

Ksh. 2500/-

**A STUDY OF HIV/AIDS AWARENESS AMONG ADOLESCENTS  
IN SOME SELECTED RURAL PRIMARY SCHOOLS. A CASE  
STUDY OF FOUR SCHOOLS IN RANGWE DIVISION, HOMA-  
BAY DISTRICT, NYANZA PROVINCE.**

**BY**

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**A PROJECT SUBMITTED IN PARTIAL FULFILMENT FOR THE  
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*A study of HIV/AIDS  
awareness among*

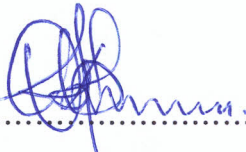


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**DECLARATION**

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



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11/07/03

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



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## ABSTRACT

Psychology as a discipline can be used, to help us understand the reasons why a large number of newly infected persons with HIV/AIDS is in the adolescence stage. This is because, this stage is marked by a time of rapid physical development, that gives the adolescent the capacity for reproduction, and also increased genital sensitivity that ensures their interest in sexuality.

This factor puts the adolescents at risk of HIV/AIDS infection. More significantly there can be little doubt that the current interest in adolescents stem from the fact that young people in our society are facing the danger of HIV/AIDS scourge. The purpose of this dissertation was therefore to find out the adolescents knowledge on HIV/AIDS.

A sample of 160 respondents was purposively selected from different school in Rangwe Division, Homa-Bay District. Questionnaire was the primary tool used in this study. The analysis of data was both quantitative and qualitative.

The study reports reveals that majority of the adolescents have knowledge on HIV/AIDS as was measured by mode of transmission, prevention and perception of risk. The study also revealed that despite this high level of awareness the adolescents still do not know what the abbreviations HIV and AIDS stands for. The study also found out that there was no significant relationship between age and knowledge of HIV/AIDS.

## CHAPTER ONE

### INTRODUCTION

#### 1.1 Background Information

AIDS has greatly been called the greatest health threat of the 21<sup>st</sup> century. In addition to illness, disability and death, AIDS has brought fear to the hearts of most Kenyans- fear of the disease and fear of the unknown. The incidence of AIDS has been rising rapidly since it was recognized in 1981.

AIDS is an acronym for Acquired Immune Deficiency Syndrome caused by the Human Immunodeficiency Virus (HIV). This organism can remain in a person's body for years before symptoms appear and the individual feels quite well. The virus disrupts the functioning of the body's immune system, rendering the infected person progressively unable to resist a host of other organisms that would normally be harmless.

AIDS is a worldwide endemic growing in frightening proportions in many countries. According to World Bank reports, it's estimated that nearly 34 million people in the world are living with HIV/AIDS and 22 million are living with

HIV/AIDS in Africa. (World Bank 2000). In Kenya, it is estimated that 2.2 million people are infected with HIV/AIDS and that 750 people die every day due this condition, (National AIDS Control Report 2000).

According to National AIDS Control Council (2000), HIV/AIDS spreads rapidly in Kenya and 90% of infections are mainly through sexual contact, mother to child transmission and contact with blood accounts for the other 10%. 80-90% of infections are among young people ages between 15 years and above.

Medically, emotionally and financially, the AIDS endemic threatens us all. The HIV/AIDS situation is critical and it's making significant inroads into the youthful population. Among the 34 million in the world living with HIV one third of them are young people between ages 10 and 24, (World Bank 2000). The epidemic continues to grow as 16,000 people worldwide become newly infected each day and more than half of those newly infected are between ages 15 and 24.

An estimated 11.8 million young people are living with AIDS, each day 6000 young people between ages 15 and 24

become infected, yet only a fraction of them know they are infected (UNICEF 2002).

It is due to these alarming figures that the adolescents are at the centre of the global HIV/AIDS pandemic. It is therefore the concern of this particular study to find out if the adolescents are aware of the presence of HIV/AIDS and the dangers associated with it.

In Kenya, adolescents are the fastest growing segment of the population as over 50% of the population is less than 20 years of age and yet teenagers aged between 15 and 19 years constitute 35% of reported HIV/AIDS cases. It has been estimated that 350,000 young people are HIV positive in Kenya and the number is expected to rise to 560,000 by the year 2005.

It has been reported that awareness in Kenya is registered at 90% and yet the number of youth dying of the scourge is very high. Behavioural intervention programs to modify sexual behaviour have proven difficult and challenging for public agencies to implement. This has called for an investigation

into the adolescents' level of awareness and sources used to disseminate information.

There are two major components of communication i.e. media and personal communication. Media communication is in two categories namely, print and audiovisual media. Whatever the programs used, it is important to have explicit objectives and if possible, measure the effects of action against the objectives. The message should be passed more frequently. The audience must also be seen within cultural context and the message must be appropriate in terms of audience comprehension. It is important to understand that when passing information, the participants themselves, must rely on what they perceive, understand and remember at the time (Derek Edwards 1989).

It is common place of cognitive psychology that perception, remembering and understanding are not processes that have a straight forward, veridical relationship to what is happening in the environment. Information could be passed, but the way it is going to be perceived will depend on the person who is receiving the information. The rural adolescents may not understand who is at risk, and may often believe that it's safe

to have unprotected sex with young or inexperienced partners.

This study targets the adolescents because of the unique features that characterizes this stage of development and these features make the adolescents quite vulnerable to HIV/AIDS. Adolescence is commonly defined as the stage that begins at the onset of puberty. The typical sequence of physical development in adolescents is generally the same for each person, the timing and the rate at which they occur is what varies widely.

Generally, boys and girls reach their pubertal stage between 10-13 years. This period is a time of rapid physical development that gives the adolescent the capacity for reproduction and also increased genital sensitivity that ensures their interest in sexuality. Therefore the first factor that puts adolescents at risk for HIV/AIDS is their early sexual maturation. In Kenya, most of the adolescents at this age are still at primary school level and unless they are made aware early enough of the dangers associated with HIV/AIDS, then they may be prone to infections at an early age.

According to studies carried out by Rogo K. O. (1989), Okumu M. and Chege (1994) on Sexual activity among adolescents in Kenya, they concluded that sexual debut tends to be at a younger age. According to this study, coitus among boys and girls before 15 years of age is high and this makes the adolescents quite vulnerable to HIV/AIDS. It is therefore the wish of this study to find out the level of rural adolescents awareness in regards to HIV/AIDS.

Adolescence period is also marked with rapid cognitive development that in many cases according to Jean Piaget (1968) does not keep pace with changes in reproductive capacity. This is because changes from childish way of thinking, to adult way of thinking abstractly depend not only on maturation of the brain but also upon experience. Therefore although the adolescents are capable of learning the facts about HIV/AIDS, they could not be able to put the facts into practice in novel situations. This implies that knowing about HIV/AIDS is no guarantee of being able to apply them.

According to David Elkind (1981) the adolescence is a stage when, one begins to perceive and analyse individual differences and develop ad hoc explanations for individual

behaviour, it's at this stage that no matter how much they share with family members, they are unique. This leads to psychological estrangement, including the sense that nobody understands them, least of all, their parents. All aspects of the adolescents' emotional life are now intensified; localized and directed heterosexually at another young person.

The adolescents' needs for social activities outside the home increases and it becomes most important for him to feel that he belongs to a peer group whom he needs their approval. The adolescents thus tend to regard warnings as challenges, they tend to do a lot of experimentation and engage in drug abuse, alcohol and other risky behaviours. This further hastens their vulnerability to HIV/AIDS.

The rural adolescents high sexual activity is associated with biological, social and economic factors such as early puberty, economic hardships, schooling, and weakening of traditional structures that regulated young people's sexual behaviour.

The economic conditions in the rural areas may not allow the majority of rural parents to afford electronic media and this

has been made worse by the fact that there is no effective rural electrification. The adolescents on the other hand may not afford print media and yet these could be the main sources of information concerning HIV/AIDS and its prevention in Kenya.

This lack of enough exposure in the rural areas has resulted in high teenage sexual activity as is reflected in the high incidences of pregnancy, early marriages, abortion and sexually transmitted diseases all of which make the rural adolescents more vulnerable to HIV/AIDS. This calls for an investigation of the sources used to disseminate information about HIV/AIDS and the extent to which the adolescents are aware of the dangers associated with HIV/AIDS.

A wide spread opinion in our society is that the adolescents are more sexually active and more oriented towards sexual concerns. Although they think about sex and sexuality, many of them still lack adequate knowledge or have misconceptions about sex.

Sexuality is a topic parents find difficult to discuss with their children, so the adolescents tend to be secretive about sexual

concerns, thus making information and communication even more difficult. Because of this, there have been high incidences of petting and sexual intercourse, which occur at earlier ages resulting in early pregnancy and sexually transmitted diseases, (Conger and Hopkins 1977).

Studies carried out have established that misconceptions about HIV/AIDS are widespread among the young people despite the level of awareness, and the rural adolescents are no exception. These misconceptions according to this study vary from one culture to another, (UNICEF2002). These misconceptions could contribute to the behaviour being observed among the rural adolescence such as drug abuse, alcoholism, engaging in sexual activity at an early age leading to risk of pregnancy and HIV/AIDS. In Rangwe Division for example, the drop out rate is estimated at 346 pupils per year. More cases of girls dropping out are registered at 76%. One of the main reasons of drop out is due to early pregnancies. (Republic of Kenya, District Education Office, Homa-Bay).

