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**FACTORS THAT PREDISPOSE YOUNG PEOPLE TO HIV
INFECTIONS: A STUDY OF SELECTED PUBLIC SECONDARY
SCHOOLS IN MERU CENTRAL DISTRICT, KENYA**

BY

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**A thesis submitted in partial fulfilment for the Degree of Master of
Education**

of

KENYATTA UNIVERSITY

Kiara, Francis Kirimi
*Factors that
predispose young*

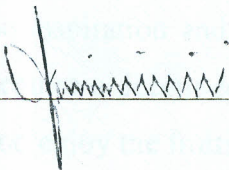


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DECLARATIONS

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

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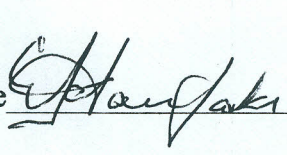
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This thesis is a monumental product of direct support and encouragement from my entire family, friends, fellow colleagues and the staff of the University of Lagos. This work is dedicated to:

My beloved wife, our dear children for their unwavering love, support, immense inspiration and my parents for their prolific efforts that enabled me to acquire a decent education. Their admirable confidence inspired me to toil and enjoy the fruits of their venerable feat.

ALUTA CONTINUA!!!

Many thanks and my sincere heartfelt gratitude flows to all my colleagues in various schools who willingly and enthusiastically agreed to be my respondents and to passionately participate in this study. Grateful special mention to the educational officers, health workers, school administrators, teachers and parents who generously set through my interview schedule, discussions and portrayed great eagerness to unravel valuable insights that informed this study.

Special and significant appreciation flows to my esteemed colleagues Prof. Felicity and Angelene. I wish to heartily bestow my personal appreciation to all their significant others who in one way or another contributed to the realisation of this valuable study. The list is very long to permit me to do this does not by any stretch of imagination indicate dilution of gratitude. In all I heartily say **THANK YOU SO MUCH!!**

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ABSTRACT

The basic objective of the study was to explore and discover the variables that predispose young people to HIV infections in secondary schools. Meru central district was among the top ten districts with the highest HIV/AIDS prevalence rate. Majority of those are young people aged between 15-19 years who are mainly of school going age. There was a dearth in the research on the factors that predispose young people in secondary schools to HIV infections in Meru Central district which this study sought to fill. This situation raised serious concerns for education and the government because young people are an important human resource investment for development.

The key subjects of the study were girls and boys in secondary schools. Their teachers, parents and school administrators were included in the study if their school was selected for the study. Field education officer and health/social workers were sampled because they were key players in the educational sector and possessed valuable insights for the study.

The study was largely descriptive using survey as the main method and triangulation as the main research technique to collate, analyse and validate data from several sources. The data collection tools included written questionnaires, interviews, focus group discussions, observation schedules and documentary analysis. Data was analysed qualitatively and quantitatively using basic descriptive statistics guided by the questions and objectives of the study. Analysed and interpreted data was presented thematically. The findings are discussed and conclusions drawn upon which recommendations are based.

The study findings indicate that HIV infections in Meru are likely to soar among young people. The prevalence rates might increase further since notable variables such as pervasive abject poverty, traditional social cultural practices such as FGC, drug abuse, sexual indulgences, pornographies, lack of knowledge on HIV and AIDS and negative attitudes/ beliefs about VCT's and condoms use, lack of open dialogue to demystify HIV and AIDS between parents/teachers and the young people are persistent. Other factors include risky practices of seeking vengeance by infecting others as well as inconsistency and lack of teaching of HIV and AIDS education which denies young people the empowerment and capacity to ably adopt safe sexual behaviour that would help to curb HIV infections.

Overall this study strongly recommends that the GoK should review the current HIV and AIDS policy to make it more comprehensive and inclusive so as to encompass compulsory teaching and examination of HIV and AIDS education as separate subject at all levels. Young people as experts about themselves should be provided space to actively participate in planning, implementation, monitoring, evaluation of HIV and AIDS sustainable strategic programmes among selves.

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NASCOP – National AIDS/STI Control Programme

NGO – Non Governmental Organizations

PLWHAS – People Living With HIV/AIDS

STIs – Sexually Transmitted Infections

STD – Sexually Transmitted Diseases

UNAIDS – United Nations Programme on HIV/AIDS

UNICEF – United Nations Children's Fund

YCT – Voluntary Counselling and Testing

WHO – World Health Organization

ACRONYMS AND ABBREVIATIONS

- AIDS – Acquired Immune Deficiency Syndrome
- BCC – Behaviour Change Communication
- CBOs – Community Based Organisations
- DEO – District Education Officer
- DDP – District Development Plan
- ESAR – Eastern and Southern Africa Region
- FBOs – Faith based organisations
- FGDs – Focus group discussions
- FGC – Female Genital Cut
- HIV – Human Immunodeficiency Syndrome
- ICASA – International Conference on AIDS and Sexually Transmitted Diseases in
Africa
- IEC – Information, Education and Communication
- KANCO – Kenya AIDS NGO's Consortium
- MoE – Ministry of Education
- NACC – National AIDS Control Council
- NACP – National AIDS Control Programme
- NASCOP – National AIDS/ STD Control Programme
- NGO – Non Governmental Organisations
- PLWHAS – People Living With HIV/AIDS
- STIs – Sexually Transmitted Infections
- STD – Sexually Transmitted Diseases
- UNAIDS – United Nations Programmes on HIV/AIDS
- UNICEF – United Nations Children Fund
- VCT – Voluntary Counselling and Testing
- WHO – World Health Organisation

CHAPTER ONE

Background of the Study Problem

1.0 Introduction

The chapter endeavours to present the various aspects and variables that enabled the researcher to build a case for the study. The variables that informed the study are presented by way of the background of the study, statement of the problem, research objectives, research questions, assumptions of the study, significance of the study, scope and limitations of the study, definitions of operational terms and the conceptual framework as outlined in the ensuing sections.

1.1 Background of the Study

Over the last decade, the HIV and AIDS pandemic has become the world's most devastating pandemic, and a serious health and developmental problem. Given the scale of the pandemic, its no longer just a public health challenge but also a humanitarian as well as a developmental crisis. The HIV and AIDS is a development crisis of unprecedented proportions. According to International Conference on AIDS and Sexually Transmitted Diseases in Africa (ICASA) conference held in Nairobi (2003), an estimated 28 million people have died of HIV and AIDS and, 65 million are infected with Human Immunodeficiency Virus (HIV), which cause AIDS (Muya, 2003).

Human Immunodeficiency Virus (HIV) causes Acquired Immune Deficiency Syndrome (AIDS). The syndrome systematically weakens the body's immune system. The weakening ultimately makes the body unable to defend infections from disease germs, pathogenic bacteria and fungi that may invade the body leading to opportunistic infections. Opportunistic infections are any diseases that invade the body after the body's defence system has been severely weakened by HIV and AIDS. Such opportunistic infections are malaria, anaemia and tuberculosis among others (Tabifor, 2000).

The HIV is found in the body fluids such as blood, saliva, mucus, semen and the vaginal secretions from every infected person. Transmissions and eventual infections occur when any body fluid of any infected person comes into contact with those of any other person. Any person infected can be re-infected which quickens death since HIV/AIDS is a terminal infection that so far has no cure. Transmission could occur through unscreened blood transfusion, unsafe sex, unchecked sharing of circumcision tools and intravenous (IV) needles/injections/syringes, mother-to-child transmission during birth, breast feeding, mucus and saliva during deep mouth kissing, rape cases and road accidents involving any fluid contacts among many others (Micheal, 2000: Tabifor, 2000: Action Aid, 1999).

The developing world accounts for more than 95% of global population affected by HIV and AIDS (UNAIDS, 2002; Kimani, 2002). About 70% of the global populations infected with HIV live in Sub-Saharan Africa, which translates into 29.4 million people from the 65 million people infected globally. HIV risks for women are increasing worldwide with 58% of those infected living in Africa (UNAIDS, 2002). Nearly 4 out of 5 of all infected women aged 15-19 years live in Sub-Saharan Africa. In sub-Saharan Africa, there are 6 women for every 5 men living with HIV and AIDS (Bunyi, 2000:4). Women and girls are more vulnerable to HIV infections than men/boys (UNAIDS, 2000). This is due to a variety of reasons that range from biological, socio-cultural, political and economic.

Biologically, during sexual intercourse, a bigger surface area of a woman's genitalia and cervix are exposed to her partner's semen than the man's genitalia exposed to her vaginal secretions (Wafula, 2001). This makes HIV infection eight times more from a man than from a woman during every single unprotected sexual contact. In many African socio-cultural set-ups, there are inherent beliefs that a man who has HIV/AIDS could be cured if he often has unprotected sex with young virgin girls. This is because many men have a belief that HIV/AIDS is a bad omen and a curse that can be cleansed through having sex with young virgin girls. There is a strong belief that circumcised men are not easily infected by HIV since the foreskin that could harbour the virus is cut and removed during circumcision. These myths, beliefs and practices are just a few examples of the variables that

lure men to sexual indulgences. These promiscuous risky sexual predispositions spur HIV infections, particularly to girls and women in general (Otieno, 2001).

Some wealthy men/women (more so elderly sugar daddies and sugar mummies) entice young boys and girls and lure them into sexual indulgence in return for gifts and monetary inducements. Conditions of poverty afflict the women/girl-child more and perpetuate these vices since men mainly control family incomes and economic resources. All these tendencies lead to more girls being infected with HIV infections than boys (Godia, 2003). Infected women/girls in many African social set-ups are less likely to go for VCT or even admit their HIV status if positive due to their inherent denial in comparison to men/boys due to socio-cultural predispositions. This is because HIV infections are mainly associated with sexual promiscuity, sexual maniacs/greed, immoral behaviours, permissiveness (looseness), indiscipline and sexual perversity among many other negative perceptions (Kamau, 2003). The negative labelling socialise the victims to suffer extreme social stigma, devastation, loneliness and discrimination among others. Indeed the preceding attributes are largely condoned in men/boys and not for women/girls. It is more humiliating, shameful and embarrassing for girls and women than boys. Social and personal stigma is more in women/girls owing to these social inclinations (Bunyi, 2000).

Social cultural practices such as female genital cut (FGC), wife inheritance, communal or group circumcisions and skin tattooing are more prevalent in rural areas than urban set-ups. The Education that accompanies such rituals and ceremonies advocates for submission of women to men as a hallmark of etiquette in a good, obedient, honest, humble, faithful, down-to-earth and decent woman. Conversely, men/boys are taught to be sexually assertive, aggressive, violent, forceful, dominant, courageous and daring. These attributes are enviable and considered to be manly in a man and particularly, the circumcised men. These social predispositions and gender inequalities weaken the power of women/girls to equally negotiate for safe sex (Fleishman, 2003). This suggests that the spread of HIV infections is more in such areas. Therefore, more about various variables that predisposes young people to HIV infections and, in particular among girls needs to be explored and investigated because young people provide a window of hope to combating the unabated spread of HIV infections (Wafula, 2001; Godia, 2003).

