dear sir/ madam,

RE: TRANSMITTAL LETTER

I humbly submit my request to allow me carry out my research from your school. Am a final year undergraduate student in Kampala International University, taking a bachelor degree in education arts. Am carrying out a research titled, "effects of HIV/AIDS among secondary school youths in Nyachekei division, Gucha district, Nyanza, province, Kenya." It will require questionnaires and directinterview with the teachers and students. This letter therefore purpose to inquire from your executive office the opportunity when I can meet the intended interviewers. Thanks and God bless you.

Yours faithfully,

Yunes Itara.

APPENDIX B

QUESTIONNAIRE FOR STUDENTS

You are requested to answer the following questions as accurately and honestly as you can you need too write your name. All the information you give will be treated with strict confident.

Name of your school.....

Your age.....yearsmale/female.....form

1. State three ways in which AIDS can be transmitted.

- i.
- ii.
- iii.

2. What are effects of AIDS?

- i.
- ii.
- iii.

3. WHAT TYPE OF ORGANISM CAUSES AIDS?

4. Indicate by mark ☐ whether the following statements are true or false.

AIDS can be transmitted through;

- | | True | false |
|---|--------------------------|--------------------------|
| i. Sharing food, clothes, towel and toilets | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. Touching and sharing rooms | <input type="checkbox"/> | <input type="checkbox"/> |
| iii. Breast feeding from infected mothers | <input type="checkbox"/> | <input type="checkbox"/> |
| iv. Mosquito bites | <input type="checkbox"/> | <input type="checkbox"/> |

5. What is your opinion about the following statement? Indicted by ticking in the box

- | | Agree | Disagree | not sure |
|------------------------------------|--------------------------|--------------------------|--------------------------|
| i. AIDS is a curse for immortality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. Witch craft can cure AIDS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| iii. Some aids suffers look health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. a) state 3 ways of preventing AIDS infection

- i.
- ii.
- iii.

b) Which of the above do you consider the most effective?

7 how often do you discuss about AIDS with the following groups of people? Indicate a mark of mark ☒

		often	rarely	never
i.	parents			
ii.	Age mates			
iii.	Religious leaders			
iv.	teachers			
v.	Medical staff			

8. Suggest 3 ways through which the youths can be given more information about AIDS.

- i.
- ii.
- iii.

9. How would you respond if best friend in school contracted AIDS?

Thank you for your co-operation and sincerity.

APPENDIX C

INTERVIEW FOR HEAD TEACHER/DEPUTIES

Introduction

This study aims at finding the effects of HIV/AIDS among secondary school youths in Nyacheki Division, Gucha District, and Nyanza Province, Kenya. The result of the study will help in formulating of prevention ways or measures on HIV/AIDS among youths

Name of the school

1. Does your school invite guest speaker to your students about AIDS
How often?

2. Are you in touch with any organizations involved in anti- AIDS activities? Name two of them.
i.
ii.

3. How often do your students hear about AIDS from the following; indicate by mark of a tick ☒

		Often	Rarely	Never
i	You and your teacher			
ii	Medical personnel			
iii	Anti-AIDS organization			
iv	Religious speakers			

4. Should AIDS and STD education be part of the school curriculum?
5. Do you consider AIDS a threat to you students?
6. Have you ever sponsored any teacher(s) to any seminar

APPENDIX D

INTERVIEW SCHEDULE FOR GUIDANCE TEACHER

INTRODUCTION

The purpose of this study is to investigate the effects of HIV/AIDS among secondary school youth

- Name of school.....
- i. Have you ever participated in any AIDS seminar?
Who sponsored you?
 - ii. Does your school have regular program for guidance and counseling?
 - iii. Are you in touch with any organization?
 - iv. Do you receive any publication on AIDS?
 - v. Are such publications available to your students?
 - vi. How important is relevant information on AIDS to secondary school youths
 - vii. How can teachers be involved in relaying this relevant information

TIME FRAME

TABLE: 1.

A TABLE SHOWING THE TIME FRAME

TIME FRAME	ACTIVITY
April 2008	Selecting the topic of the study.
April 2008	Gathering information for related literature.
April 2008	Proposal writing.
May 2008	Preparation of the instruments.
May 2008	Pre-testing the instrument
June 2008	Data collection
June 2008	Data analysis
July 2008	Report writing
August 2008	Submission of final report

TABLE: 2.