While it is true that the Kenya's rural adolescents are more informed and are more aware of the presence of HIV/AIDS,

they may not have the knowledge and skills to decide and influence matters concerning their sexuality. It is because of this that the adolescents still succumb to the dreaded HIV/AIDS.

Knowledge is one of the most important factors in determining whether the youth survive and develop their full potential. Educating the young people in how to prevent HIV/AIDS and other related health problems is the most effective means of improving a nation's health. The rural adolescents seem not to have this knowledge as quite a number of them engage in risk taking behaviours. Recently compiled national data show that 90% of Kenyans have heard and know about HIV/AIDS (Young People and HIV/AIDS Opportunity in Crisis, UNICEF, UNAIDS, WHO 2002).

This awareness has been made possible through the use of radio programs, print media, Television advertisements e.g. Voluntary Counselling and Testing centre (VCT), musical performances e.g. Princess Julie, soap opera e.g. Heart and Soul.

All the above have provided general information concerning HIV/AIDS and its prevention and most of the beneficiaries have been the urban adolescents but most of the current programs are not reaching nearly enough population in the rural areas especially the youth. (UNAIDS 1997)

To facilitate further the dissemination of adequate and correct information regarding HIV/AIDS, many teacher training colleges require student teachers to have HIV/AIDS related course work to enable them know some facts about HIV/AIDS (Ballard and White 2001).

The Government has also introduced planned instructions regarding HIV/AIDS in almost all the learning institutions and particularly in secondary schools to target the adolescents. Nevertheless much has not been done to target the upcoming rural adolescents at the primary school level. Therefore this study wishes to investigate the level of these adolescents' awareness concerning HIV/AIDS.

However despite the awareness campaigns and all the efforts that the government together with what the Non Governmental organizations have put in place to prevent the

spread of HIV/AIDS among the youthful population, the findings of the most recent demographic and health survey demonstrate that over 80% of Kenyan adolescents still perceive themselves to be at no risk or low risk of contracting HIV/AIDS.

This finding clearly shows that the level of adolescents' awareness has not been properly translated into relevant behaviour modification. It is against this background that this study would like to find out the extent to which the rural adolescents are aware of HIV/AIDS.

### **1.2 Statement of the Problem.**

There can be little doubt that the current interest in adolescents stem from the fact that young people in our society are facing the danger of HIV/AIDS scourge.

Recent studies have shown that the level of awareness is registered at 98%. Despite this level of awareness the youth still succumb to HIV/AIDS contraction. The issue in this study is, to find out the extent to which the adolescents are aware of the presence and the dangers associated with HIV/AIDS.

### **1.3. Research Questions**

- To what extent do adolescence know about HIV/AIDS?
- Do adolescents consider themselves vulnerable?
- Have the various sources used been effective enough in the dissemination of accurate and adequate information concerning HIV/AIDS?
- Is there a relationship between age and knowledge of HIV/AIDS?
- Is there a relationship between the sources available and awareness?

### **1.4 Specific Objectives of the Study**

The general aims of this study have been used to generate the specific objectives that are stated below.

- To find out whether the adolescents are aware of the presence of HIV/AIDS.
- To find out if the adolescents are aware of the various modes HIV/AIDS infection.
- To find out whether the adolescents know the symptoms of HIV/AIDS
- To find out if the adolescents have knowledge of various measures that can be taken to prevent HIV/AIDS infection.

- To find out whether the adolescents perceive themselves as being in danger of contracting HIV/AIDS.

### **1.5 Significance of the Study**

It has been established that so far there is no cure for HIV/AIDS and therefore prevention is the key to everything. The youth should hence be equipped with adequate and correct information regarding HIV/AIDS. This information can effectively reach the adolescents through proper education so that wrong information is not passed to the youth. More significantly, this information is to avoid misconceptions about HIV/AIDS that may lead to risky behaviours. Proper education may lead to behaviour modification, which in turn will result in securing the lives of our youth.

Study findings may therefore be useful to HIV/AIDS education planners and curriculum developers in knowing the right age at which to introduce HIV/AIDS programs in schools. This may in turn create awareness and behavioural change among the adolescents.

This study may also be of importance to future HIV/AIDS campaign awareness planners in targeting the right age

cohort. It may also help them in modifying their approach to passing information that may lead to behaviour modification.

The research finding is hoped to contribute to the solutions of the felt adolescents problems in relation to HIV/AIDS. It is also hoped that the study may add to the existing fund of knowledge and also arouse more interest in other researchers for more research in this field.

### **1.6 Assumptions**

It was assumed that the rural adolescents are not quite aware of HIV/AIDS and its dangers and that's why their behaviour has not changed. If at all they are aware, then there could be some other intervening variables that have tampered with behaviour modification.

It was also assumed that the sample of students selected was sufficiently a representative of the target population of rural adolescents in various schools in Rangwe Division.

It was also assumed that the schools selected drew their students from a purely rural setting being that the study was carried out in a rural area.

It was assumed that the adolescents were willing to give their correct and honest information about their knowledge of HIV/AIDS.

## **1.7 Delimitations and Limitations**

### **1.7.1 Delimitations**

The study was carried out in Rangwe Division of Nyanza Province. The Division has 105 Primary schools with a total of number of 22130 pupils. Schools are both day and boarding comprising both female and male students with different social backgrounds.

### **1.7.2 Limitation**

With this kind of research it was not possible to study the whole population, therefore the study was limited to only four schools in Rangwe Division. It was also limited in its coverage as it focused on rural adolescents only.

## **1.8 Operational Definitions**

The following words may have different Dictionary definitions but they have the following meaning as used in this particular study.

**Adolescence:** It is a stage of life that begins at the onset of puberty; when sexual maturity or the ability to reproduce is attained. It is a stage that begins from the age of 13 to 19 years. Adolescents' stage of life leads to physical, intellectual, and psychological development occurring at different rates. This leads to anxiety, insecurity, conflict and other emotional hurdles.

**Puberty:** This is a developmental stage at which a person becomes capable of reproduction.

**Awareness:** Refers to what the Adolescents know or the information they hold about HIV/AIDS. If the adolescents' have knowledge about the disease itself, its symptoms, dangers associated with it, its process, transmission, prevention, then we may say that the adolescents are aware.

**HIV:** Human Immunodeficiency Virus. This is a virus that attacks the white blood cells in the human blood, damaging the immune system and weakening the ability to fight other diseases hence the individual becomes vulnerable to infection by a host of other virus and bacteria that can cause life threatening illnesses.

**AIDS:** Acquired Immune Deficiency Syndrome caused by the Human Immunodeficiency Virus.

**Sexual debut:** This refers to experience of first sexual intercourse between boys and girls who in most cases tend to be at a younger age.

**Risk behaviour:** This is any behaviour, which can possibly cause the transmission of HIV/ AIDS, but usually relates to sexual promiscuity or sexual contact with assumed high -risk persons.

**Socialization:** This is the process by which a young person, through education, training and initiation acquires his culture as well as the habits and values congruent with adaptation to that culture.

## **CHAPTER TWO:**

### **LITERATURE REVIEW.**

#### **2.0 Introduction**

This section dealt with the systematic study of existing work that was relevant to this research. It attempted to broaden our theoretical understanding of awareness and how they relate to change of behaviour. The chapter also discussed the conceptual framework of the study.

The chapter took the following format:

- (1) Theoretical framework
- (2) Conceptual framework

The study highlighted on three major theories on awareness and change of behaviour. The Theories were chosen, as they would give an insight on what leads to awareness and behaviour change.

#### **2.1 Theoretical Framework**

##### **2.1.1 The Theory of Reasoned Action**

This theory was developed by Ajzen I. and Fishbein (1980).

This theory is based on the assumption that human beings are rational and make good use of whatever information they have. The theory of reasoned action lays its focus on the role of personal intention in determining behaviour. A person's

intention to behave in a particular way will be influenced by his experience, attitude and what the society thinks about that particular action in question.

This theory can be used to guide activities of the adolescents and also to focus on risk reduction perception, response to social norms and intentions to change risky behaviours. The possible key elements of approaches to behavioural change according to this theory therefore includes; increasing participants ability to communicate effectively about sex, personalizing risks, achieving participants perception of risk avoidance as an accepted social norm and providing reinforcement and support for sustaining risk education. Until such a time when the rural adolescents are well informed about the presence and the dangers of HIV/AIDS, it will be difficult to change their mode of behaviour that leads to the contraction of HIV/AIDS.

### **2.1.2 Health Belief Model**

This model was put forward by American psychologist in 1950s in attempt to explain why there was lack of interest among the American people in as far as health screening prevention programs were concerned. This model stipulated

that health behaviour depends on individuals' knowledge about a particular health problem. According to this model a person ought to hold the following knowledge in order to be able to change his behaviour. These are; susceptibility to a particular health problem for example, being at a high risk of contracting HIV/AIDS, perceived seriousness of the behaviour, cues to action for example, seeing somebody very close to dying of HIV/AIDS and perceived benefits of preventive action.