According to UNAIDS (2002) young people face severe demands and challenges associated with the transition from turbulent period of adolescence to adulthood. Critical issues affecting them are those associated with early sexual activity/changes, sexuality and reproduction. Young people are largely sexually active hence predisposed to HIV infections. Many young people do not have access to accurate information and reliable guidance services to adequately deal with the challenges of growing up. Subsequently there are high levels of sexual

promiscuity, pregnancies, abortions, STIs including HIV infections among young people. In fact heterosexual contact account for 90% of HIV infections (NACC, 2002; Kimani, 2002).

In Kenya, 35% of HIV infections occur among young people aged 15-19 years who constitute 60% of the entire population. Out of the estimated 30 million people in the year 2002, 18 million are young people below 20 years of age (UNAIDS, 2002). It is among this population that there is the highest prevalence rate of HIV infections hence the need to focus special attention to factors that predispose them to HIV infections. Knowledge about the influence of these factors would help to provide informed and more effective and sustainable approaches to fight HIV pandemic.

In every society, young people are the hope of the society in terms of its existence, procreation, continuity, future survival, sustainability and human capital for development. It is imperative that factors that predispose young people to HIV infections be investigated and diligently addressed to provide realistic intervention to disable more HIV infections among young people. The number of HIV/AIDS cases reported continues to increase and the situation has worsened as per the following demographic indicators (NACC: MOH, 2002)

- i) There are over three million people living with HIV/AIDS (PLWHAS) and 35% of those were mainly young people aged 15-19 years. Most of them live in rural areas.
- ii) HIV/AIDS orphans and child headed homes are increasing steadily.
- iii) Nationally 750-800, people are dying daily due to HIV/AIDS related opportunistic infections.
- iv) Cases of HIV and AIDS have been reported in every district.
- v) Majority of the deaths (70%) in every district hospital resulted from HIV/AIDS related opportunistic infections and most of the wards are occupied by HIV and AIDS victims.
- vi) Life expectancy has dropped from 60 to 47 years in the districts with high HIV and AIDS prevalence rates countrywide.
- vii) Nationally there are over 200 000 new cases of HIV infections every year.

Within Kenya, the HIV infections prevalence rates vary from region to region. According to NACC (2001) Meru District was ranked among the top ten Districts with the highest infection rate of 35%. The HIV and AIDS negatively affect the development and, quality of education in terms of operational efficiency and output. School attendance is adversely affected due persistent absenteeism due to attendant sick-offs/leave taken by HIV/AIDS victims as they seek specialised medications and counselling services. Affected and infected students suffer devastating personal and social stigma and discrimination by peers in school

which affects their class achievements. These adversely affect overall productivity and academic performance. Similarly, escalating health bills effectively decimate the meagre resources that could be viably invested in educational industry. The teachers and the students are equally affected leading to inconsistencies in teaching and learning (Odawa, 2001; NACC, 2001).

In Kenyan secondary schools, 20% of the students aged 14-17 years were infected with HIV virus by the year 2000 (Agina and Kamotho, 2000).

At school level chronic absenteeism translates into underachievement and poor performance that leads to hopelessness and ultimate dropping out of the school. The infected students drop out of school due to personal and social stigma, guilt, financial problems, discrimination, hopelessness and attendant feelings of devastations among other negative dispositions. The negative feelings from personal and social stigma leads to emotional problems and emotional maladjustment that adversely affect achievement in studies. The affected students are leaving schools due to financial problems. Similarly, affected students are withdrawn from school by their next of kin to attend and care for their ailing parents/guardians. This effectively increases the pool of drop outs. All these lower the school enrolments hence adversely affecting the quality and the quantity of education at all levels of learning (NACC, 2002).

Indeed, the education of the girl-child is particularly adversely affected because these are the ones mainly withdrawn from the school to provide care to parents and siblings in line with their traditional care giving and nurturing gender roles. Infected students who opt to remain in school suffer persistent stigmatisation due to isolation and discrimination from the negative labelling from their fellow students (Odawa, 2001). The negative labelling and attendant socialisation adversely affect their self esteem, self concepts and self confidence leading to low morale, poor performance and underachievement. It often, makes them drop out of the school. The impact of HIV and AIDS among young people cannot be gainsaid. They are felt by the entire society due to the blatant wastages in education which effectively shatter the hopes and expectations leading to bleak and dismal future prospects for young people and, by and large for the entire society (Action Aid, 1999).

1.2 Statement of the Problem

At the individual level the infected students experience extreme unhappiness, despair, gloom, doom, low morale, lethargy, devastation, helplessness, rejection, shock, denial, revenge, depression, hopelessness, and discrimination. At times these students aver suicidal feelings due to stigmatisation from fellow students who shun and avoid them like plague during group discussions and other social activities in the school (Bunyi, 2000).

Focussing on Meru District secondary school students was vital since students in the schools are by and large young people who are uniquely threatened and relentlessly predisposed to HIV infections because their institutions are located within an area with a persistent high prevalence rate of HIV infections. Secondly, no past attempt has been done to specifically and in particular investigate and document the factors that continue to predispose young people in schools to HIV infections. Hence, the study findings have potential to inform strategies to combat HIV infections among young people. Further, the schools being social institutions by their very nature would offer valuable insights that could inform the kind of socialisation that could be adopted to pre-empt HIV infections among young people. It was therefore imperative that, the problems and the challenges posed by HIV infections be pursued, explored and scrutinized.

1.2 Statement of the Problem

Because of a dearth in the research of the factors that continue to predispose young people in secondary schools to HIV infections in Meru Central district intervention measures lack essential insights to serve as guidelines in this area.

Further, the Meru DDP (2002-07) shows that 69% of the total HIV infected persons were young persons aged between 15-19 years. This situation raises serious concerns for education and the government because young people are an important human resource investment for development of any nation.

Despite the GoK directive that HIV and AIDS education be incorporated in school curriculum and even HIV/AIDS awareness level being 95% in Meru central district, the HIV and AIDS prevalence rates continue to soar into the millennium. Young people continue to die or leave school due to AIDS related factors, thus adversely affecting human capital investment in education.

In view of this, then, the task of this study was therefore to investigate, explore and document the various factors that predispose young people to HIV infections and make feasible recommendations pertinent to the findings.

1.4 Research Questions

1.3 Research Objectives

1.3.1 General Objective

The overall objective of the study was to investigate the factors that continue to predispose young people in Meru secondary schools to HIV infections.

1.3.2 Specific Objectives

The specific objectives of the study were:

- i) To discover the practices that predisposes young people to HIV infections.
- ii) To explore the attitudes that predisposes young people to HIV infections.
- iii) To unearth beliefs that predisposes young people to HIV infections.
- iv) To find out the contribution of mass media to HIV infections.
- v) To investigate the influence of peer pressure in HIV infections.

- vi) To identify socio-economic factors that facilitates the spread of HIV infections.
- vii) To probe the influence of HIV and AIDS education in combating HIV infections.
- viii) To determine the perceptions of young people about their contributions in the war against HIV infections among selves.

So as to achieve the above objectives, the study sought to answer the following questions.

1.4 Research Questions

1.4.1 General Question

The basic question of the study was:

What factors continue to predispose young people in secondary schools to HIV infections.

1.4.2 Specific Questions

The specific questions that the researcher sought to answer are:

- i) What practices predispose young people to HIV infections.
- ii) What attitudes predispose young people to HIV infections.
- iii) What beliefs predispose young people to HIV infections.
- iv) How did mass media predispose young people to HIV infections.
- v) How did the peer influence contribute to the spread of HIV infections
- vi) What socio-economic factors predispose young people to HIV infections.

- vii) Why was HIV infection rate among young people on the increase despite HIV and AIDS education being taught in schools.
- viii) What are the perceptions of young people towards the war on HIV infections among themselves.

So as to answer the preceding questions, the study had the following assumptions.

1.5 The Assumptions of the Study

The study was based on the following assumptions:

- i) That the education administrators at all levels would permit the researcher to conduct the study in their respective institutions.
- ii) That the students being the key source of information, teachers, parents, school administrators, field education officers and health workers would willingly participate in the study.
- iii) That the students, teachers, parents, education officers and health workers would identify and name the factors that predispose students to HIV infections.
- iv) That absence of sufficient knowledge to respond to all issues raised in the study did not rule out that the respondents were not predisposed to HIV infections, rather it was crucial since it ignorantly predisposed one to the risky practices that greatly led to the HIV infections.

The above assumptions were realised as evident in the study respondents responses presented in chapter four.

The study was valuable and important in various aspects as highlighted below.

1.6 The Significance of the Study

The study was significant in that its findings, conclusions and subsequent recommendations would:

- i) Provide valuable information on particular factors that predispose young people in secondary schools to HIV infections.
- ii) Highlight the prevalence, magnitude and the seriousness of the variables that predispose young people to HIV infections in the school environment.
- iii) Contribute to the existing body of knowledge, which will benefit interested researchers and scholars to investigate more about the factors that predispose young people to HIV infections.
- iv) Assist the policy makers in GoK and specifically MoE in preparation, strengthening and modification of HIV and AIDS education and syllabus in schools based on emergent socio-dynamics, realities, definitions and the interpretation that various groups within which the school find themselves.
- v) Assist the school counsellors in fundamental modifications, improvement and enrichment of the school counselling programmes. This will not only help to highlight new practical educational approaches, new directions but, perhaps sustainable vital modifications in the current educational set-

able to ably empower students on the war against the rampant and dreadful HIV infections.

vi) Facilitate in conceptualising, planning, designing and implementation of gender sensitive sustainable strategic action plans that would inclusively encompass vital synergy of the students to join fellow young people in the war against HIV infections among selves.

vii) Provide valuable information for public utility in effective advocacy awareness meetings and any other viable initiatives to empower young people in the war on HIV infections.

The study encompassed the scope and limitations cited below.

1.7 Scope and Limitations of the Study

The study was conducted in selected public secondary schools in Meru central district schools in eastern province of Kenya. The study was limited to finding out and exploring the variables that predispose young people to HIV infections.

1.8 Definitions of Operational Terms

In this particular study these terms were used as explained below:

Carrier subjects – Subjects that contain some few messages about HIV and AIDS e.g. religious education, social ethics, biology and history.

Directly affected students – They are students who have lost either one of their parents/siblings/relatives/guardians/friends due to HIV and AIDS.

Gender – A social cultural construct that defines what it means/entails to be a boy/man or a girl/woman according to social differentiation of duties, responsibilities, opportunities, and roles within a given society.

Female genital cut (FGC) – is circumcision done to a girl that involves cutting of clitoris or clitoridectomy. It involves sharing of one cutting tool among several candidates due to cultural reasons.

Life-skills – Any adaptive and positive behaviour that enables individuals to deal effectively with the demands and challenges of everyday life. Skills such as self-awareness, empathy, decision making and problem solving, critical and creative thinking enables one to cope with emergent emotions and stress to combat HIV infections.

Risky sexual behaviour – Any behaviour/actions that predispose one to STIs including HIV.