TABLE SHOWING THE BUDGET

ITEM	QUANTITY	AMOUNT
Duplicating paper	5 reams	Ksh. 3,000
Type setting printing, printing and photocopying	Research proposal research instrument report	Ksh. 9,000
Traveling	10 days	Ksh 2,000
Binding	Research proposal and report	Ksh 5,000
Meals	Soft drinks	Ksh 1,000
TOTAL	Twenty thousand shillings only	Ksh. 20,000

CHAPTER FOUR

Result and discussion

4.0 Result and discussion

The data collected was analyzed tabulated as shown below:

4.1 Modes and AIDS Transmission

Here each respondent was required to state 3 ways in which AIDS can be transmitted. The table below shows the results obtained.

Table 1: modes of AIDS transmission

MODE	NO. OF RESPONDENT	%
Sexual Intercourse	81	90
Blood Transfusion	79	79
Unsterilized Equipment	63	70
Mother to baby	32	36
other	3	3

As shown in the Table 1 above 90% of all respondents identified sexual intercourse as a means of AIDS transmission while 79% of all respondents identified blood transfusion and 70% recorded the use of unsterilized equipment as modes of AIDS transmission.

Responding to the question on what organism cause AIDS a total of 92% of the students indicated that AIDS is by a Virus.

4.2 AIDS Attack on human body

The respondents were here required to indicate which human body system is initially attached by HIV. The results are as shown in Table 2 (i).

Table 2(i): Part of body attacked by HIV

BODY SYSTEM	NO. OF RESPONDENTS	%
Immune System	26	29
Circulatory System	32	36
Reproductive System	18	20
Other	3	3
No Response	11	12
TOTAL	90	100

As shown in table 2(i) above, 29% of the respondents correctly identified the immune system as the human body system that is attacked on the onset of AIDS. A rather high percentage of 36% indicated their response as the circulatory (blood) system, possibly because of confusing the circulatory system with the white blood cell that make up the human immune system.

Interestingly, 62% of the students were that this HIV attack has effect of weakening the body immune system, as shown in table 2(ii)

Table 2(ii): Effects of AIDS attack on human body

EFFECT	RESPONDENTS	%
Weaken Immune System	56	62
Causes sickness	4	5
Causes death	3	3
Other	12	13
No Response	15	17
TOTAL	90	100

4.3 Facts and misconceptions an AIDS

Given for suggested ways of AIDS transmission, the respondents were required to indicate true or false against each. The results are tabulated in the following table:

Table 3: Facts and misconceptions about AIDS

MODE OF TRANSMISSION	RESPONDENTS BY %	RESPONDENTS BY %
	TRUE	FALSE
Sharing of and clothes	6	94
Normal Human Contact	2	98
Breast Feeding	71	29
Mosquito Bites	6	94

Six percent (6%) of the respondents of the view that sharing food and clothes may results in aids infection. Another 6% felt that mosquito bites could actually transmit AIDS. A paltry 2% said that normal human contact such as touching and embracing could lead to AIDS transmission.

Table 4(i) shows students opinions concerning some fallacies and truths on AIDS.

Table 4(i): Students opinions concerning AIDS

STATEMENT	AGREE	DISAGREE	NOT SURE	SURE
AIDS is a curse immorality	40	20	30	90
Witchcraft cures AIDS	0	87	3	90
Some AIDS suffers look healthy	78	8	4	90

Table 4(ii) shows the same Results in percentages

STATEMENT	PERCENTAGE OF RESPONDENTS			
	AGREE	DISAGREE	NOT SURE	TRUE
AIDS is a curse immorality	45	22	33	100
Witchcraft cures AIDS	0	97	33	100
Some AIDS suffers look healthy	87	9	4	100

From table 4(ii) none of the respondents agreed that witchcraft can cure AIDS; 45% responded that AIDS is a curse for immoral behavior while 87% observe that some people with AIDS may not show it outwardly.

A high percentage (45) indicated that they agreed that AIDS is a curse immorality. This should be a result of religious influence which is quite strong in this region. Often one hears such ideas from religious leaders. Despite the commonly held believe that this region is full of sorcery and witchcraft. Such an observation could be a result of the positive influence of religion and also education in schools against such cultural practices.