In this model promoting action to behavioural change includes creating awareness and changing individual personal beliefs with respect to HIV/AIDS, that is, its severity and thus delaying onset of sexual relations. Even though an evaluation of HIV/AIDS campaign providing public education have shown that they have been effective in increasing awareness of HIV/AIDS among the general population, there's little evidence that these campaigns have been effective among the rural adolescents. This is evidenced in their mode of sexual behaviour.

The above is a further indicator that knowing about HIV/AIDS and perceiving it as a threat to one's life is not the

same. The study therefore used the principals in this theory in an attempt to look <sup>at</sup> the extent of rural adolescents' awareness.

### **2.1.3 Cognitive Development Theory**

According to Jean Piaget (1968), who formulated an accepted theory of cognitive development, and other researchers who followed his footsteps, changes from childish way of thinking to adult way of thinking abstractly depend not only on maturation of the brain, but also upon experience. This is because changes in ability to think analytically are related to practice in doing so. Today's adolescence though biologically mature, has far less experience in living and decision-making. He cannot be compared with an adult in terms of ability to decide among multitude of behavioural options. Today, many rural adolescents are able to engage in unprotected sex, drug taking and other risk taking behaviour before they are able to think clearly about the consequences.

Although adolescents are capable of learning the facts about HIV/AIDS they might not be able to put the facts into use in novel situations and personal decision-making until they are, at least mature. But even then, they need skills and practice,

without those, according to Helwez-Larsen and Collins (1997); the facts simply lose their influence. This means that when creating awareness it's important to know who the audience are, the content of the message, and we should also see the audience within cultural context, and age so that the message is appropriate in terms of audience comprehension.

It is important to understand that when passing information, the participants themselves, must rely on what they perceive, understand and remember at the time (Derek Edwards 1989). The rural adolescents could know facts about HIV/AIDS, but there could be no guarantee of being able to apply this knowledge. The study therefore attempted to apply this theory in trying to establish if the rural adolescents have knowledge about the HIV/AIDS.

According to a learning theorist, William J. Mc Guire (1968), the basic notion of learning is to change the behaviour and a persuasive message is determined in part by the extent to which the target persons learns i.e. attends to and comprehends the content of the message, yields to what is comprehended, retain the position agreed with and act in accordance with the retained knowledge. Hence, factors

affecting learning tends to affect behavioural change. This study used this theory in an attempt to understand if the sources being used are persuasive enough to lead to behaviour change among the rural adolescents.

## **2.2 Factors that Render the Adolescents Vulnerable to HIV/AIDS.**

Many psychologists have done a lot of research to explain the concept of adolescence and factors that make the adolescents behave the way they do. Adolescent period is one that begins with puberty and pubertal period is a time of rapid physical and intellectual development that render the immature organisms capable of reproduction.

According to Robert Slavin (1986), nearly every organ and system of the body is affected by those changes and the pre-pubertal person and post-pubertal adolescent are different in outward appearance because of changes in stature, proportion and development of primary and secondary sexual features and increased genital sensitivity that ensure their interest in sexuality.

The adolescent is literally "taken over" by the inner acceleration in development empowered further by sexual imagery. He experiences, even without drugs, rapid alterations of consciousness and mood, which he cannot monitor. He loses control to drugs and sex in an effort to relieve inner pressure. (Sigmund Dragastin, 1975). This makes the adolescents quite vulnerable to contraction of HIV/AIDS.

More reliable food supplies along with better medical care and more sedentary lifestyle in modernizing societies are thus implicated for earlier sexual maturation. Due to this boys and girls in rural areas reach their pubertal stage between the age of 12 and 14. Therefore this early sexual maturation puts adolescents at risk for HIV/AIDS.

During adolescence stage, the peer group takes on an added importance. Members of the peers teach one another about their different worlds, and they learn through sharing of attitudes and values after which they conform to the ways of the adolescent group, from which they fear to deviate lest they find themselves isolates. But, the changes in adolescents'

cognitive development have not kept pace with changes in reproductive capacity as to give themselves novel advice.

According to David Elkind (1981), adolescents believe that they are invulnerable and the result of this belief is risky taking behaviour. They tend to regard warnings as challenges thus experiment with drugs, alcohol and unprotected sex. This finally increases the chances of HIV/AIDS contraction.

Due to various reasons the family in one way or the other has failed to prepare the young for adult roles and this isolation of the young diminishes the accuracy of adults in knowing how the young feel, think, perceive and in applying this empathic knowledge to guide their own responses in socialization. The adults, in many cases, depend on mass media for dissemination of information and peer groups takes prominence and this trend increases the chances of risk behaviour.

### **2.3 Studies done in Kenya**

A study carried out by Ochola-Ayayo (1997), reported that Kenyan young people between 24 and below know about HIV/AIDS but, despite this knowledge, they still succumb to

the HIV/AIDS infection. This means that the adolescents have not translated the knowledge to action that can lead to HIV/AIDS prevention, and that knowledge provision is likely to emphasize fear to come too late.

Surveys done by NASCOP (1998/9), revealed that large proportions of Kenyan teenagers are sexually active and that a majority have experienced sexual intercourse by age 15/16. This study also revealed that teenagers are less likely to protect themselves from the consequences of sexual intercourse. A majority of them are likely to be ignorant of the ways in which accidental pregnancy or sexually transmitted infections can be prevented.

According to related studies by UNICEF on (Young People and HIV/AIDS 2002), they looked at awareness and whether the young people are getting the information they need, to protect themselves from HIV/AIDS. They found out that the vast majority of young people remain uninformed about sex and sexually transmitted infections (STI). Although a majority have heard about AIDS, many do not know how HIV/AIDS is spread and do not believe they are at risk.

They thus recommended that intervention must be relevant to local conditions and they must be tailored to differences between boys and girls living in rural and urban areas, in school and out of school. They also recommended that it's essential to reach the young before they engage in high risk taking behaviours such as alcohol, drug taking and engaging in early sexual experiences.

Education for HIV/AIDS prevention should be timely, age appropriate and relevant to the situations and culture of the children and their families and built on, both in classroom and beyond. This study was not rural specific and it was this gap that my study wanted to address.

A recent study carried out by Pauline Geinsberg (2002, unpublished), on Adolescent Development and HIV/AIDS Prevention, revealed that adolescents are quite vulnerable to HIV/AIDS, but the adolescents still perceive themselves as invulnerable and the result is, risk taking behaviour.

She recommended that knowledge should be provided that promotes attitude that are not just anti HIV/AIDS but are supportive of self- advocacy, personal empowerment and

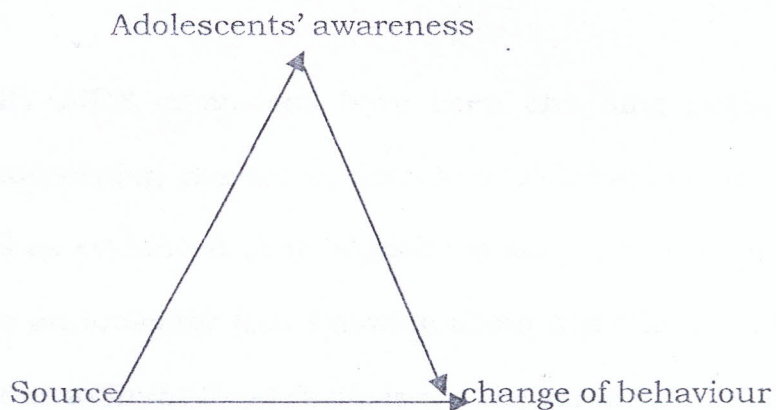
decision-making. This means that more information concerning HIV/AIDS needs to be disseminated to all areas to create awareness that can lead to behaviour change.

From recent micro- surveys done by pathfinders international (2002), the findings are that there apparently, has been a small increase in mood- altering drug use delay of sexual initiation but mostly by the urban affluent young and not by the rural adolescents.

From the reviewed studies, it was evidenced that a lot of research has been done looking at the adolescents' awareness, and the researchers have concluded that the youth are generally aware of the dangers of HIV/AIDS. Despite this awareness, behaviour modification among the youth has proved difficult as can be evidenced in teenage pregnancies, high cases of abortions and HIV/AIDS contraction. This study therefore investigated awareness versus the various sources used in the dissemination of information about HIV/AIDS.

## 2.4 Conceptual Framework

From literature reviewed, it is now clear that the vast majority of adolescents are aware of HIV/AIDS but despite this awareness they still contract the dangerous disease. This study looked at the awareness and the various sources used to disseminate this information. The aspects included:



From the above diagram the following explanation can be generated. Peoples learn from the environment and all that is learnt from the environment predicts behaviour. Many people have enough knowledge about HIV/AIDS but each one of them will react differently depending on previous beliefs, attitudes and experience.

Social psychology conceives HIV/AIDS prevention as a process by which health promoting beliefs, attitudes and correct behaviour are only formed after awareness has been

created. This means that the adolescents need to be provided with knowledge that is supportive of self-advocacy, personal empowerment, decision-making and assertive behaviour. The adolescents need the skills that lead to safe behaviours. This can only be achieved if the adolescents have been given the knowledge about these skills.

Although HIV/AIDS campaigns have been providing public education concerning the same, adolescents' behaviour has not changed as evidenced in their mode of sexual behaviour. The above is an indicator that knowing about something and perceiving it as a threat to one's life is not the same.