Risky sex practices - Any sexual act which makes one vulnerable and susceptible to the HIV infection.

Sexuality – The verbal or non-verbal expression through dress and behaviour of a boy/man or girl/woman that identifies them as sexual beings.

Social stigma – A negative mark, tag, label or identity on someone or a group of people. A stigmatised person is shunned, avoided, discriminated or isolated.

Young people – The study adopted the definition of a young person to include all boys and girls in secondary schools and by and large all those of secondary school age.

1.9 Conceptual Framework

The framework guiding the study is based on the idea that the socialization process among young people may lead to behaviour change like the acquisition of new values, attitudes, dispositions, notions, concepts, stereotypes, beliefs and practices that predispose one to HIV infections. This takes place in various socialization set-ups like in schools, homes, churches and in the greater society. Growth and maturation are interactive social processes where young people become socialized in various behaviours, attitudes, beliefs and practices. Through social interaction young people may learn and acquire sustainable risky practices that include risky sexual behaviours and practices that predispose them to HIV infections. Social behaviours are contagious and are determined largely by diverse interactive social variables in various contextual social environments. Among these are contextual variables like peer influence, drug abuse, mass media, socio-economic status, social cultural factors, sexuality, gender issues and knowledge about HIV and AIDS among others. Emergent social behaviours and subsequent actions are strongly affected and influenced by what young people observe and how they interact with in the immediate environment. Any behaviour is relatively perpetuated and sustained by the gains/rewards and benefits that occur in specific social milieus which reflect social values and social mores in vogue.

The school is a powerful agent of socialisation, helping in transmitting norms, customs, social values, attitudes and skills (Olatunde and Ademola 1991). A

secondary school is a second home and a social institution with unique patterns of social interactions and unique organisation whose expectations are binding upon its members. It is in these diverse contextual social environments where young people are exposed to various types of social interactions which are a carryover from different and varying social and cultural backgrounds from homes, church and from the immediate community.

As students mature they become sexually active. They face serious health risks with too little factual information, too little guidance about sexual responsibility, and few skills if any, about how to protect themselves from the HIV infections and less opportunities to access to youth friendly health services. This is critical since schools do not offer students vital education on sexuality and reproductive health. This leads to pervasive ignorance which is a leeway to risky sex practices that perpetually predispose many adolescents to HIV infections.

Studies have shown that the environment in which a school is situated has critical effect and undue influence in the school fraternity (Banks, 1976: Datta, 1984). This is especially true if the students attending the school are from the same community or if the school allows frequent contacts between the school fraternity and the local community. Contacts and subsequent social interactions would also occur if students often sneak out of school to the local community. Standards of social behaviours, values, practices and social mores found in the greater

community would, through the process of identification, association and assimilation be observed among the students (Bandura, 1977)

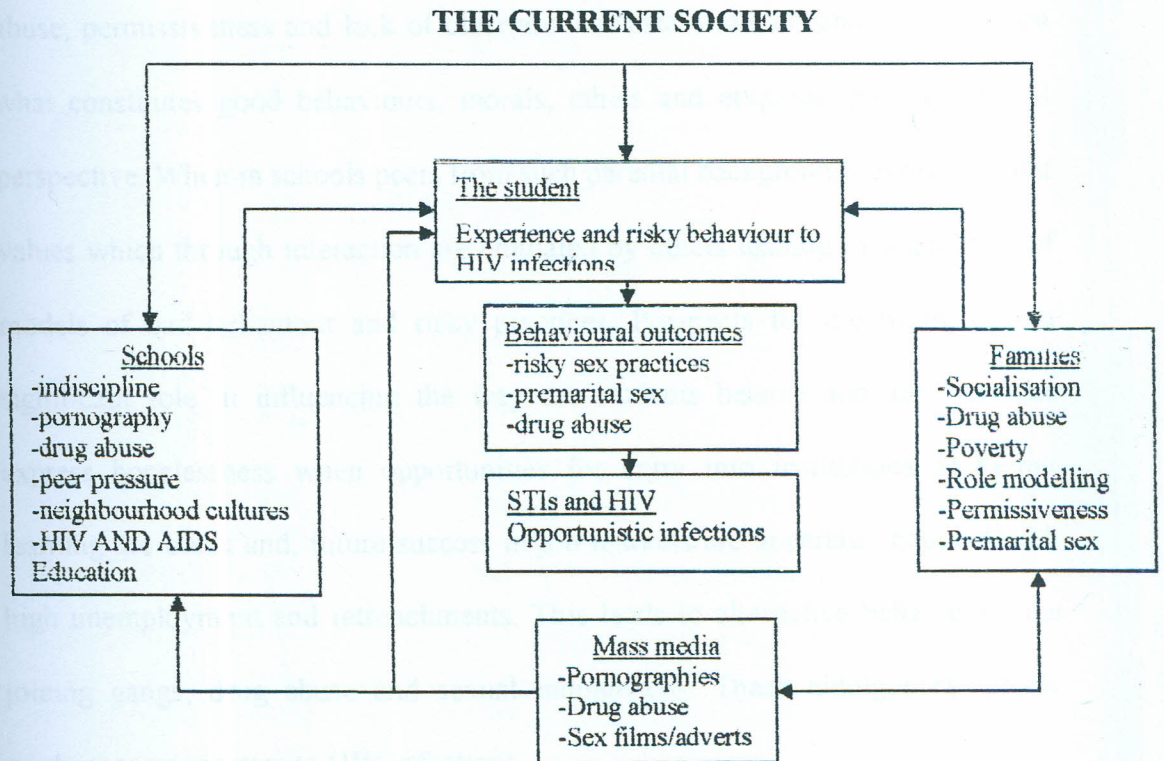
Students do not find things done in schools to be always interesting, hence they search elsewhere for fun, meaning, identity and excitement which lead them to engage in social behaviours like premarital sex and drug abuse (Kanja, 2001).

Educational institutions are more than just a place for learning since they provide leisure and community space. They are loci of social, personal and professional interaction where students learned and acquire new values, attitudes, beliefs and behaviours which may predispose them to risky sex practices and HIV infections.

The mass media and the social environment immensely affect the values of young people by introducing new values, ideas, behaviours, trends or replicating the social environment from the various social cultural, family and societal backgrounds in school environment. Mass media creativity and factual representation introduces forms of behaviour that are not part of the prudish traditional social milieu, presenting them worthy of emulation.

The schematic diagram in figure 1.1 illustrates how various social interactions in society affect young people and predispose them to HIV infections.

Figure 1.1 Schematic representations of social variables showing how they affect Students and Predispose them to HIV Infections.



Each school environment has peculiar contextual factors that influence student behaviour. For example peer influence in schools is a powerful motivator for behaviour change where values of 'a group, cluster or clique' are considered paramount. Indeed, not towing the group's line leads to ridicule, isolation, loneliness, discrimination and loss of friends. Many students opt to engage in social behaviour that the group edifies and consider appropriate (Kanja, 2001).

CHAPTER TWO

Parental modelling in particular influence the adolescents to indulge in risky sexual practices if the parents exhibited such values as lewd sex practices, drug abuse, permissiveness and lack of clear and consistent models and guidelines on what constitutes good behaviours, morals, ethics and etiquette from a parental perspective. When in schools peers from such parental backgrounds exhibit similar values which through interaction are emulated by others leading to acquisition of models of bad behaviour and risky practices. Prospects for the future play a significant role in influencing the way the students behave and act. Students express hopelessness when opportunities for entry into institutions of higher learning are bleak and, future success in job markets are uncertain, coupled with high unemployment and retrenchments. This leads to alternative behaviours like joining gangs, drug abuse and sexual indulgences. These indulgences greatly predispose youngsters to HIV infections.

The next chapter entails a review various studies and literature that were relevant to the study problem.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.0 Introduction

This chapter entails the review of relevant related studies and literature on variables that predispose young people to HIV infections. These variables are categorised under various themes like the mass media, peer influence, socio-economic factors, condom use, parenting and social cultural factors.

2.1 Young People and HIV and AIDS

Adolescence is a very significant stage in human development. It is characterised by the process of physical maturation and transition to adulthood. According to WHO (2002), adolescence is a period in one's life between 10-20 years in which an individual progress from a point of initial appearance of secondary sexual characteristics to that of primary maturity. The individual's psychological processes, patterns of identification, habits, principles, traits and behaviours develop from those of a child to that of a young adult. At this time many of the young people make discoveries concerning sex and reproduction. They experience physiological changes in their bodies. They begin to learn the socio-sexual scripts that govern adult behaviour (Eager, 1994). Adolescence marks the beginning of one of the strongest of all physiological, psychological, psychosocial experiences and maturation of sex organs (Parrat, 1993).

Socially, adolescence is a time of fun, adventure, experimentation and risk-taking in various aspects of life. Adolescents tend to be adventurous to learn and acquire new habits, behaviours, values and principles from each other through social interactions. They experiment and indulge in anti-social behaviours such as drug abuse, alcohol and sexual intercourse which predispose them to STIs and HIV infections (NACC, 2002). Little wonder then, heterosexual contacts account for 90% of HIV transmissions in Kenya, and teenage girls are more vulnerable to the pandemic with an infection rate of five times more than that of the boys of the same age (Mohl, 2002). In Kenya, HIV infections among young people are almost entirely sexually transmitted infections.

The volatility of the stage of adolescence is a crucial factor because as young people search for identity, their tendency to rebel against authority and accepted modes of behaviour and the need to raise their low self-esteem, may lead them to indulge in risky sexual behaviour and sexual promiscuity. When adolescents cannot express their disagreement publicly for fear of negative reprisals from their superiors, they engage in compensatory negative behaviour as a way of releasing tension, or showing their disagreement in ways that cannot be directly linked to the situation they are reacting against (Owens, 1998). These tendencies may involve indulgence in risky sex and drug abuses that may predispose them to sexually transmitted infections including HIV.

In Kenya, HIV and AIDS is increasing most rapidly among young people in their twenties, which imply that they had contracted the HIV during their adolescence (NACP, 2002). Young people in secondary schools are predisposed to HIV infections because schools provide little help on sexual and reproductive health issues (Kanja, 2001). Many schools seem to do little in terms of counselling to assist the students in understanding their sexual identity and how to cope with its demands and emerging challenges of adolescence. Subsequently, the underlying factors that continue to predispose young people to HIV infections could only be understood by carrying out studies such as this one focussing on young people, as the core respondents and subjects.

2.2 Cultural Practices and HIV Infections

A study done in Kenya and Cameroon indicated that 40% of sexually active secondary school girls had been forced to have sex by their male partners (Peil, 1977; Rwenges, 2000). Further, it was found that a variety of cultural practices in many social institutions by way of norms and values increase the risks of HIV infections among young people. In the same study, it was found that in most of African societies, women status is subordinate to that of men. With such gender inequalities and biases, girls are socialised and brought up to be submissive and subordinate to boys. This makes girls to feel powerless when it comes to sexual relations and sexual negotiations. Conversely boys are socialised and brought up to be domineering, brave, courageous and aggressive and pressurise girls to engage

in sex. Physiologically, engaging in forced and violent sexual encounters may result in abrasions and cuts, which predispose victims to STIs and HIV. What is worse is that girls are unable to negotiate for condom use in such situations (WHO, 2002). Rape cases constitute a critical factor in the spread of HIV infections.