4.4 Preventive measure against AIDS

In this question, each student was asked to state three ways in which AIDS can be prevented.

The results are displayed in Table 5 (i)

Table 5(i) methods of preventing AIDS infection

METHODS OF PREVENTION	RESPONDENTS	%
Abstinence	52	58
Sexual Fidelity	36	40
Condoms	27	30
Proper Blood Transfusion	41	46
Not Sharing Equipment	36	40
Steriling Equipment	29	32
Others	8	9

58% of all respondents indicated sexual abstinence as one way of preventing AIDS infection. Sexual fidelity or faithfulness to one sex partner was indicated by 40% of all the respondents. Interestingly only 30% indicated the use of condoms as a means of AIDS Prevention. With the ready availability of condoms and the aggressive advertisement one would expect a higher proportion to choose the use of condoms as a way of preventing AIDS.

In a related question, students were required to indicate which of the three methods of preventing AIDS they considered the most effective. The result obtained are shown in the Table 5(ii)

Table 5(ii) Students opinion on the most effective AIDS prevention method.

METHODS OF PREVENTION	RESPONDENTS	%
Abstinence	45	50
Sexual Fidelity	19	22
Condoms	4	4
Proper Blood Transfusion	1	1
Steriling Equipment	4	4
Not Sharing Equipment	10	11
Others	7	8
Total	90	100

50% of the respondent considered sexual abstinence as the most effective method of preventing AIDS infection. Another 22% indicated that sexual fidelity was the most effective method and a paltry 4% said that condoms were the most effective.

That 50% of the respondents considered sexual abstinence as the most effective AIDS prevention method is worth nothing given the environment these young people are growing in.

4.5 Frequency of discussing AIDS

The respondents were here required to indicate on s three point scale how often they discussed AIDS with various groups of people, that their parents, age-mates, religious leaders, teachers and hospital staff.

Table 6: how students discuss AIDS with various groups

FREQUENCY	PARENT NO. %		AGE-MATES NO. %		RELIGIOUS LEADER NO. %		TEACHERS NO. %		HOSPITAL STAFF NO. %	
OFTEN	28	31	67	74	34	38	42	47	35	35
RARELY	45	50	18	38	38	42	37	41	34	38
NEVER	17	19	5	18	18	20	11	12	21	23
TOTAL	90	100	90	100	90	100	90	100	90	100

As shown in Table 6, 50% of the students rarely discuss AIDS with their parents. This may be due to the tendency of parents to shy a way from discussing issues that hinge on their children's sexuality.

A staggering 74% of the students indicated that they often discussed AIDS with their age-mates. This may be due to the high level of freedom of interaction.

47% indicated that they often discussed AIDS with their teacher. This could be due to the fact that much of the students' time through the year is spent at school in the company of teachers. This increases the student teachers interacted enabling such discussion to take place whether formally or informally.

4.6 Methods of informing youth on AIDS

The third objective of this study was out possible ways of increasing HIV/AIDS awareness among secondary school youth. In this section each student was asked to suggest three ways through which more information on AIDS can be availed to the youth. The results are tabulated thus:

Table 7: Students suggestions on Methods of Sensitizing the Youth on AIDS

METHODS	RESPONDENTS	%
SEMINAR/WORKSHOPS	64	71
MASS MEDIA	58	64
FILM/DRAMA	14	
TEACHERS	16	18
OTHERS	50	56

Table 7 shows that 71% of the respondents that felt seminar/workshops would serve well to inform the youth on AIDS, making this very viable method. 64% indicated that the mass media was one way in which more information on AIDS could be availed to the youth. Rather low percentage (18%) considered teachers as a means of delivering information on AIDS. 56% of the respondents indicated other methods such as:

- Discussions with hospital staff on a regular basis
- Talks from actual AIDS sufferers
- Introduction of sex education in schools
- Peer group counseling

4.7 Most Effective Persons in informing the youth on AIDS

Given a choice of four groups of people were asked to indicate group they considered as being most effective in informing the youth on AIDS. The choice given were

Table 8. Habits that may expose student to AIDS.