For behaviour change to take place, one must have the right knowledge that may lead to rational decision-making, and favour prevention of HIV/AIDS. This knowledge could be communicated through the print and electronic media, parents, peers or even through personal experience that is, seeing a close friend or family member dying of HIV/AIDS.

Communication is not simply a matter of transmitting information and assuming it will be understood and acted upon. Effective health communication involves the

transformation of health knowledge into messages, which can be readily understood, accepted and put into action by the intended audience. Hence this study intended to find out the sources used in communication and if they passed the right information that could lead to behaviour change.

## CHAPTER THREE

### METHODOLOGY.

#### 3.1 Design

Survey research design was largely used to obtain information needed. Babbie (1995) says that survey is a kind of research that is descriptive, exploratory and explanatory. While Schutt (1996) defined survey as a kind of research in which information is obtained through responses that a sample of individuals give to questions.

Survey design was used to allow for extensive data collection, on a large population within a very short time and that is why it was the most appropriate design for this particular study. Survey design adopted and used descriptive research model, which sought to explain the situation as it was in determining factors that affected the adolescents' awareness in relation to the sources used.

#### 3.2 Research Variables

According to Claire Bless and Paul P. Achola (1987), variables are empirical properties that are capable of taking two or more values. There was the independent and dependent variables.

**3.2.1** The independent variable was that, which influenced other variables, or caused changes on dependent variables.

Independent variable: Age, source of information used in information dissemination.

**3.2.2** Dependent variable was that which changed as a result of changes of independent variable. In this study the variable was knowledge of HIV/AIDS.

### **3.3 Study Location**

The study was carried out in Rangwe Division of Homa-Bay District, Kenya. The Division has 105 Primary schools with the total population of 22130 pupils. The drop out rate is estimated at 346 pupils per year and more cases of girls dropping out between classes five and eight, registered at 76%. One of the main reasons of drop out is due to early pregnancies. (Republic of Kenya, District Education Office, Homa-Bay).

### **3.4 Sampling**

Singleton et al defines sampling as the process by which a relatively small number of individuals is selected and analysed in order to find out something about the entire

population from which it was selected. The study targeted a sample size of 120 pupils from four purely primary schools. The schools comprised of mixed day from the Division. From each of the four schools, the researcher purposively selected one stream consisting of 30 standard eight pupils.

#### **3.4.1 Sampling Techniques**

Random sampling of four primary schools from the division, both boys and girls were among those to interviewed. In order for this to be achieved, considering the number of schools in the division, each school was given a chance by allotting each school a number. Using this method, four schools were randomly selected and it was these schools that were to be used in this study. From each selected school, one stream comprising of standard eight were purposively selected for this particular study. The rational behind choosing class eight pupils was with assumption that it was them who have attained the adolescents' age of between 12 and 16.

#### **3.5 Instrumentation.**

As mentioned above, four schools were used comprising of 120 students. It was therefore appropriate to use questionnaires as the primary source of data collection. A

questionnaire is a document developed by the researcher to pose questions to the informants or the respondents. Questionnaires can be used on a large sample for study and this makes the findings to be more depended and relied upon. The researcher therefore went with the instruments to the field, distributed the questionnaires to the respondents and explained to them what was required. Upon completion of the questionnaires by the respondents, the researcher immediately collected them.

The questionnaire was divided into sections, A, B, and C. Section A was to deal with the personal details of the respondents and sources of HIV/AIDS information dissemination. The respondents were required to give their own sincere views concerning the sources.

Section B and C dealt with the respondents' knowledge on HIV/AIDS. In this section the informants responded to the statements as either true or false. Likert scale was also used in which the respondents were to show whether they agreed or disagreed with the statements.

The questionnaire used both closed-ended questions, in which the researcher had predetermined answers. Open-ended questions were used to allow the respondents to express their own views. The full questionnaire is given in the appendix.

### **3.6 Pilot Study**

The questions were pre-tested on a small sample of a representative population consisting of the rural adolescents. This was done so that the initial response could be reviewed and the questions revised to eliminate any ambiguity prior to their use in the actual study. The test was set in such a way that the marking was going to help the researcher achieve the study's set objectives.

### **3.7 Data Collection Procedures**

Permission as sought from the relevant authorities giving me permission to carry out my research. Copies of the same were given to the District Education Office. Letters to the institutions to be visited were also written informing them of my visit. After permission was granted I identified my subjects, explained to them the purpose of my research and

reassured them that whatever information they would give would be treated with confidence.

### **3.8 Analysis of Data**

Upon completion of data collection, the responses were scored and systematically analysed. The analysis was both qualitative, in that it was mainly explanatory in nature and quantitative.

## **CHAPTER FOUR**

### **ANALYSIS AND PRESENTATION OF DATA**

#### **4.0 Introduction:**

In this study, questionnaire was the primary tool of data collection. The researcher went to the field and personally administered the questionnaires to the respondents. Given the fact that HIV/AIDS is a sensitive topic to many people to discuss freely, Probing was done to elicit such information.

The raw data from the field was analysed using statistical Package for Social Sciences (SPSS). This analysis forms the basis of data presentation in this chapter. More specifically, the chapter takes the following format:

1. Background information about the respondents
2. Respondents' Sources of information
3. Respondents' HIV/AIDS knowledge and
4. Respondents' Attitudes towards HIV/AIDS

#### **4.1 Background Information of the Respondents.**

In this section, background information of the respondents is presented. More precisely, the section discusses the

respondents' distribution by sex, age and religious affiliation. These variables are important because they form the basis upon which the respondents would respond to the various questions. More so, the researcher was interested in correlating these variables with the respondents' level of knowledge about HIV/AIDS. The discussion of these variables are presented below:

#### 4.1.1 Distribution of the Respondents by Age and Sex

The study found a significant variation in age and sex among the selected students. The distribution of respondents by sex and age is presented in Table IV.1 below.

**Table IV.1** Distribution of the respondents by age and sex

Ages	Male (m)	Female (f)	Total (f)	Percent
12 - 13	17	12	29	24.1
14 - 15	46	19	65	54.2
16 - 17	15	3	18	15.0
18 - 19	8	0	8	6.7
Total	86	34	120	100

Variation in respondent's age ranged between 12 and 19, with a mean of 14.5 years, and a range of 7 years. However, more than a half of the respondents (54.2%) were aged between 14 and 15 years. This means that quite a good number of

respondents in standard eight are in their early adolescence. Table IV.1 also shows that there were few cases of respondents (6.7%) in the age brackets of 18 – 19. This older group of respondents could be due to free primary education that was launched recently.

From Table IV.1 above, it can also be observed that of the total 120 respondents, 71.7% were male and only 28.3% were female. The lower percentage of girls probably reflects the high rate of school drop out of girls in Homa-Bay District. Indeed, this finding corroborates an earlier indication in this study that 346 pupils per year drop out of school in the district. Of these cases (346), 76% are girls dropping out of school due to early pregnancies (Republic of Kenya, District Education Homa-Bay 1997).

#### **4.1.2 Distribution of Respondents by Religion**

The variable religion was included in the study because the researcher wanted to know whether religious affiliation has an influence on students' knowledge about HIV/AIDS. Results of the study reveal that all the respondents (100%) were Christians. This implies that the area is predominantly Christian. Since there is no variation in religious affiliation,

the variable will not be included for further analysis in chapter five of this dissertation.

## **4.2 The Respondents' Sources of Information**

This section reports the various sources of information on HIV/AIDS, the preferred sources and the lessons learnt from the sources of information on HIV/AIDS as cited by the respondents in the field of study. The variable sources of information are included in the analysis because it's the basis of knowledge. Further, its inclusion is important since the study is going to test its influence on the respondents' knowledge on HIV/AIDS. The discussion of these variables is as follows.

### **4.2.1 Distribution of the Respondents by First Source of Information on HIV/AIDS**

The variable first source of information was essential in this study because the researcher was interested in testing its influence on respondents' knowledge on HIV/AIDS. The distribution of respondents' by first source of information is captured in Table IV.2 below.

**Table IV.2: Distribution of respondents by first source of information.**

Source	Frequency	Percent
Parents	13	10.8
Teachers	28	23.3
Peers/Friends	15	12.5
Media	36	30
Church	5	4.2
All sources above	23	19.2
Total	120	100

From Table IV.2, it's clear that 30% of the respondents got their first information from the media. This shows how media has played an active role in the dissemination of HIV/AIDS information. Apparently, this study also made an attempt to find out whether media messages are useful to the adolescents. The findings revealed that an overwhelming majority (94.2%) reported that media messages are quite useful to them.

It also emerges from Table IV.2 that of the total respondents (120), 23.3% revealed that they first got their HIV/AIDS information from teachers. This depicts that teachers too play an important role in passing this information to the adolescents.

Further, when the adolescents were asked whether they receive visitors in their schools to talk to them about HIV/AIDS, most of the respondents (88.3%) admitted that they do receive visitors and only 11.7% said they do not receive visitors. This means that the rural adolescents are exposed to various sources of HIV/AIDS information.

However, an attempt was also made to find out if there is a peer organization in the area going around schools teaching their peers about HIV/AIDS. The reason behind this was to find out whether apart from the above sources, there are other supplementary sources of HIV/AIDS information.