While the above studies were mainly done outside Kenya over the last decade, some local studies offer great insights to this study. For example, a study by Obiero (2000) among young people aged 15 to 25 years in Nyamira District in Kenya revealed that knowledge about HIV and AIDS prevention does not always lead to change in sexual behaviour. It also revealed that mutual faithfulness among sex partners is undermined by cultural practices and socialisations where peers engage in sex with many sex partners. In view of that, there was need to explore whether socialisation and social cultural practices and beliefs predispose young people to HIV infections in schools in Meru community.

Among the Luo community, parents who engage in affairs with many sexual partners influence the sexual behaviour and habits of their children to indulge in sex (Okwesio 2002). Young people also tend to copy and ape such behaviours and pass them to other peers in schools. Further, Okwesio (2002) demonstrates that in secondary schools in Luo community, girls are forced into sex by their boyfriends. The study points to the existence of a cultural feeling of dominance by men over

women which young people diligently ape. These cultural practices allow men to have multiple sex partners. Young people in Luo community model their identities around these practices. Another observation made from the same study is that cultural factors such as taboos hindered free discussions on issues of sex between young people and their parents. In the same study, few respondents reported that they rarely heard their parents talk about HIV and AIDS which made them shy, cold and withdrawn. Successful Information Education Communication (IEC) interventions for behaviour change are complicated by the fact that matters of human sexuality are closely tied to traditional and cultural practices.

However there is no compelling evidence from the preceding studies that IEC campaigns have altogether been effective in communicating accurate information and increasing knowledge on HIV infections. This calls for a need to investigate and ascertain, the various perceptions and specific information that young people and, particularly those in Meru central secondary schools, know concerning variables that predispose them to HIV infections, which are the focus of the study.

2.3 Socio-Economic Status and HIV Infections

According to Mann and Tarantola (1996), HIV infections spread fast in conditions of poverty and lack of information. Accordingly, in many countries poor young girls tend to seek support and security from wealthy men by offering them commercial sex. The support could be in form of finances, material things or

payments of school fees. Such behaviours predispose the young girls to STIs.

Similar findings were recorded by Campbell (2001).

In Kenya, young girls from poor and unstable families are likely to have had sexual experience than those from stable families (Meeker and Calves, 1997). Young Kenyan girls are married to older men in order to cement friendships and economic ties among families (Zabin and Hayward, 1993). Among the Maasai community girls as young as 10 years old are married off to older men. This predisposes the young girls to the risk of HIV infections because their husbands are polygamous and engage in sex with many partners or co-wives (Tale, 1995). It was therefore imperative that the study investigate whether social-cultural practices in Meru community had any role in the spread of HIV infections among young people.

Research by Okwesio (2002) in Luo community found that socio-economic factors are responsible for risky sexual behaviour among young people. Among these are poverty, the changing social trends leading to resurgence of sugar daddies and mummies, lack of employment opportunities for those who had gone through their education: and the desire for money by young people at a very early age as compared to the youth in past African traditional settings.

In this context, the findings availed valuable insights and information upon which viable recommendations are based. Further, the findings will help facilitate the drawing of informed comprehensive and realistic strategic plans to curb HIV infections among young people.

Find similar work by [Bakari, M. \(2002\)](#)

2.4 Peer Influence and HIV and AIDS

According to UNAIDS (1999) globally, 52% of 15 to 19 year olds who had sexual intercourse claim to have learnt it from peers. Most young people are responsive to peer opinions and influences as was observed in a research in South Africa, Uganda and Kenya that revealed that young boys and girls are being influenced by their peers into sexual activity (Preston, 1991). In view of these findings, this study keenly explored the critical role of peer influence in the spread of HIV infections among young people from student's perceptions.

Find similar work by [Maswanya, Moji, Horiguchi et al. \(1999\)](#)

A study among 16 to 24 year old students in Tanzania revealed that students were receiving misconceptions from peers, consequently they tended to strongly dislike condom use during sexual intercourse. They also feared to take HIV test (Maswanya, Moji, Horiguchi et al., (1999).

Find similar work by [Okumu and Chege \(1994\)](#)

According to a survey by Okumu and Chege (1994), 57% of secondary school students from rural environments in Kenya who were below 20 years of age had contracted an STD. Moreover, among the secondary schools girls interviewed,

41% did not know that people infected with HIV may not look sick. Also 30% did not know that condoms can protect against HIV transmissions and, one in three students mistakenly thought that cleaning the vagina after sexual intercourse reduced the risk of contracting HIV infections. In this context, it was important to find similar issues in Meru community.

Similarly secondary school students in Gacharu sub-location in Kiambu district of central province of Kenya reported that teaching of HIV and AIDS education as a subject through infusion in biology and social ethics was lacking on knowledge about HIV and AIDS (Mwangi, 2001). The study further observes that students got much of their knowledge on HIV and AIDS from peers. This indicates that the peer group is a crucial source of information. The study notes that most of AIDS information from peers is inaccurate hence predispose them to HIV infections. Inaccurate information confuses young people and led them to indulge in risky sexual behaviours. Hence, the feelings of students about the teaching of HIV and AIDS and its perceived effect in inculcating sustainable safe behavioural practices were deemed relevant to the study.

Okwesio (2002) reports that among the Luo secondary school students peer influence made them to believe that premarital sex made one to feel loved, proud, mature, courageous and contented after satisfying their sexual urge. Hence, dispositions such as feelings, beliefs and practices those certain groups of

individuals such young people in Ameru community harboured concerning HIV infections which are the core focus of this study.

Ngigi (2002) observes that in secondary schools in Limuru division, majority of the students (60.2%) would not mind their peers seeing them with their sex partners since it provides a sense of belonging and social status. Further, the study observes that majority of the students believe that peers who do not have sexual intercourse were social outcasts, primitive, coward, outdated or abnormal.

In this context, there was need to investigate the current information, beliefs, stereotypes, misconceptions, attitudes and practices that certain groups, such as young people embraced about HIV infections. Perhaps this information does influence their sexual behaviours thereby predisposes them to HIV infections. It is only then, that informed positive attributes and attitudes could be enhanced for subsequent sexual behaviour change to empower young people to curb HIV infections among selves. As such, the researcher focuses on school going young people for valuable insights that could proactively inform useful and substantive positive behaviour change and modification strategies in future.

2.5 Condom use and HIV Infections

Apprehension and anxiety prevented young people from using condoms. Many fear asking questions about their partner's sexual history for fear of endangering

their relationship (Bunks, 1998). Peer pressure greatly influences the perceptions of young people on condom use and sexual activity. The study further notes that individuals do not want to look more concerned than their friends. Therefore if none of their friends uses condoms, it is not necessary for them to use condoms. It was therefore insightful that this study focused on student's perceptions about condom use to avail vital information that could be useful to synergize young people's efforts on the war against HIV infections.

A study among young people in Kakuma in Kenya (Nkam, 2001), reported that only 27% of them used condoms during sexual intercourse. The reasons given by non-users included unavailability of condoms, religious and cultural inhibitions, lack of enjoyment when a condom is used during sex and, feeling ashamed to ask for a condom. The study notes that majority of non-users were mainly Catholics (32.8%) who based their actions on the provision/doctrine of their faith that prohibits condom use. This study addressed this issue among the youth in Meru community.

In Zambia, Tanzania and Kenya, studies done in mid 1990's revealed that 20-50% of young girls did not know of any way to protect themselves against HIV infections (UNAIDS 2000). Research done in Mozambique, Zambia, Uganda and Kenya revealed that more schooling and high academic achievements are not necessarily associated with more use of condoms (UNAIDS, 2000).

Such findings are important because lack of clear perceptions of risk and feelings of invulnerability are a significant obstacle in changing young people's sexual behaviours, practices, attitudes, beliefs and norms. Research done in Kenya, Malawi, South Africa, Tanzania and Uganda among students shows that many students do not consider themselves at risk, while others reports that if they became infected they would blame other people for their infection (Campbell, 2001). Such findings raise concerns regarding perceptions of HIV infections that may contribute to the endangering the health of young people. This study set out to explore student's perceptions on condom use and related behaviour.

2.6 Parenting and HIV Infections

According to Banks (1976) the family is the first agent of socialisation. Hence, the family is critical in inculcating desirable social behaviour among its members especially the children who are the future of any community in terms of existence and continuity. For example, where physical violence or drug abuse, or sexually permissive behaviours among others are practised, children are likely to learn, acquire and exhibit behaviours that are commonly observed in their communities in given circumstances and opportunities (Datta, 1984). Importantly adult members of a family exercise considerable influence over their off springs.

According NACC (2002) many parents are shy, afraid and reluctant to discuss with their children about issues relating to sexuality. Some parents fear that such

discussions may increase children's curiosity and lure them to experiment in sex. It has been observed that other parents fear talking about sex because it may influence children's ideas regarding sex practices and sexuality. Research by Wanga (2000) reveals that some parents have failed as good role models as they merely discourage their children not to engage in sex while they lavish and thrive in extramarital affairs and multiple sex partners. These contradictions and double standards send negative signals to young people who are likely to ape such behaviours and indulge in fornication and premarital sex. This study endeavoured to find how parental sexual behaviours and guidance may impact in young people attitudes towards sexual relations.

2.7 Mass Media and HIV Infections

According to Karuru (2004) in the study involving students in Kiambu district in Kenya, 62.7% of the respondents strongly agreed that mass media greatly influenced their sexual behaviour. In the same study, 50.5% of the students reported that the television was their favourite source of sex information. Further, 86% of the students reported that pornographic media influenced their sexual behaviours in various ways like making them curious of what they observed and increased their desire to experiment in sex, since it made sex acts look good.

A study by Mwangi (2001) on mass media and HIV risk reduction

According to Derken and Strasburger (1996) the mass media is a potent tool that greatly influences student behaviour. The glamorisations of sex behaviours in

movies, adverts, videos and magazines laid a foundation for practice by young people who may have embraced risky sexual behaviours.

2.7 Summary

Needless to say, programmes that contain sexual exploits are popular among the young people (Kareithi, 2002). Students in high schools are exposed to a variety of mass media via television, pornographies, films and music, which glorifies sexual intercourse. Sex 'packed shows' tend to provoke young people to indulge in risky sexual behaviour through imitations. In view of these, there was dire need to explore vividly the specific information, beliefs and practices that young people learn from mass media and their potency to predispose them to HIV infections.

2.8 Teaching of HIV and AIDS Education and HIV Infections

According to Okwesio (2002) some HIV and AIDS control and prevention stakeholders such as health workers, social workers, teachers and religious leaders do not have adequate up-to-date facts and information. Hence, there was need for this study to focus on the perceptions of students towards the kind of HIV and AIDS knowledge that they received from teachers and social workers so as to establish its efficacy to avert HIV infections among young people.