HABITS	RESPONDENTS	%
Immorality	39	43
Sharing of tools	31	35
Drug abuse	2	2
Others	18	20
TOTAL	90	100

A total of 43% of the respondents considered immoral behavior among students a habit that could expose them to AIDS. Immoral behavior here entails casual sex and activities such kissing. 35% said that was dangerous for students to share personal effects such as shaving equipment, toothbrushes, scissors and other skin piercing equipment. Only 2% indicated drug abuse as a habit, probably because though it is hardly spoken of publicly among students. It is a very secret habit.

4.9 AIDS and Cultural Practices.

Among the cultural practices identified by the students are channels of spreading AIDS were:

- Traditional circumcision,
- Wife inheritance.
- Polygamy
- Scarification.

Each respondent was to state two such practices. The results are tabulated below:

Table 9: Cultural practices that may spread AIDS.

CULTURAL PRACTICE	RESPONDENTS	%
Circumcision	68	76
Wife inheritance	14	16
Polygamy	15	17
Scarification	19	21
others	22	24

From table 9, 76% of all respondents indicated that circumcision was one cultural practice that could help spread AIDS. Another 24% indicated other culture practices such as traditional mid-wife, traditional cutting or piercing skin is done, traditional beautification such as cutting of ears, piercing the nose and removal of teeth. In all such practices the common use the tools involved greatly increase the chances of the AIDS virus passing from one person to another.

4.10 Students' responses to AIDS.

The researcher sought solicits the responses that students would give in event of a close friend contracting AIDS. The responses recorded were:

- Shock
- Disappointed
- Sympathy and understanding
- Avoiding the friend

Table10. Shows the results obtained.

Table 10. Students Responses to AIDS.

RESPONSE	RESPONDENTS	%
Shock	10	12
Disappointment	5	6
Sympathy	50	56
Avoidance	6	7
No response	19	21
TOTAL	90	100

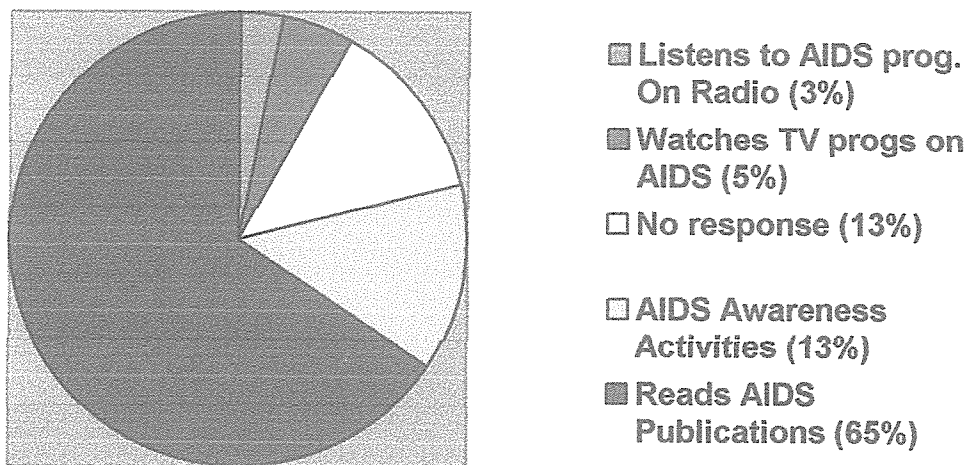
Majority of the respondents (56%) indicated that they would react with sympathy and understanding to a friend who contracts AIDS. 21% did not respond to this question possibly because it is a situation many people will rather not think about. 12% indicated that they would react with shock while 7% said they would be disappointed with such a friend. Another 6% would actually avoid or withdraw from such a friendship. The main reason for such a reaction can be attributed to the social stigma attached to AIDS.

4.11 Individual's efforts in enhancing HIV/AIDS Awareness

Each respondent was required to state one way in which he/she had endeavored to increase personal awareness concerning HIV/AIDS. The responses indicated were:

- Participating in AIDS awareness activities
- Reading publications on AIDS
- Listening to radio programme on AIDS
- Watching TV programmes on AIDS

Fig.5: individual efforts at enhancing personal awareness about HIV/AIDS



From figure 5, 66% of the students increased their own awareness on AIDS by reading publication on the topic of AIDS. This high percentage could be attributed to the ready availability of such materials. 13% said that they increased their awareness through attending AIDS awareness meetings. Another 13% did not respond. This could compromise those who have not in any way tried to increase their own awareness for various reasons. Awareness through TV and Radio accounted for 5% and 3% respectively. The use of print media needs to be encouraged and exploited more.