The study found out that over a half (51.3%) of the respondents had come across such organizations and 48.7% had never seen such organizations in their Schools. These finding clearly depicts that not all rural adolescents benefit from peer education as regards HIV/AIDS. Given the fact that peer influence plays a major role in the socialization process of the children, such organizations ought to be encouraged as a source of information.

#### **4.2.2 Distribution of Respondents by Lesson learnt from first Source of information on HIV/AIDS**

Lessons learnt from the first source of information are profound in determining attitude and behavioural change among people. More importantly, attitude and behavioural change are essential in spearheading the fight against the spread of HIV/AIDS pandemic. It is with this regard that the variable is included for analysis. Distribution of respondents by lessons learnt from HIV/AIDS information is shown in the table below:

**Table IV.3: Distribution of respondent by lessons learnt from first source of information on HIV/AIDS**

Lesson	Frequency	Percent
Aids is a killer	110	91.7
Got scared	7	5.8
Not understood the message	1	0.8
The message was untrue	2	1.7
Total	120	100

From Table IV.3, an overwhelming majority (91.7%) of the respondents learnt that AIDS is a killer from their first source of information. This shows clearly that quite a number of people have at least heard about HIV/AIDS and know the seriousness of this scourge. The implication in this study

finding is that there is a high level of awareness among the adolescents concerning HIV/AIDS issues.

#### **4.2.3 Distribution of Respondents by the Frequency of HIV/AIDS information**

The variable frequency of information was used to find out how often the messages on HIV/AIDS reach the adolescents. The rationale behind this is that the frequency of information tends to have an impact on knowledge. In addition, this determines the adolescents' perception on the seriousness of HIV/AIDS. The distribution of respondents by the frequency of HIV/AIDS information is depicted in the Table IV.4 below:

**Table IV.4: Distribution of respondents by frequency Of HIV/AIDS information**

Scaling	Frequency	Percent
Everyday	91	75.8
Every week	22	18.4
Once after along time	7	5.8
Total	120	100

Table IV.4 reveals that over three quarters (75.8%) of the respondents receive information about HIV/AIDS everyday, 18.4% every week and 5.8% once after along period of time. This clearly indicates that even though the majority of

adolescents get information about HIV/AIDS, the same information does not reach everybody at the same frequency. Therefore there is still need for aggressive HIV/AIDS campaign to reach almost all at the same rate.

#### **4.2.4 Distribution of Respondents by the Person with whom they Prefer to discuss HIV/AIDS**

This variable was of utmost importance since the adolescents are quite sensitive in discussing sexuality issues. Therefore the person with whom they prefer to discuss sex related issues, such as HIV/AIDS, plays a major role in their socialization process. More Significantly, the person they prefer, determines the kind of knowledge the adolescents are going to have concerning HIV/AIDS. Table IV.5 below shows the distribution of the respondents by the person with whom they prefer to discuss HIV/AIDS.

**Table IV.5 Distribution of respondents by the person  
with whom they prefer to discuss HIV/AIDS**

Preference	Frequency	Percent
Parents	33.0	28.0
Peers/Friends	47.0	39.8
Teachers	29.0	24.6
Church leaders	2.0	1.7
Other	7.0	5.9
Total	118	100

Data from Table IV.5 clearly reveals that 39.8% of the respondents preferred to discuss HIV/AIDS with their peers. This is because during adolescence period, the peer group takes an important role in the socialization process. More importantly, they teach one another about sexuality, thus sharing attitudes and values about sexual related issues.

The Table also reflects that of the 118 respondents, only 28% prefer to discuss HIV/AIDS with parents. This shows clearly that parents are losing their primary role as socializing agents. This can probably be attributed to the strains of social life brought about by the forces of modernization and globalisation.

### **4.3 Respondents' Knowledge on HIV/AIDS**

In this section, indicators measuring the respondents' level of knowledge about HIV/AIDS are presented. More precisely, the presentation will cover knowledge of what the abbreviations HIV and AIDS stands for, Symptoms of HIV/AIDS, mode of transmission and preventive measures. These indicators are included in the analysis because knowledge about HIV/AIDS is essential as it leads to rational decision-making in behavioural change. The presentations of these indicators are outlined below.

#### **4.3.1. Respondents Knowledge about HIV/AIDS as measured by Knowledge of the Abbreviation HIV and AIDS**

The researcher was interested in finding out the adolescents' basic knowledge of the abbreviations HIV and AIDS. This initial knowledge could help the researcher find out the extent of their knowledge on HIV/AIDS issues. The Table below shows the respondents' knowledge of HIV/AIDS as indicated by knowledge of the abbreviations of the same.

**Table IV.6: Knowledge as measured by abbreviations HIV and AIDS.**

Knowledge	HIV		AIDS	
	Frequency	Percent	Frequency	Percent
Know	40	33.3	60	50
Don't Know	80	66.7	60	50
Total	120	100	120	100

The findings in Table IV.6 indicate that over a half (66.7%) of the respondents do not know what the abbreviation HIV stands for, while only 33.3% know. Interestingly, 50% of the respondents know what the abbreviation AIDS stands for, while 50% did not know what it stands for. This shows vividly that though there is high level of knowledge about HIV/AIDS among Kenyans, quite a number of people (58.4%) as evidenced in this study do not know what the abbreviations HIV/AIDS stand for.

This further reflects the fact that information dissemination does not address itself to the basics of HIV/AIDS. This calls for agencies passing HIV/AIDS information to make sure that the basics are properly addressed before the rest of the information is disseminated. This may help the respondents in getting meaningful information on HIV/AIDS.

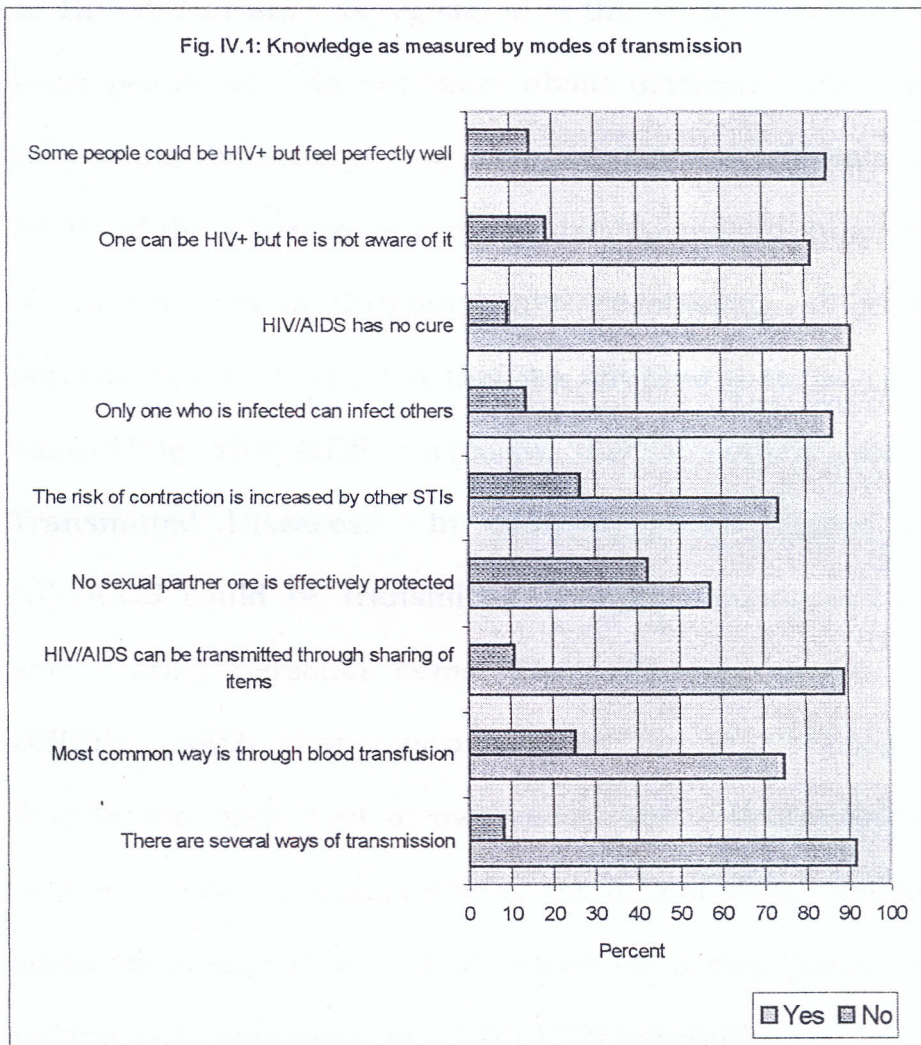
#### **4.3.2 Knowledge on HIV/AIDS as measured by the Symptoms.**

This study attempted to measure this variable as it could shed some light on the extent to which the rural adolescents are aware of HIV/AIDS. The adolescents gave varied symptoms of HIV/AIDS. Data from the field shows that the most striking symptoms that the majority of them mentioned included, weight loss (18.5%), diarrhoea (13.4%), coughing (9.4%), fever (7.0%), physical weakness (6.7%), and skin diseases (4.6%). This finding indicates that adolescents have knowledge about the symptoms of HIV/AIDS. This implies that the adolescents have knowledge on HIV/AIDS.