2.9 HIV and AIDS Education in the context of HIV Infections

A study by Mwangi (2001) observes that the teaching of HIV and AIDS education as a subject in school is inadequate because most of the teachers are not conversant with the current issues about HIV infection. In the study most students revealed

that much of their knowledge on HIV and AIDS was derived from peers who may not have the relevant knowledge or skills to offer.

2.9 Summary

In view of the above studies, a lot has been done about HIV and AIDS among young people; however there were important gaps this study intended to fill. In summary, the literature review reveals that, first, although some studies have been done elsewhere on the factors that predispose young people to HIV infections, none had been done among young people in the study locale and, particularly those in schools despite the fact that the district had one of the highest HIV and AIDS prevalence rate. Secondly, many of the past studies do not focus on students as the key information resources. This study extensively focused on students as the key source of information appreciating their uniqueness, hence effectively and vividly capturing their peculiar perceptions about HIV infections among selves. This was critical since students who are mainly adolescents are uniquely predisposed to HIV infections due to social-dynamics, volatility and attendant turbulences that accompany fickle adolescence sexual behaviour. Thirdly, many past studies focussed mainly on few aspects of HIV and AIDS awareness only. This study moved a step further to capture various variables so as to adequately answer a crucial study question in the context of secondary school boys and girls in Meru Central District. The next chapter discusses how the researcher generated data about factors that continue to predispose young people in Meru central secondary schools to HIV infections.

CHAPTER THREE

RESEARCH METHODS AND PROCEDURES

3.0 Introduction

The chapter focuses on research methods and procedures. In particular, the chapter gives information about the study design, study location, study population, sampling procedures, research tools, data collection and data analysis that the researcher used to collate data for the study.

3.1 Research Methods

The study used qualitative and quantitative methods within the descriptive survey research paradigm (Cochran, 1997). Descriptive research approach helped to investigate and describe the social phenomena, situations, beliefs, behaviours, factors, opinions, attitudes, activities and general demographic information that predisposes young people to HIV infections. Further, descriptive research being realistic helped in the recording of the multiple interpretations of intention and meanings given to situations and events (Brock-utne, 1996).

In this regard, the descriptive approach was preferable since this study aimed at gathering data from various respondents with the intention of describing the contextual variables that predispose students to HIV infections.

The qualitative methods involves expository, explanatory and narratives through verbal description techniques and analysis of the social phenomena that brought about the behaviour changes among young people that predispose them to HIV infections. The quantitative methods are applied where measurements like the sample sizes, groups and percentages of the samples are described.

Study Location

The study used triangulation as the main research technique. According to Kane (1995) triangulation is the use of more than one research techniques to more than one source of data, and more than one explanation to check information. It is a process in which researchers employ a variety of strategies of data collection and analysis that help to validate the findings (Kane, 1995). By employing various selected methods, the researcher elicited, corroborated, elaborated and illuminated the information in procedural manner thus strengthening the study's usefulness in future replications and scrutiny. Triangulation techniques were relevant because this research involved the use of a variety of data sources in the study for example from teachers, parents, health workers and the students.

The logic of such triangulation in social research rests on the premise that no single method alone could adequately gives all round solutions and accurate explanations to all the problems of rival causal factors that synergize each other to predispose students to HIV infections, and since each technique reveal different aspects of intricate empirical phenomena and reality. Hence multiple methods are

employed to illuminate each social phenomenon more comprehensively. Interviews, administration of questionnaires, observation schedules, Focus group discussions (FGD) and document analysis provide fairly more reliable information /evidence than using a single technique.

3.2 Study Locale

The study was carried out in Meru Central District in Eastern Province of the republic of Kenya. Meru Central District is one of the 13 districts that constitute the Eastern Province. The district is situated to the East of Mount Kenya whose peak cuts through the southwest border of the district. It borders with Laikipia District to the west, Nyeri and Kirinyaga districts to the southwest, Meru south district to the south, Tharaka district to the east and Meru North and Isiolo districts to the north.

According to Meru Central District Development Plan year 2002-2007, the district has an area of 2982 square KMs. At the time of the study, the district had ten administrative divisions. The total population by 1999 National Census was 521 518 people, 60% of whom were aged below 20 years. About 85% of average household incomes are got from agriculture. The main types of cash crops are tea, coffee, pyrethrum, and food crops like maize, beans, and potatoes among others.

Meru Central District has 41% of the food poor in the districts ranking in the country, and contributes 1.32% towards national poverty level (DDP, 2002-07).

The most vulnerable groups affected by poverty are women, young people, the aged, children and small scale farmers who form the bulk of the rural populations.

The analysis of poverty trends indicates that poverty is increasing with time. The main causes of poverty in the district are inadequate and unreliable rainfall leading to crop failure, lack of employment opportunities, inadequate land, low prices and lack of organised markets for agricultural products. Poverty leads to high rates of school dropouts due to inability to pay fees, high prevalence of HIV and AIDS, high consumption of illegal brews and drug abuse among young people (DDP, 2002-07).

3.2 Sample and Sampling Procedure

3.3 Target Population

The study targeted the students in secondary schools. The students fell within 15-19 year category that formed 70% of the 14000 daily HIV infections globally (UNAIDS, 2002). The Kenyan demographic and health survey of 2003 by the national council for population and development revealed that the median age of the first sexual intercourse is about 14 years for girls and 12 years for boys, which include young people in secondary schools. Many young people are sexually active. Educational officers, school administrators, teachers, guidance/counselling teachers, health and social workers and parents were included in the study based on respective schools having been sampled for the study.

Only public schools were selected in this study because previous attempts to study social behaviour in private schools have been met with resistance and hostility by administrators who fear public negative labelling of their schools (Kombo, 1998). Being commercial enterprises, adverse publicity may translate into fewer enrolments hence less income. Furthermore in the study locale, private schools are very few in numbers and have very low enrolment that is not drawn from all the parts of the district, which would have not made a representative sample for the study. Further, private schools are also located in towns and mainly enrol students from well-off hence could not have depicted accurate representation of the variables encompassed in this study.

3.4 Sample and Sampling Procedure

The data was sought from a sample made up of the following:

- a) Education officer in charge of HIV and AIDS education and counselling.
- b) Students as the key source of information.
- c) Head teachers.
- d) Teachers who taught 'carrier subjects' having HIV and AIDS messages
- e) Guidance/counselling teachers.
- f) Parents/Guardians of the students.
- g) Health/social workers at Meru district hospital in charge of HIV and AIDS.

The specific parts of the sample in their various procedures used to select them are hereby described:

a) The Education Officer in charge of HIV and AIDS Education

The researcher reported at Meru Central District Education Office and was directed to the educational officer in charge of HIV and AIDS programme. The researcher introduced himself by way of an introduction letter and a permit from MoE.

The researcher succinctly expounded and clarified the purposes, objectives and importance of the study to the education officer. The education officer briefed the researcher about the logistics regarding the public secondary schools and availed a list of the schools. The list became a potent tool in sampling of the schools for the study. The researcher purposively sampled the education officer as a study respondent because the officer was in charge of coordinating of the HIV and AIDS education, which was the concern of the study. The researcher and the education officer mutually settled on a date that he would interview the educational officer.

The researcher later reported for the interview as agreed with the educational officer. The education officer was kind and cooperative during the interview. She availed valuable insights based on her experience as a seasoned educationist about variables that predispose students to HIV infections.

b) The Secondary Schools

The lists provided by the educational officer in charge of HIV and AIDS contained the roll of all the names of public secondary schools in the district by their

establishment for example names, number of streams, enrolments by gender and types of schools. There were a total of 58 public secondary schools spread in the 10 divisions.

The researcher used the list of schools to do stratified sampling of the schools for the study. The schools were stratified and categorised as either provincial/district boarding or day secondary schools for boys, girls or mixed (co-educational schools). A stratified sampling of the schools was done according to whether a school was either a boarding school or a day school for girls, boys or mixed. The schools were stratified as shown in figure 3.1. Subsequently, from each stratum one school was purposively sampled.

Figure 3.1 Schematic representation of stratified sampling of the schools

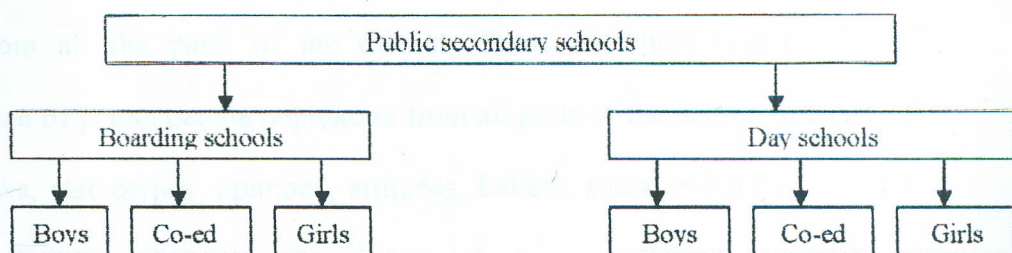


Table 3.1 Type and number of schools sampled in respective categories

Type of School	Number in the district	Number elected	Schools selected
Boarding schools for Girls	10	1	Salama High school.
Boarding schools for Boys	12	1	Kwetu secondary school
Mixed Boarding schools	11	1	Walenisi secondary school
Boys Day schools	9	1	Undugu secondary school
Girls Day schools	6	1	Hekima secondary school
Mixed Day schools	10	1	Maarifa secondary school
Totals	58	6	

Source: Sampling Frame

A 10% sample of the schools in the whole district, that is, 58 secondary schools \times 10/100% of the sample = 5.8 = 6 schools were selected for the study.

According to Gay (1992), for a descriptive researcher a sample of size of 10 percent of the population is considered minimum. However, this study took a sample size of 10.34 percent to increase the chances of generalizability of the results.

Purposive sampling is sampling method whereby the elements are deliberately chosen because they suit a certain criteria (Gay, 1992). The elements are considered either outstanding or typical variables with which the research was concerned. The rationale for purposive sampling of the schools was that the schools purposively sampled had the highest enrolments and had enrolled the students from all the parts of the district. These attributes ensured a fair representation of young people population from all parts of the district in terms of typical views, stereotypes, opinions, attitudes, beliefs, social behaviours, socio-cultural mores, perceptions, practices, habits, which were a fair representation of young people in Meru community.