4.12 Common Holyday activities among Students

In this section each respondent was asked to name two activities that occupy most of his/her time during the holidays. Table 11 shows the results obtained.

Table 11. Holiday activities that occupy student most

ACTIVITY	RESPONDENTS	%
Home duties	48	53
Socializing	29	32
Entertainment	31	34
Study	16	18
Games	13	14
Church activities	18	20
Others	3	3

53% of all respondents said that most of their time holiday is occupied by home duties. These range from house chores to farm work. 34% indicated that entertainment occupies most of their holiday time as compared to 18% who said that most of their time is spent studying. It would appear many students would engage in entertainment than study. 20% participated in church activities most of their time during the holyday while 14% took part in games such as football and volleyball.

In table where respondents gave more than one response, the total number of respondents and percentage do not add to 90 and 100 respectively.

4.13.0 Analysis and Discussion of responses from Head teachers

The response rate from the head teachers was 60%. Three out of the total of five responded.

All the three indicated that their schools do invite guest speakers to talk to the students about aids. The frequencies of such talks ranged from once a year to several times in a term

One head teacher indicated that he was not in touch with any AIDS groups. The organizations named were:

- **TAPEWAK:** The association of people with AIDS in Kenya

- **PEPR:** Population Education promotion project
- Guidance and counseling practitioners.

Three head teachers indicated that they often talked to their students about AIDS. One said that he often talked to the students about AIDS. One said that he often invited medical personnel from Anti-AIDS organizations. Two indicated that they often religious speakers talk to their students about AIDS while one that he rarely invited religious speakers;

A summary of the results is given below:

Table 12: Frequency of Talks to Students on AIDS

GROUP	FREQUENCY OF TALKING TO STUDENTS ABOUT AIDS		
	OFTEN	RARELY	NEVER
Head teacher & Teacher	3	0	0
Medical personnel	1	2	0
Anti-AIDS Organizations	2	0	0
Religious Speaker	2	1	0

All three respondents felt that education on AIDS and STDs should form part of the school curriculum. They also indicated that they considered AIDS a threat to their student.

None of the respondents had sponsored any of their teachers to any AIDS seminar. However, all the three indicated that they were willing to do give the opportunity.

4.13.1 Analysis and Discussion of responses from Guidance Teachers

The response rate from the guidance teachers was 100% .all the five responded. Only the guidance teacher had participated in an AIDS seminar under the sponsorship of a local church. One guidance teacher indicated that his school conducted guidance and

counseling sessions occasionally, not in a regular manner. The rest indicated that their school had regular sessions.

No guidance teacher was in touch with any anti-AIDS organization. However in one school, they had once invited an AIDS patient who spoke to the student, and also shown some video tapes on AIDS.

Apart from one guidance teacher, the rest indicated that they receive publications on AIDS which are then availed to the students.

All the five guidance teachers felt that it was very important that relevant information about AIDS be made available to secondary school youth. they all observed that this can be done through teachers who have themselves acquired such information through participation in AIDS awareness seminars.

CHAPTER FIVE

5.0 Conclusions and Recommendations

5.1 Conclusions

5.1.0 Level of HIV/AIDS Awareness

This study has shown that there is a high level of HIV/AIDS awareness among secondary school youth. The majority of them know about the facts about AIDS such as modes of transmission, methods of prevention and habits that may abet the spread of AIDS. However, the study also revealed a notable presence of AIDS stigma the respondents total of 45% regarded AIDS as a curse of immoral behavior while another 25% indicated that they would respond negatively to a student friend who contracts AIDS.

Most credit for the high awareness goes to the print media.