#### **4.3.3 Knowledge as measured by Mode of Transmission.**

As observed in the literature review, knowledge about HIV/AIDS determines behavioural change. Indeed, to William (1968), the basic idea of learning is to change behaviour. In this case, the message is determined in part by the extent to which the target persons learns. That is, attends to and comprehends the content of the message and act in accordance with the knowledge obtained. Accordingly, if the adolescents have knowledge about the mode of HIV/AIDS transmission, then, they can act according to that knowledge.

In this study therefore, several ways were used to measure the respondents' knowledge of the mode of transmission of HIV/AIDS. The results of these measurements are presented in figure IV.1 below.



From figure IV.1, it can be observed that a majority of the rural teenagers know various ways through which HIV can be

transmitted. This finding supports the recent finding that at least 90% of Kenyans have knowledge about HIV/AIDS issues. (Ukweli 2002)

Despite the high level of knowledge of the respondents (70%) on HIV/AIDS issues as registered in this study, there are still some people who do not know about pertinent information concerning the scourge. For example this study reveals that 74.8% of the adolescents contend that the most common way of transmission is through blood transfusion. A relative percentage (26.5) reported that it's not true that the risk of contracting HIV/AIDS increases due to other Sexually Transmitted Diseases. In addition, 10.9% agreed that HIV/AIDS could be transmitted through shaking of hands and sharing personal items. These findings concur with UNICEF (2002) that misconceptions are still widespread despite the high level of awareness. These misconceptions explain our casual observation in the field of study that rural adolescents engage in sexual activity at a very tender age, risking early pregnancy and HIV/AIDS infection.

#### **4.3.4 Knowledge as measured by Perception of Risk of HIV/AIDS infection.**

As cited in the literature review, a person's intention to behave in a particular way is influenced by his/her experiences, attitudes, and what the society thinks about such actions (Ajzen et al 1980). This also agrees with the health belief model, which stipulates that, health behaviour depends on an individual's knowledge about health problems. That is, a person ought to hold certain knowledge in order to change his behaviour. For example, susceptibility to a particular problem like considering oneself to be at a risk of contracting HIV/AIDS, Personalizing risks and cues to action. That is, seeing somebody very close dying of HIV/AIDS.

Using the above theories, the respondents were asked questions to assess whether they perceived themselves to be at risk of HIV/AIDS infection. The results of this analysis are presented in figure IV.2 below.

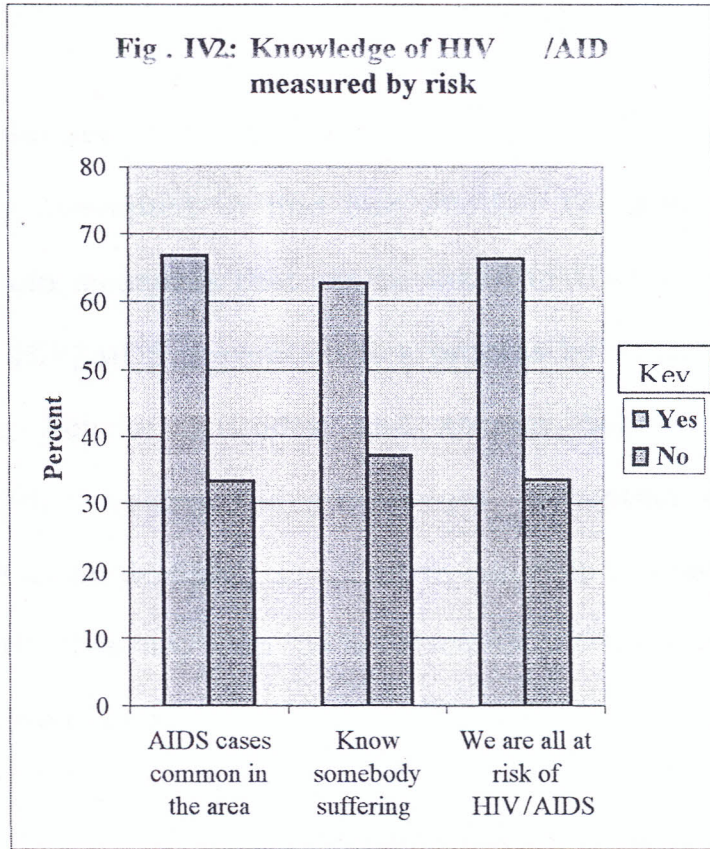


Figure IV.2 clearly shows that the adolescents (66.7%) contend that HIV/AIDS is a common phenomenon in the area, more than a half (62.7%) knows somebody suffering from HIV/AIDS. Of the 116 respondents 66.4% recognize the fact that everybody is at risk of contracting HIV/AIDS. Though there is a high level of HIV/AIDS awareness in Kenya, there are still people (33.3%) who do not perceive themselves to be at risk of HIV/AIDS infection. This calls for more efforts in information dissemination on HIV/AIDS to minimize its spread.

#### **4.3.5 Knowledge as measured by Perception of HIV/AIDS risk**

##### **Avoidance**

The study attempted to find out whether the adolescents know certain measures that can be taken to avoid HIV/AIDS infection. HIV/AIDS prevention is a process by which health promoting beliefs; attitudes and correct behaviour are emphasized. Instilling the adolescents' perception of risk avoidance as an accepted social norm can help in doing this. Importantly, this may help the adolescents to see the benefits of preventive efforts.

In this variable, the respondents were asked whether it's a must for a boy or a girl to engage in sexual intercourse before marriage. Of the 120 respondents 105 (87.5%) said it is not a must, and only 12.5% felt it is a must. This finding can be attributed to the level of awareness on HIV/AIDS issues among the respondents. Significantly, the study finding that HIV/AIDS has no cure as captured in figure IV.1 supports this finding.

On the use of condoms, an overwhelming majority (90.5%) reported that the use of condoms should be encouraged, while

only 9.5% still do not understand the reasons for using condoms. This is due to the fact that the adolescents have learnt that HIV/AIDS is a killer (91.7%) as indicated in Table IV.3. This shows that they are aware of the risks associated with unprotected sex. Indeed the study reveals that more than 87% of the adolescents in the division know at least two ways of avoiding contracting HIV/AIDS.

#### **4.4 Respondents' Attitudes Towards HIV/AIDS**

Attitudes that adolescents hold towards HIV/AIDS can have an impact on the spread of the pandemic. In fact, promoting action to change behaviour includes creating awareness and changing individual personal beliefs with respect to HIV/AIDS. It was therefore essential for the researcher to find out the adolescent's attitude towards HIV/AIDS. More importantly, this was used as an indicator of whether the knowledge the adolescents have towards HIV/AIDS has led to change of their attitudes. In fact knowledge about HIV/AIDS is a necessary condition to change an individual's attitude.

In this section, Likert scale was used to measure the respondents' attitude on HIV/AIDS issues. In this case, the respondents were asked to respond to a series of statements,

which were categorized by having a five- point scale of Strongly Agree, Agree, Undecided, Disagree and Strongly Disagree. The findings are presented as below.

**Table IV.7: Respondents' attitude towards HIV/AIDS infection**

Statement	Scale	Frequency	Percent
Infection is due to sin against God	Strongly agree	23	19.2
	Agree	12	10.0
	Undecided	6	5.0
	Strongly disagree	16	13.3
	Disagree	63	52.2
	Total		120

From Table IV.7 above, it is clear that 65.5% of the respondents disagreed with the statement that people get infected with HIV/AIDS because they have sinned against God. However 29.2% agreed with the statements. This finding indicates that the adolescents have knowledge about HIV/AIDS and that it's not a sin against God.

**Table IV.8: Respondents' Attitude as measured by traditional belief on HIV/AIDS**

Statement	Scale	Frequency	Frequency
AIDS is "Chira"	Strongly Agree	9	7.6
	Agree	4	3.4
	Undecided	10	8.3
	Disagree	25	21.0
	Strongly disagree	71	59.7
	Total		119

Of the total 119 respondents (80.7%) disagreed, while only 11.0% agreed with the statement that AIDS is "chira". This shows that the majority of respondents have unfavourable attitude towards the statement. When the respondents were asked whether they agree with the statement that people should be willing to go for HIV/AIDS tests in order that they know their status, out of the total respondents (120), the majority (85%) were in favour of the statement and only 8.3% were not.

In this study, an attempt was also made to find out about the adolescents' attitude towards those who are already showing the symptoms of HIV/AIDS. The question asked whether the respondents would be willing to take care of a person who is infected with the virus. The distribution of responses by their

willingness to take care of HIV/AIDS patients is shown in the Table IV.9 below.

**Table IV.9: Attitude as measured by their willingness to take care of those who are infected**

Statement	Scale	Frequency	Percent
I would be willing to take care of a person whom I know is infected with HIV/AIDS.	Strongly agree	45	37.5
	Agree	53	44.2
	Undecided	6	5.0
	Strongly disagree	7	5.8
	Disagree	9	7.5
	Total	120	100

From the table IV.9, it's clear that most of the adolescents (81.7%) are in favour of taking care of people who are already suffering from HIV/AIDS. However 13.3% are not. This finding clearly reveals that the adolescents are willing to give care and support to those already suffering. This probably signals the low level of stigmatisation of HIV/AIDS patients due the rising level of awareness.

Finally, the study also attempted to find out about the adolescents' willingness towards receiving more information about HIV/AIDS.