Table 3.2 Number of Sub-Samples selected from each of the selected Secondary schools

Schools	Students		Teachers		G & C teachers		Head teachers		Parents		Health workers	
	Boys	Girls	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
Walemisi M/B	20	20	3	1	-	1	1	-	4	5		
Maurifa M/D	14	9	3	1	-	1	1	-	3	3		
Kwetu B/B	40	-	2	2	1	-	1	-	3	2		
Salama G/B	-	40	1	4	-	1	-	1	2	4		
Undugu B/D	20	-	3	1	1	-	1	-	2	3		
Hekima G/D	-	24	2	4	-	1	-	1	3	4		
Subtotals	94	93	14	13	2	4	4	2	17	21	3	2
Totals	187		27		6		6		38		5	
	100%		100%		100%		100%		100%		100%	

Key:**G & C** - guidance and counselling**M/D** - Mixed Day**B/B** - Boys Boarding

Source: sampling Frame

M/B - Mixed Boarding**G/B** - Girls Boarding**C/D** - Girls Day**B/D** - Boys Day

At school level, the willing students were randomly selected from form 3 only in each of the schools sampled for the study. This class had been purposively selected because they had been in that particular school for long. In absence of form 4 students who had left schools after national examination the form 3's were best placed as study respondents. This attribute ensured that they were more conversant and presumably more familiar with the culture, lifestyles, social behaviours and norms of the school fraternity and the immediate neighbourhoods.

The researcher sought prior informed consent of the students to be included in the study. This ensured their psychological easiness during the onerous study. The volunteer students were stratified according to sex type and random sampled to ensure gender equity in the study sample. This enabled the study to capture broad

aspects and concerns about HIV infections in the ever dynamic and turbulent social milieus in each of the respective schools selected for the study.

The students study respondents were sampled randomly. Simple random sampling is a method of selecting a number of units from a population such that characteristics within the population have equal chance of being drawn (Cochran, 1997). The lottery method was used in simple random sampling techniques. This technique involved writing each name of every willing student on a separate piece of paper, then rolling it and placing it in a lottery bowl. After all the papers were placed in a lottery bowl, it was thoroughly shaken until they mixed. Different students were blindfolded and used in turns to pick one paper at a time. The picked paper was then opened and the name recorded for participation, after which the paper was rolled and returned into the lottery bowl again. This ensured equal chances for each of the study respondent.

This procedure was repeated until a 20% sample of the target student population was obtained. In case the same paper was picked again, the outcome was nullified and the process was repeated. In co-ed schools girls and boys study respondents were separately random sampled and then the lottery technique applied independently to select the study sample. This was done in each school selected for the study. In spite of the process being tedious and repetitive the students enjoyed and made fun as they participated actively.

c) The Head Teachers

The head teachers of the schools selected for the study were purposively sampled for the study since their schools were sampled for the study. In each of the schools visited, the researcher created good rapport with the head teacher and later introduced himself using the introduction letter from MoE. In each and every school selected for the study the researcher explicitly explained the nature, objectives and importance of the study.

Generally, the sessions in each school were very interactive and the head teachers, teachers and the researcher mutually agreed on the date (s) and set the time (s) for the actual research in each respective school. The researcher adhered to the schedules of the date (s) and time (s) set for each school to avoid affecting the school routine(s) adversely.

In the day set for the study, the researcher reported for the study as earlier scheduled. The head teacher (s) introduced the researcher to the members of the school fraternity. The researcher was then accorded the opportunity to explain the nature, purposes, objectives and importance of the study. The researcher was accorded ample time to expound on all queries and emergent issues from the audience in the plenary sessions. These sessions proved valuable as the researcher's knowledge about the study topic and skills to create rapport proved a boon to the study.

Some of the head teacher (s) were uneasy but reluctantly availed a few records to the researcher. (The researcher noted with concern that many records were poorly kept and a lot of essential details were missing. Of particular concern, were the missing details about dates of entry and leaving the school, number of dropouts and reasons of dropping out, expellees, discipline, number of the enrolments, fees payments and balances and class registers among many others.)

Further the head teacher (s) were not very open on particular issues, which they deemed sensitive to their schools especially about teacher-student relationships, indiscipline, students relationships in mixed schools, students relationships with the immediate local community, drug abuse and pornographies. However, that notwithstanding the researcher obtained a lot more of this information from the teachers, parents and the students FGD's.

d) The Teachers

The teachers who taught carrier subjects that contain HIV and AIDS messages infused in their respective teaching subjects were purposively sampled for the study. In each respective school they were in groups of 3-5 per FGD. Generally in all the schools the FGD with teachers were hearty and passionate. The data collection procedure was entirely interactive, since everyone viewed HIV and AIDS with strong emotions. The process aroused and spanned extensive questioning of the researcher by teachers.

e) The Parents

The parents were 'outsiders' in the school system but nonetheless, members of school community. As immediate neighbours and regular visitors in the school, they brought different views, perspectives and notable observations of the situations in the school. Indeed they revealed interesting concerns that the 'insiders' (school administrators and managers, teachers, sub-ordinate staff and students) had taken for granted. These were notable in their notoriety to predispose students to HIV infections.

Purposive and convenience sampling methods were used to select adequate sample of the parents for the study. Parents were sampled due to the convenience of being found in the school in the day of the study, or their proximity to the school and importantly being members of the school parent's fraternity of that particular school selected for the study.

The sampling of many parents was based on convenience since they came to school to pay fee arrears, visit their children and members of staff, attend a PTA meeting, bring bus fares and deal with issues of indiscipline and academics involving their children. In Walenisi Mixed Boarding Secondary School, the researcher sampled parents found in a PTA meeting. The researcher sampled female and male parents separately for FGDs. This was meant to enable them to

open-up and discuss issues that they couldn't address freely in a mixed gender groups.

f) The Health-Social Workers at the District Hospital

The researcher reported at MoH Meru central district hospital with the introduction letter from MoE. The researcher was guided by the gatekeeper to the office of the MoH where he introduced himself and stated the purpose of the visit. The MoH listened pensively as the researcher expeditiously explained the aims, objectives and the import of the study. The session was lively as the MoH complimented the researcher for initiating such a study in the district and shared his medical experience about HIV and AIDS. After the brief discourse, the MoH called the medical officer in charge of STIs and HIV and AIDS over the phone to come to his office. When the officer came the MoH introduced the researcher to the senior health officer in charge of coordinating STIs, HIV and AIDS and VCT services in the district. After the brief introductions the researcher accompanied the medical officer in charge of STIs and HIV and AIDS to her office. Prior to leaving the office of MoH the researcher thanked the MoH for his courtesy and goodwill.

The researcher had ample opportunity to discuss the aims, objectives, purpose, significance and importance of the study with the medical officer in charge of STIs and HIV and AIDS in the district. The medical officer listened attentively as the

researcher expounded each and every bit of the study. The medical officer informed the researcher that they offer free VCT services to the entire district with a specially equipped VCT wing for young people.

The specially equipped wing was dubbed 'OUR YOUTH OUR FUTURE'. The hospital offers free VCT services to young people in and out of schools. The medical officer explained that the study was the first of its kind in the district and hoped it would give a challenge to other educators to venture into this area of the study.

The researcher reported for the study on the set date as scheduled quite early and went to the office of the medical officer in charge of STIs and HIV/AIDS. The medical officer was impressed by the punctuality and the zeal displayed by the researcher since some of her staff had not reported for work. After waiting for sometime the medical officer informed the researcher that her staff had reported and they were preparing a venue for the interview.

The medical officer introduced the researcher to her team of other 5 medical workers. The researcher expounded on the objectives, purpose and the importance of the study. The researcher placed special emphasis to the value the study will offer to the war against HIV infections and the education of young people in the district since HIV and AIDS had caused untold suffering to the Meru community.

The FGD sessions were hearty and passionate as the medics analytically expounded about various variables that predisposed students to HIV infections. The exposes were quite incisive and the researcher probed each issue exhaustively. District health workers said they actively participated in HIV and AIDS awareness and advocacy campaigns in the schools and the community. The researcher was taken through the VCT centre. He was shown various machines and other gadgets used for testing ones HIV status and explained the testing processes. The researcher was also treated to a video show and later taken to the medical ward where he met and talked with some young HIV and AIDS victims. The medics offered notable valuable insights that really informed the recommendations made elsewhere in this study.

3.5 Data Collection Tools

For the purposes of triangulation, the researcher used a combination of the following research tools for the collection of data:

i) Questionnaires for students

ii) Interview schedules for:

- Education officers
- Head teachers
- Students

iii) Focus group discussions for:

- Students

- Parents
- Teachers who teach HIV and AIDS education.
- Health /Social workers

iv) Observation schedules for:

- School records/documents
- Physical Facilities
- General infrastructure in the school. (Lightings, dark corners, openings in the school fences, graffiti etc).
- School location and immediate neighbourhoods.

The rationale for using a variety of tools is comprehensively capture various variables and to enable make cross comparison of the data so as to accurately and vividly capture factors that predispose youngsters to HIV Infections.

i) The Questionnaires

The questionnaire was a potent tool that enabled to extensively capture a lot of valuable data from a large sample of the students in this study. This vital tool was comprehensively used to gather data on the student's views and opinions about social interactions, participation in social and cultural activities, contextual variables and conditions that predispose students to HIV infections.

Both open-ended and close-ended questions were used so that the researcher could tap and net as much data as possible. Open-ended questions were specially tailored to elicit, seek and net various opinions, beliefs, attitudes, perceptions, feelings and views. They offered the study respondents freedom to explain, clarify and expound their opinions on a variety of issues (Bell, 1993). These explanations enabled the study to succinctly clarify and exemplify each and every variable irrefutably and without any shadow of doubt. This ensured reliability and validity of the findings of the study.

Close-ended questions were specially used to elicit salient and specific/definite data/responses on particular aspects on factors that predispose young people to HIV infections. These enabled the study to be more focussed and realistic in its findings. The specific and definite data is used to reinforce and strengthen the explanations given in open-ended questions making the findings fairly reliable. The questionnaires were used to capture the data from the students who were selected for the study.

ii) The Interview Schedules

These tools were used to capture data from the education officers, school administrators, and the students. The education officer was interviewed in her office while the head teachers and the students were interviewed in their respective schools.

The researcher purposively sampled and separately interviewed two willing students from each school. Gender equity was ensured by selecting a boy and a girl respectively to appear for the interview in co-educational schools. The researcher was allowed to use the guidance and counselling rooms courtesy of the teacher (s) in charge of these docket in all the schools selected for the study. The interview sessions were interesting as interviewees spoke passionately. The researcher was impressed by in-depth revelations made by the students about their peers social relationships, drug abuse, indiscipline, related under-hand affairs and dealings among peers, staff and neighbours in the respective schools as reported elsewhere in the findings of the study.