5.1.1 The role of Administration and Guidance Teachers

The study revealed that the majority of the students (74%) often discuss AIDS with their age-mates. Although this is encouraging, the danger of the possibility of inaccurate information being transmitted cannot be ignored. Although 47% of the students do discuss AIDS often with their teachers, this proportion needs to be higher if teachers are to serve as surrogate parents as they are supposed to. This is because very few students 31% go to their parents to discuss issues on AIDS. More is expected on the part of teachers and administrators since they spend most time with the students than their parents do. School administrators need to be in touch with agencies or organizations that offer information on AIDS whether in print, Visual or through talks. It would be expected that every guidance teacher must of necessity, attended courses or seminars on AIDS. Sadly this is not the case in most schools.

5.1.2 Measures of enhancing HIV/AIDS Awareness

Several of enhancing HIV/AIDS awareness among secondary school students emerged from the study. Chief among them are the following:

- i. Inviting actual AIDS suffers to speak to school students
- ii. Training of gate keepers, these are students who can then influence others positively
- iii. Increasing student participation in HIV/AIDS awareness activities such as seminars and workshops.
- iv. Continued use of mass media

5.2 Recommendations

In the light of the conclusions made in this study, the researcher recommended the following:

1. Government agencies and NGO's must encourage and help secondary schools to establish all information centers within them. These centers could range from a single shelf or cupboard in the staff room to a whole section in the school library. Many organizations are willing to provide materials for such centers
2. Though guidance and counseling, teachers mest aim at removing from the students mind the social stigma associated with AIDS. This will change the attitude of those who view AIDS as a disease for the immoral. It will also enable the students to take care of persons close to them who have AIDS
3. The use of condoms must no be over-emphasized at the experience of the other more morally acceptable preventive measures such as sexual abstinence and fidelity.
4. Parents need to be assisted to develop the confidence and courage to speak about AIDS and other related issues with their children. As a first step they know what

is relevant to the youth concerning AIDS so that they can consequently relay it to them. Seminars and workshops for parents need to be more regular and frequent.

5. Among the resource persons the school invite to speak about AIDS to students, actual AIDS suffers should be included. Drama and songs on AIDS along with video or film need to be presented frequently. The plays and songs are organized internally for assistance by the drama and music clubs in the school. However, groups from outside can be invited occasionally.
6. As teachers strive to remote the social stigma about AIDS from their students, religious leaders must also make a major effort in the same direction among their congregations which to a great extent comprises of students and other youth. This will increase honesty and openness in tackling AIDS.
7. Efforts to eradicate idleness among the youth must be increased. The youth must be provided with a variety of activities such as environment activities such as environment conservation, games and religious activities. The involvement of community development officers is hereby required. Teachers on their part must help inculcate in the students a culture of reading and study, which is conspicuously absent.
8. Opportunity must be availed to teachers and in general to attend AIDS awareness meetings and activities for them to be knowledge enough to enlighten the student.
9. Without jeopardizing the privacy of individual, the statistics to do with AIDS must be readily available. The public at large must be provided with accurate statistics detailing issues like the rate of HIV infection countrywide, national death rates due to AIDS and the number of people infected with HIV countrywide
10. Both public and private broadcasting stations need to apportion more time to the airing of programmes on AIDS both on radio and television. The time apportioned to merely entertaining the public cannot be justified in the midst of the threat posed to the society by HIV/AIDS

It is the researcher's hope and conviction that the implantation of these recommendations will help contain the AIDS scourage and in so doing ensure a future full of posterity for our youth.

5.3 Suggestion for further Research

There is need for further research into how great the awareness about HIV/AIDS can bring about practical positive changes in sexual behavior of youth. This behavior change is our best weapon of defense against the AIDS scourage.

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Office of the Director

24 April 2018

TO WHOM IT MAY CONCERN:

Dear Sir/Madam,

RE: INTRODUCTION LETTER FOR MS/MRS/MR. Lunes Itira

REG. # BED/13562/6/10F

The above named is our student in the Institute of Open and Distance Learning (IODL), pursuing a Diploma/Bachelors degree in Education.

He/she wishes to carry out a research in your Organization on:

Effects of HIV/AIDS Among Secondary
School, Teachers in Nyacheky Division, Busoga
District, Nyanza Province, Kenya.

The research is a requirement for the Award of a Diploma/Bachelors degree in Education

Any assistance accorded to him/her regarding research will be highly appreciated.

Yours Faithfully,

MUHWEZI JOSEPH
HEAD, IN-SERVICE