Of the total respondents, an overwhelming majority (88.0%) are willing to take care of HIV/AIDS patients, while only (12.0%). This supports the earlier finding of this study that the majority of the adolescents still need information on HIV/AIDS. Indeed, over a half of the study respondents (58.4%) do not even know the basics of what the abbreviation HIV and AIDS stands for.

## **CHAPTER FIVE**

### **Statistical Analysis of Factors Determining the Respondents Knowledge on HIV/AIDS**

#### **5.0 Introduction**

This Chapter will attempt to test the relationships among the major variables used in this study. Independent variables such as age, source of information on HIV/AIDS and Dependent variable such as knowledge of HIV/AIDS are discussed. Knowledge of HIV/AIDS was measured using certain variables such as; knowledge of what the abbreviations HIV and AIDS stands for, symptoms of HIV/AIDS, modes of transmission, prevention and perception of risk. Results of the analysis are discussed as under.

#### **5.1 Relationship between Age and First Source of Information on HIV/AIDS**

The relationship between age and the first source of information is important as it sheds some light on the most accessible source of HIV/AIDS information by a certain age group. The relationship between these two variables is given in Table 5.1 below.

**Table V.1: Relationship between age and first source of information on HIV/AIDS**

	Parents	Teachers	Peers	Media	Church	All sources	Total
18 yrs and below	13(11.6)	28(25)	13(11.6)	30(26.7)	5(4.5)	22(19.6)	112(93.3)
Above 18 yrs	0.0 (0.0)	0(0)	2(25)	5(62.5)	0(0)	1(12.5)	8(6.7)
Total	13(10.8)	28(23.3)	15(12.5)	35(29.2)	5(4.2)	23(19.1)	120(100)

Table V.1 reveals that out of the total sample (120), 93.3% were below age 18, while only 6.7% were above 18 years by the time of the study. Out of the total sample that was below 18 years, 26.7% get their information from the media. The same also applies to those who were above 18 years of age (62.5%). This is probably explained by the fact that parents postpone discussing sexuality issues with their children.

Though it was expected that the older children, at the age of 18 and above should get more detailed interpersonal information concerning HIV/AIDS from their parents, on the contrary, it was observed that both the younger and the older children got their first source of information from the media. This implies that, at whatever age, media continues to play a vital role in the dissemination of information to young ones. Age of the respondents therefore, does not have a significant

bearing on the first source of information concerning HIV/AIDS.

### **5.2 Relationship between Age and the Knowledge of what the Abbreviation HIV stands for.**

Data in Table V.2 relates the relationship between age and the knowledge of abbreviation HIV (Human Immunodeficiency Virus). Knowledge of the abbreviation is used as an indicator of awareness. The respondents were asked to give the full meaning of what HIV stands for. If the respondents clearly reported that they knew what the abbreviation HIV stands for, then the researcher would conclude that the respondents have knowledge of HIV basic information. This relationship is captured in Table V. 2 below.

**Table V.2: The Relationship between age and the adolescents' knowledge of the abbreviation HIV**

	Know	Do not know	Total
18 yrs and below	38 (32.2)	72 (61.0)	110 (93.2)
Above 18 yrs	2.0 (1.7)	6.0 (5.1)	8.0 (6.8)
Total	40 (33.9)	78 (66.1)	118 (100)

- Missing cases 2

From Table V.2, it's clear that the majority (66.1%) of the respondents do not know what the abbreviation HIV stands for, while only 33.9% know what the abbreviation HIV stands for. Of the total sample aged 18 and below over a half (61%) do not know, while only 32.2% know what the abbreviation HIV stands for. The higher percentage (61%) of those who do not know can be attributed to the fact that organizations concerned with HIV/AIDS information dissemination have not addressed the basics.

The Table suggests that age does not influence knowledge of the abbreviation HIV, as there is no relationship between age and knowledge of the abbreviation HIV. It was expected that the adolescents aged 18 and above should have more knowledge concerning HIV/AIDS including the basic information. But as it turned out to be, the majority falling within both age groups did not know the simple basic knowledge of the abbreviation HIV.

### **5.3: The Relationship between Age and Knowledge of Symptoms of HIV/AIDS**

Table V.3 below shows the relationship between age and the adolescents' knowledge of HIV/AIDS symptoms. This variable

is used in an attempt to find out if age influences the knowledge of HIV/AIDS symptoms. The respondents were asked to identify the symptoms of HIV/AIDS. If the respondents successfully identified the symptoms then the researcher could say that the respondents had knowledge of HIV/AIDS. The relationship between age and knowledge of HIV/AIDS symptoms is captured in Table V.3 below.

**Table V.3: The Relationship between age and knowledge of symptoms on HIV/AIDS**

	Know	Do not know	Total
18 yrs and below	79 (65.8)	33 (27.5)	112 (93.3)
Above 18 yrs	2.0 (1.7)	6.0 (5.0)	8.0 (6.7)
Total	81 (67.5)	39 (32.5)	120 (100)

Table V.3 reveals that the majority (65.8%) of the respondents who are 18 years and below have knowledge of HIV/AIDS symptoms, while only 27.5% do not know. The high percentage (65.8%) of those who know suggests that there is high level of awareness about HIV/AIDS. This is probably because HIV/AIDS is widespread in our communities. In fact, this finding supports the Government position that HIV/AIDS is a national disaster, thus everybody has some knowledge about it.

There is a significant relationship between age and knowledge of HIV/AIDS symptoms as is depicted from the Table. Thus, organizations disseminating HIV/AIDS information should design their programs based on age of the audience.

#### **5.4 The Relationship between Age and Knowledge the various Modes of HIV/AIDS Transmission.**

The study uses many variables as indicators of mode of HIV/AIDS transmission. The relationship between age and the various indicators of the modes of transmission considered in this study are aptly presented below.

**Table V.4: Relationship between age and knowledge of blood transfusion as a mode of HIV/AIDS transmission**

	Know	Do not know	Total
18 yrs and below	89 (74.2)	23 (19.2)	112 (93.3)
Above 18 yrs	7.0 (5.8)	1.0 (0.8)	8.0 (6.7)
Total	96 (80.0)	24 (20.0)	120 (100)

Table V.4 above depicts that out of the total sample (120), 80% know that through blood transfusion one can be infected with HIV/AIDS, while only 20% do not know. Of the total

respondents (120), 74.2% of those aged 18 and below know that one can get HIV/AIDS through blood transfusion, while only 19.6% do not know. This confirms the high level of awareness on HIV/AIDS infection through this mode among the adolescents.

In this case, it's not only age that influences the knowledge of blood transfusion as a mode of transmission but other factors can strongly be associated with this knowledge, since the adolescents in different age brackets have the same knowledge.

### **5.5: Sexually Transmitted Diseases as a way of increasing Chances of Transmission**

An attempt was made to find out if there is a relationship between age and the knowledge of sexually transmitted diseases as a way of increasing chances of HIV/AIDS infection. The relationship between these variables is presented in Table V.5 below.

**Table V.5: The Relationship between age and knowledge of Sexually Transmitted Diseases as a way of increasing chances of HIV/AIDS**

	Know	Do not know	Total
18 yrs and above	68 (56.7)	44 (36.7)	112 (93.3)
Above 18 yrs	2.0 (1.7)	6.0 (5.0)	8.0 (6.7)
Total	70 (58.3)	50 (41.7)	120 (100)

Table V.5 above shows that a relatively higher percentage (58.3%) of the respondents know that sexually transmitted diseases increase chances of infection, while 41.7% do not know. Of the total sample (120), over a half (56.7%) of those who are 18 and below know, while 36.7% do not know that sexually transmitted diseases increases chances of HIV/AIDS infection. This confirms the fact that many people are aware of the risk factors in HIV/AIDS infection.

Age and knowledge of sexually transmitted diseases as a way of increasing chances of HIV/AIDS infection seem to be related. This is because at this age, the adolescents are sexually active and tend to be interested in the knowledge of their sexuality. Accordingly, organizations concerned with

disseminating HIV/AIDS information should not shy away from discussing sexuality issues with the adolescents.

### **5.6: The Relationship between Age and Perception of Risk of HIV/AIDS infection**

Data in Table V.6 relates age and perception of risk of HIV/AIDS infection. Perception of risk is used to test whether the adolescents at their age consider themselves vulnerable to HIV/AIDS infection. The relationship between the two variables is captured in the Table V.6 below.

**Table V.6: The Relationship between age and perception of risk of HIV/AIDS infection**

	At risk	Not at risk	Total
18 yrs and below	71 (59.2)	37 (30.8)	112 (93.3)
Above 18 yrs	6.0 (5.0)	2.0 (1.7)	8.0 (6.7)
Total	77 (64.2)	39 (32.5)	120 (100)

Data in Table V.6 shows clearly that over a half (64.2%) of the respondents perceive themselves to be at risk of HIV/AIDS infection, while 32.5% do not. Out of the total (120) respondents over a half (59.2%) who are 18 and below perceive themselves to be at risk of HIV/AIDS infection, while 30.8% perceive themselves to be at no risk of infection. This

finding implies that, there is a high level of HIV/AIDS awareness among the adolescents, corroborating the national level awareness, which stands at over 90%.