The import of this tool was to provide incisive and in-depth data which would not be adequately captured using questionnaires. This tool also enabled close interaction of the study respondents with the researcher. These helped the researcher weigh, question and seek adequate explanations on all the responses given. The potency of this tool enabled the researcher to keenly observe all visible facial and body expressions and gestures which were vital in authenticating the truth of various responses given by the study respondents. In fact this tool enabled the researcher the rare opportunity of in-depth probes that shed more light on various issues raised in various FGD's and observation schedules. The student interviewees were very inquisitive about issues involving the aetiology of HIV infections. The researcher took time to respond to various issues raised by the

interviewees. Many students appealed to the researcher to visit their schools again and discuss with them more about HIV infections, thus indicating some level of confidence in the researcher.

iii) The Focus Group Discussions

The FGD's enabled the researcher to gather vital data and broader understandings of various issues raised by various study respondents since these sessions were open and interactive forums where opinions and views were aired freely and debated thoroughly. The sessions also enabled the researcher to capture valuable explanations that would be compared with data collected using questionnaires and observation schedules so as to draw realistic and viable conclusions (Cochran, 1997). The researcher took advantage of these sessions to brainstorm and probe the issues raised by various respondents so as to get vital clarifications. This made the findings fairly accurate and authentic since they were a product of a shared interactive forum and process. The FGD forums enabled the discussants to share their insightful observations and personal experiences.

iv) The Observative Sessions

The students FGD's comprised of 8-12 students whose consent had been sought prior to involving them in such open forums. Prior consent was critical and pertinent since HIV and AIDS issues were taken sensitively in the community. The researcher also took advantage of prior consent sessions to prepare students so as to safeguard them from personal and social stigma and any labelling that they

may encounter as a result of participating in the open forums. In co-educational schools, FGD groups were gender sensitive which enabled collation of broad views and experiences from both sexes. Adopting inclusive gender parity strategies enabled the study to vividly capture gendered perspectives in the variables that predisposed young people to HIV infections.

The observations

The FGD forums provided an ideal opportunity for the students, parents, teachers, and health-cum-social workers to challenge each others opinions, views, beliefs, interpretations of social realities and experiences, compare notes and observations on various variables that predispose young people to HIV infections. The researcher took advantage of these open forums to seek essential clarifications to remove any ambiguities making the findings fairly valid and reliable. The students FGD participants took the opportunity to ask the researcher questions and seek his experiences in condom use, use of withdrawal method, sex abstinence, whether sex abstinence may cause sickness.

The school

iv) The Observation Schedules

Using a prepared observation schedules, the researcher noted the presence of any observable behavioural indicators or products of related student behaviours or pointers to the presence of variables that exposed them to HIV infections. For example, presence of sex-message graffiti, pornographies, empty wine packets, cigarette butts, illegal openings/routes in the fence could be tracked /inferred as

products indicative of indulgence in risky practices and, therefore relevant to the study. The researcher took the advantage of these observations to augment and probe the respondents to offer more insights and clear explanations about various variables that predispose young people to HIV infections.

The observation schedules were specially designed to capture data on school documentaries, physical facilities in the schools, the proximity of the school to the local markets and the relationships with the immediate neighbourhoods.

The school documentaries were analysed to identify the drop outs, expellees and to explore various motives behind them. Further, all available school records were perused and data concerning gender of students who had dropped out of school due to various reasons like pregnancy, drug abuse, gross indiscipline and fees were noted.

The school facilities were keenly observed to determine their efficacy, convenience, adequacy to control, safeguard and secure any risky social interactions that could trigger risky behaviour that could predispose students to HIV infections. Other vital observable aspects of physical facilities were the school infrastructure, lighting system and its potency to illuminate the entire compound, type of fence and any unofficial openings that could be used to move

in and out of the school unnoticed. These provided evidence of student's illegal interaction with immediate neighbourhoods.

In co-educational schools the proximity of boys and girls halls of residence and internal infrastructure were issues of particular concern to the researcher. The proximity of the staff houses (academic and non-academic) and the student's dormitories were a matter of concern too. These provided cues of student interaction with members of the staff.

The researcher visited all corners of each school selected for the study including dormitories/cubicles, classes, urinals, sanatoriums and any corner in the school where students groups gathered, noting all drawings and the messages entailed in graffiti's, pornographies, wall hangings, posters and the presence of condoms.

3.6 Data Collection Procedures

The contents and materials which were used to develop and set the study instruments/tools that enabled the researcher to conduct the study and capture the results were sourced and developed from a textbook by MoE. The text dubbed 'BLOOM OR DOOM' is published by KIE and is recommended for teaching HIV and AIDS education in all levels of secondary school education.

The researcher reported for the study quite early in the day (s) and date (s) set for the study in each school. The researcher took advantage of reporting early so as to start with the school routine (s) and observe the students and the staff as they went about their various routines. These sessions were interactive and informative. These interactions and observations made the researcher to grasp various issues about the study subjects more comprehensively and sufficiently. Indeed these observations informed FGD's and interview sessions. The researcher also took advantage of being punctual to maximise and create time to visit various corners of the school, chat with students and teachers, administrators, parents and school neighbours more closely. This enabled the researcher to seek further clarifications to validate various study findings. The weather was fine and in absence of rains, the researcher visited all the schools with ease and took more time in schools since transport means was not a problem. The area selected for the study usually experience torrential downpours that often render murram roads impassable.

A second day was needed for the study where the study was not concluded in one day especially in co-educational institutions where the researcher had to sample each gender separately. In fact the researcher was indebted to school administrators who extended their gratitude to accord the researcher ample time with students having finalised their end of year examinations. It was also gratifying to note that the teachers were rather busy processing end of year results

but, sacrificed their time and comfort to actively participate and indeed avail their students for the study.

The researcher noted that the student participants in all schools were relaxed, calm and relatively free since, having done end of term exams they were not under any study duress and attendant anxiety. This opportunity made them to take more time to offer sufficient responses and critical explanations to many issues raised in the study. The researcher took advantage of relative calmness prevailing after exams and the extension of time given by the school administration to probe more about issues raised by study respondents about variables that predispose students to HIV infections. The data collection process was highly interactive.

The researcher meticulously explained the objectives of the study and further gave the guidelines for filling the questionnaires to the sampled students. This was done in a separate room in each school prepared with assistance of class teachers and fellow students. The verbal assurance given by the researcher and the written guarantee of confidentiality given in the statement of confidence atop every questionnaire and, especially the fact that they were not required to write their names, schools, identity and any other bio data that could offer cues about their personal identity, made students respondents to open up, respond frankly, freely and sufficiently on various issues considered quite sensitive. The questionnaires were to be anonymous and the respondents were prevailed upon not to write their

names and any other information that could suggest their individual nominal identity.

The questionnaires were then issued to the students who were seated independently in various lockers. The researcher stayed in the room and clarified any issues raised by the students as well as supervised them to ensure they did not discuss the questions. Moreover, the presence of the researcher in the room provided an ideal opportunity to supervise the filling processes which made the respondents more serious and minimised any influence by peers to give falsifications. The researcher effectively supervised the students to minimise the loss of questionnaires and ensure the respondents attempted all the questions. The researcher collected the questionnaires after all the students had finished. He counted and inserted them in coded envelope for easier identity in future during data analysis. The researcher then thanked the students for participating in the study and allowed them to leave the room. The preceding procedure of filling the questionnaires was replicated in every school selected for the study.

The questionnaires, FGD reports, interview reports and observation schedules from various schools were coded differently to avoid mix-ups during data analysis. The coding eased the rigorous data processing process.

3.7 Piloting of Research Tools

The researcher undertook a thorough pilot study of research tools to increase their efficacy and operational efficiency to capture valid, reliable and sufficient data upon which the findings, viable conclusions and practical recommendations of the study would be based. The researcher purposively sampled Elimu Bora co-educational secondary school students to pre-test the study tools.

The piloting of research tools enabled the researcher to make prior adjustments and fine-tune the tools prior to commencement of the actual study. The researcher took this opportunity to adjust a few issues on typographic aspects like enlarging font sizes for legibility and, provide more space for writing vital explanations. The other issues raised and sorted were editorial mistakes. The researcher ensured all these vital adjustments were effectively corrected prior to printing the final questionnaires for the study.

The researcher took the opportunity of pre-testing the FGD and interview tools to adjust and polish his style and manner of creating rapport, courtesy, confidence building, use of interview questioning skills (orderly and systematic sequencing of probing questions), speedy note taking, teamwork/corporate skills to provide fairly equal opportunities to all discussants, skills to interpret from English language to Kimeru language to parents who could not communicate in English. The prior testing of the observation schedules offered insightful cues that improved the

efficacy and keenness of the researcher's observation, classification, sorting and analytical skills of various observations made. These valuable attributes served as an eye-opener to the researcher as he interacted with realities in real life situations during data collection process.

Another vital challenge encountered and learnt during the piloting process was how to make contingency plans, fairly convenient arrangements and adjustments to accommodate various study respondents who had tight schedules of going about their businesses and private life. The researcher used the insights acquired during piloting to operate with flexibility and make essential contingency plans to capture data from various study respondents without adversely affecting their schedules and programmes. This was critical since the researcher was dealing with diverse respondents ranging from professionals, administrators-cum-managers, traders/business people, ordinary citizens and students whose sense of time was appreciable.

The researcher engaged a lot of verbal clarifications to elicit the respondent's confidence to enable the respondents to adequately respond to particular social cultural issues considered sensitive. The researcher took these precautions after pre-testing the tools prior to the actual research. The pre-testing session was quite informative, valuable and insightful in this particular study.

3.8 Data Analysis

Questionnaires, interviews, FGD and observation schedules containing data collected from the various schools selected for the study were counted and coded differently. This enabled the researcher to get a clear and accurate picture of the number of students in each school who participated in the study. The researcher sorted out questionnaires from boys and girls separately. This enabled the data to be analysed to reflect gender parities. The researcher was guided by the objectives and questions of the study in the data analysis. The researcher meticulously went through every response in the questionnaires with a 'tooth comb' keenly reading, noting, identifying and recording each and every similar response under a particular theme.

The number of the study respondents giving similar responses was noted and tallied according to the type of the response (s), gender, and site. The tally was converted into a percentage out of the total number of the students. These were used to offer quantitative analysis of data as presented in numerical descriptions in form of tables, absolute counts and percentage frequency tables and figures (graphs and pie-charts). A narrative analysis of the findings in the tables then followed using basic descriptive statistics, notably absolute figures and percentages.

Similarly, with regard to interviews and FGD's, the researcher keenly went through every response of the interview schedules and FGD sessions with students, teachers, school administrators, parents, health workers and educational officer. These views were included in the narrative analysis of the findings and organised thematically to respond to the research objectives. The findings were qualitatively analysed thematically and discussed to strengthen and illuminate issues raised in various tabulated and graphical findings. The findings were then interpreted and relevant conclusions drawn. Responses given by various respondents were then compared in order to reveal any differences and similarities of the data from various respondents. The reasons for similarities/differences among them were noted and reasons given where the data was collected, especially interviews, observations and FGD's.

The data was then triangulated to compare the findings between the gender and the type of schools. These guided the study to offer viable suggestions and pertinent recommendations on the way forward with regard to the study problem.