The relationship between these two variables is not very significant as the majority in the lower age bracket are the ones who perceive themselves to be at risk as opposed to the ones in the older age bracket. But this perception of risk is due to the fact that, HIV/AIDS scourge can infect anybody regardless of age and therefore anybody can easily perceive himself or herself to be at risk of infection.

### **5.7 The Relationship between Age and the Lesson learnt from the information on HIV/AIDS.**

Table V.7 relates the relationship between age and the message learnt from the information on HIV/AIDS. The rationale behind the inclusion of this variable is to examine whether age influences the kind of lesson the adolescents learn from the various sources that disseminate HIV/AIDS information. Table V.7 below captures the relationship between age and lessons learnt.

**Table V.7 Relationship between age and the lesson learnt  
from the information on HIV/AIDS**

	AIDS kills	Got scared	Learnt nothing	Message untrue	Total
18 yrs and below	102(85.0)	7(5.8)	1(0.8)	2(1.7)	112(93.3)
Above 18 yrs	8(6.7)	0(0)	0(0)	0(0)	8(6.7)
Total	110(9.7)	7(5.8)	1(0.8)	2(1.7)	120(100)

Table V.7 clearly depicts that out of the total 112 respondents who were within the age of 18 and below, the overwhelming majority (85%) learnt that HIV/AIDS is a killer, while only 0.8% learnt nothing from the messages that were passed to them.

It's also evident from Table V.7 that age influences lessons learnt from the information on HIV/AIDS. This clearly implies that age is a factor that is strongly associated with the lessons learnt from the information on HIV/AIDS. This is due to the fact that, at the age of 18 the adolescents are in a position to conceptualise fine details concerning the scourge.

## **CHAPTER SIX**

### **SUMMARY, IMPLICATIONS, CONCLUSION AND**

### **RECOMMENDATIONS**

In this chapter, summaries, conclusions and recommendations of the key findings are made. More significantly, the chapter presents the extent, to which:

1. The extent to which the research questions have been answered,
2. The study's objectives have been achieved and
3. The relationships tested.

To be able to achieve this, the chapter will be organized as follows:

#### **The Respondents' Background Information**

Findings of the study showed that the majority of the respondents in standard eight are in their early onset of adolescence. More specifically, majority (93.3%) of them are aged 18 and below. Interestingly, the study also found out that there are others who are 18 years and above and were still at primary school level. Three quarter (71.7%) of the respondents were males. The low number of females (28.3%) can probably be explained by the fact that many girls in the

division drop out of school before they complete standard eight (Ministry of Education Homa-Bay, 1997).

### **The Respondents' first Source of Information on HIV/AIDS**

The study found out that media plays an important role (30%) as the first source of information on HIV/AIDS to the adolescents. The second most important source of information on HIV/AIDS was found to be teachers (23.3%), while the church was the least (4.2%) popular first source of information to the adolescents. This is probably because the adolescents find it difficult to discuss sexuality with church leaders.

Interestingly, the study found out also that the majority (39.8%) of the respondents indicated that they prefer to discuss sexuality and sex related matters with their peers. This finding implies that parents are losing their primary role as agents of children's socialization process. More significantly, the adolescence period is quite sensitive and they need someone mature like parents for sexual decision-making processes. If the parents therefore continue to be considered unpopular as a preferred source of discussing

sexuality issues by the adolescents (28%), then the adolescents may be bound to get wrong or inaccurate information concerning HIV/AIDS.

In addition, the study found out that over a half of the adolescents (51.3%) had come across youth organizations disseminating HIV/AIDS to their peers, while 48.7% had not come across such organizations. The higher percentage (51.3%) of those who had seen such organizations reflects how peer groups can help in the fight against the spread of the virus. Indeed, the importance of peer education in HIV/AIDS prevention and control cannot be underestimated.

### **The Respondents' knowledge on HIV/AIDS**

The study found out that over a half (60%) of the respondents do not know what the abbreviations HIV and AIDS stand for. This finding implies that, although the adolescents may be aware of HIV/AIDS, the extent of their awareness leaves a lot to be desired, especially where such knowledge is not known. The question might be, what do they know if they are not able to know what the abbreviations stands for? This means that the agents passing the information do not address the simple basic concepts, such as the abbreviations. In this regard,

such organizations should include the knowledge of the abbreviations HIV and AIDS in their information dissemination curricula.

The study also found out that over a half (59.6%) of the adolescents have knowledge of HIV/AIDS symptoms. More precisely, the study found out that, majority (59.6%) were able to identify the symptoms independently. The most common symptoms mentioned by the respondents include diarrhoea, coughing, weight loss and skin diseases among others. This finding was not surprising as most of them, (66.7 %) had indicated that HIV/AIDS is a common thing in the area.

This study also collected data on the respondents' knowledge about modes of transmission. The various modes considered in this study included: blood transfusion (74.8%) and sexual intercourse (57.6%). This implied that the adolescents have knowledge about the various modes of HIV/AIDS transmission. Nevertheless quite a number of them (13.7%) do not know that the main mode of transmission is through sexual intercourse with one who is already infected.

Data from the field of study found that, the majority (66.4%) of the respondents perceive themselves to be at risk of HIV/AIDS infection. Nevertheless there are those (33.3%) who still perceive themselves to be at no risk. This may probably be those adolescents who are still young to perceive themselves to be at risk. The finding can also be probably attributed to lack of proper information as some of them (5.8%) indicated that they receive information on HIV/AIDS once after a long spell of time.

More significantly, the results of the analysis showed that there is no significant relationship between age and perception of risk of infection. In this regard, more of the younger group of the adolescents considered themselves to be at risk. This implied that age is a factor to be considered in the fight against the spread of the scourge.

It was also found out that most of the rural adolescents (87%) are quite aware of some preventive measures that can be taken to avoid HIV/AIDS infection. This implies that the rural adolescents are aware of the dangers associated with HIV/AIDS. Indeed, our earlier finding in this study reveals that majority (91.7%) of the respondents know that HIV/AIDS

is a killer and (66.4%) are aware that they are at risk of infection. These findings supports the nation wide contention that the awareness levels on HIV/AIDS issues stands at over 90% (Ukweli 2002)

### **Adolescents' Attitude towards HIV/AIDS Patients**

Findings of the study showed that, a majority (65.5%) of the rural adolescents are aware of the fact that HIV/AIDS is not a punishment from God. This implied that the respondents are aware that HIV/AIDS does not come as a result of a curse, or a myth held by many tribal groupings in the country. Evidently, the majority of the respondents (81.7%) revealed that they were ready to take care of persons who have shown signs of the disease.

As regards relationships, the study found out that age does not necessarily influence knowledge on HIV/AIDS. But, Interestingly, the study found out that there is a relationship between age and the knowledge of HIV/AIDS symptoms. The implication here was that age influences knowledge of HIV/AIDS symptoms among the adolescents.

In sum, the study reveals that, the rural adolescents are aware of the presence and the dangers posed by HIV/AIDS. This knowledge can be attributed to the partial success of the educational programs in the media (30%) and what adolescents learn in school as indicated earlier by them that the second first source of information was teachers (23.3%). These sources have played a major role in the dissemination of HIV/AIDS information.

### **Recommendations**

Following the above findings, this study has come up with the following recommendations that may increase awareness in Rangwe Division and Kenya in general. More significantly, it's through HIV/AIDS awareness that the adolescents can change their behaviour.

This study has found out that parents have abdicated their role of socializing their children on sexuality and sexual related issues to the peers (39.8%) and media (30%). It is therefore recommended that parents need to be sensitised enough to take up an active role in teaching their young ones about sexuality, including HIV/AIDS issues. Although the mass media have been powerful in creating awareness on

HIV/AIDS, a more interpersonal communication is often necessary to change individual beliefs and behaviour, this can easily be provided by parents.

For HIV/AIDS agencies, it's important to first find out what the adolescents already know about HIV/AIDS, then, correct the error before giving more information. For example, majority (66.7%) of the rural adolescents do not know what the abbreviation HIV stands for. Similarly a half (50%) do not know what the abbreviation AIDS stands for. This means that the agencies could be busy talking about HIV/AIDS but the audiences do not understand the fine details of the scourge, since they do not even know the basics of it. It is thus recommended that the agencies concerned with HIV/AIDS dissemination, address the very basics of HIV/AIDS, including telling their audience what the abbreviations HIV and AIDS stands for.

To make a significant change in behaviour of the rural adolescents, peer education programs should be strengthened in these areas. This is because most (48.7 %) of the respondents reported that they hadn't come across such peer groups.

It is also recommended that Educational Programs in the rural areas be strengthened for teenagers especially at the primary school level. The rationale behind this is that, due to introduction of free primary education, many older teenagers who had dropped out of school are back in primary school level and these teenagers need to be made aware of the dangers associated with HIV/AIDS. Indeed, this study reveals that 6.7 % were above 18 years.

### **Suggestions for Further Research**

To build on the existing work, it is suggested that more studies be done on awareness in the rural areas especially those covering other indicators not included in this study. More importantly, more research is needed to answer the questions that this study did not answer, for example, apart from age and various sources used to disseminate information in the rural area, what other factors affect the level of knowledge on HIV/AIDS? Lastly, although the rural adolescents have knowledge on HIV/AIDS, much remains to be unveiled as quite a number of them still succumb to HIV/AIDS infection.

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