The outcomes of the study are given in the subsequent chapter as data presentation, analysis and interpretations.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.0 Introduction

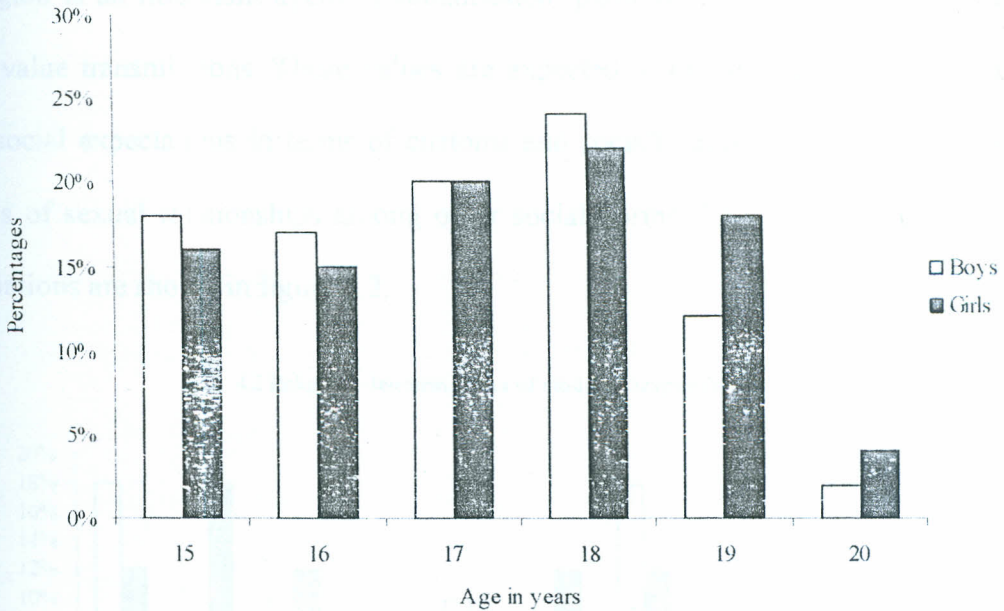
The chapter comprises presentation, analysis and interpretation of the data which are presented thematically. The thematic variables encompass drug abuse, peer influence, mass media, socio-economic factors, HIV and AIDS education, and knowledge about STIs including HIV infections, sources of sex information, beliefs, practices and attitudes among others that contribute to risky sexual behaviour among youth in Meru Central District. In addition, elaborate analyses of the student's suggestions on the possible ways that can be instituted to empower young people to combat HIV infections are also presented.

The subsequent sub-sections are systematically organised to allow data presentation, analysis and interpretation.

4.1 Age and Sex of Students

The students indicated their ages that ascertained that they were young people of school going age as envisaged in the study as shown in figure 4.1

Fig.4.1 Age distribution of students



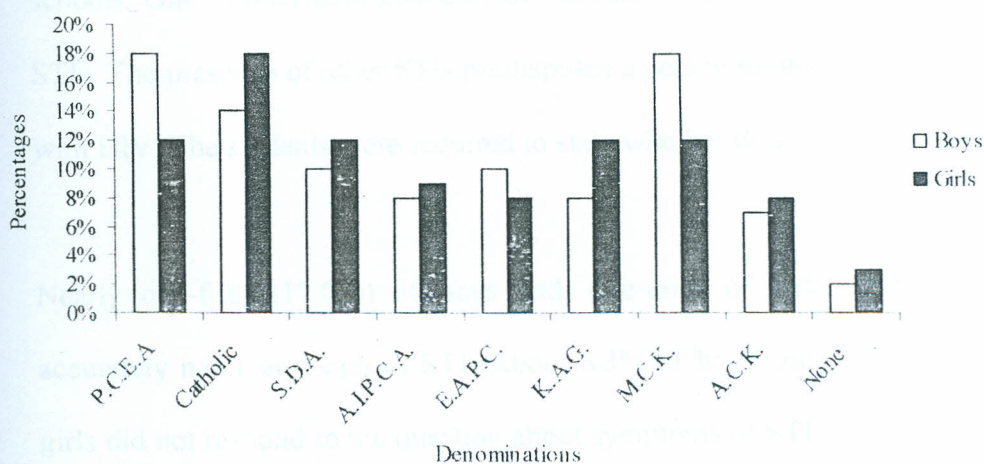
Source: Field data.

Figure 4.1 indicates that majority of the boys and girls were aged between 15-19 years old while a few were aged 20 years. The fact that a few students were 20 years old suggested that some take more time to complete their education. Reportedly this was due to fee problems and class repetitions due to time taken out to attend ailing parents and siblings. It was alleged in many schools that HIV and AIDS had caused untold suffering to affected families, including deaths of infected breadwinners which made many students to drop out of school due to fees problem.

4.2 Religious Affiliations of Students

Religion is an important agent of socialisation, particularly in the area of ethics and value transmissions. These values are expected to provide moral backing to the social expectations in terms of customs and socially acceptable behaviour in terms of sexual relationships among other social norms. The student's religious affiliations are shown in figure 4.2.

Fig. 4.2 Religious denominations of students respondents



Source: Field data.

Key.
P.C.E.A.- Pentecostal Church of East Africa. **S.D.A.**- Seventh Day Adventist.
E.A.P.C.- East African Pentecostal Church. **A.C.K.**- Anglican Church of Kenya.
M.C.K.- Methodist Church in Kenya **K.A.G.**- Kenya Assemblies of God.
A.I.P.C.A.- African Independent Pentecostal Church of Africa.

According to figure 4.2 there was fair representation of religious denominations in the study by both sexes. More than 15% of the students were Catholics, while the rest were Protestants.

The next section explores the various aspects of the students' knowledge about sexually transmitted infections (STIs) in relation to HIV infections.

4.3 Students Knowledge on STIs

Using the observation schedule the researcher notice the writings of names of sex organs and messages glorifying pleasures and the sweetness of doing sex in Kimeru language inscribed on toilets and bathroom walls in both girls and boys schools. One of the major concerns of the study was the student's knowledge on STIs. The presence of other STIs predisposes a person to the risk of being infected with HIV. The students were required to state whether they were aware of STIs.

Nearly one-fifth (17.0%) of boys and, one-third of girls (32.9%) could not accurately name any sign of STI. About 5.3% of boys and one-tenth (10.6%) of girls did not respond to the question about symptoms of STIs which could perhaps be due to lack of knowledge. About 16% of the girls and nearly 14% of boys stated that STIs were not preventable.

The preceding results reveal that many students lack fundamental facts and up-to-date information about STIs. Further, the findings reveal that more girls (32.9%) than boys (17%) are less aware and knowledgeable on STIs. The next section examines the students' knowledge about HIV and AIDS.

4.4 Students Knowledge on HIV and AIDS

One of the key issues investigated in this study was the student's knowledge about HIV and AIDS. Findings generated from the student's questionnaires are shown in table 4.1

Table: 4.1 Students knowledge on HIV and AIDS

Schools	Walenisi		Maarifa		Kwetu	Salama	Undugu	Hekima	Subtotals		Totals
	M/BD		M/D		B/B	G/B	B/D	G/D	B	G	B&G
Gender	B	G	B	G	B	G	B	G	B	G	B&G
Students who could not:-	N	N	N	N	N	N	N	N	N	N	N
	%	%	%	%	%	%	%	%	%	%	%
Define opportunistic infection	18 19.1	20 21.5	12 12.8	9 9.7	34 36.2	37 39.8	18 19.1	22 23.7	82 88.2	88 94.6	170 90.9
Name opportunistic infection (any)	18 19.1	20 21.5	10 10.9	8 8.6	30 31.9	38 40.9	18 19.1	22 23.7	76 80.9	88 94.6	164 87.7
Complete/Write HIV/AIDS in full	14 14.9	16 17.2	8 8.7	6 6.5	28 29.8	36 38.7	20 21.3	24 25.8	70 74.4	82 88.2	152 81.3
Name body fluids that transmit HIV	10 10.9	12 12.9	6 6.4	8 8.6	24 25.5	28 30.1	10 10.9	16 17.2	50 53.2	64 68.8	114 61.0
State what causes AIDS	10 10.9	14 15.1	6 6.4	7 7.5	22 23.4	26 27.0	8 8.7	15 16.1	46 48.9	62 66.7	108 57.8
Where HIV is found	10 10.9	12 12.9	4 4.3	6 6.5	20 21.3	22 23.7	6 6.4	4 4.3	40 42.6	44 47.3	84 44.9
Tell whether saliva can spread HIV	8 8.7	10 10.8	4 4.3	6 6.5	18 19.1	18 19.4	8 8.7	4 4.3	38 40.4	38 40.9	76 40.6
Tell any signs of HIV/AIDS victim	6 6.4	12 12.9	5 5.4	5 5.4	20 21.3	16 17.2	10 10.9	2 2.2	41 43.6	35 37.6	76 40.6
Explain how HIV is spread	4 4.3	10 10.8	4 4.3	6 6.5	10 10.9	12 12.9	10 10.9	6 6.5	28 29.8	34 36.6	62 33.2
Tell how HIV infections occur	4 4.3	8 8.6	3 3.2	5 5.4	8 8.7	6 6.5	6 6.4	2 2.2	21 22.3	21 22.6	42 22.5
Tell HIV/AIDS is incurable	0 0.0	2 2.2	1 1.1	3 3.2	1 1.1	4 4.3	1 1.1	4 4.3	3 3.2	13 14.0	16 8.6

Boys=94 Girls=93 Total=187 =100%

Source: Field data.

key

M/B-Mixed Boarding

B/D-Boys Day

B/B-Boys Boarding

G/D-Girls Day

G/B-Girls Boarding

G & B-Girls and Boys

B-Boys

G-Girls

The data in table 4.1 reveal that slightly 81.3% of the students could not complete/write HIV/AIDS in full, while more than half (57.8%) were unable to

state what causes AIDS. Further, 44.9% could not tell that HIV is found in body fluids of infected persons while, one-third (33.2%) could not explain how HIV is spread. These findings strongly suggest that adequate, accurate and up-to-date knowledge about HIV and AIDS and in particular HIV infections is critically and grossly lacking among students.

The next section explores the various sources of sex information and their role in the spread of HIV infections among young persons.

4.5 Sources of Sex Information for Students

The study identified and named various sources of sex information that were reported by students as shown in table 4.2

The data in table 4.2 indicate that nearly 98% of the students had some knowledge (hus, penis, and pornography) (97.2%) that was being circulated in schools by fellow students, while 71.1% got sex information from sex parties. It is also notable that only 15% of students got sex information from teachers, preachers (10.7%) and parents (10.7%) respectively. This is rather concerned since the parents, preachers and teachers are more exposed and interact with young people almost on daily basis in schools and places of worship where primary socialization usually takes place. It is notable that more girls (74.2%) than boys (62.1%) got sex information from sex parties.

Table 4.2 Sources of sex information for students

Schools	Walenisi		Maarifa		Kwetu	Salama	Undugu	Hekima	Subtotals		Totals
	M/B		M/D		B/B	G/B	B/D	G/D	B	G	B&G
Gender	B	G	B	G	B	G	B	G	B	G	B&G
Types of Sources	N	N	N	N	N	N	N	N	N	N	N
	%	%	%	%	%	%	%	%	%	%	%
Peer groups	20	20	10	8	30	35	20	24	80	87	167
	21.3	21.5	10.9	8.6	31.9	43.0	21.3	25.8	85.1	93.5	89.3
Pornographies	19	18	10	8	30	35	20	24	79	85	164
	20.2	19.4	10.9	8.6	31.9	37.6	21.3	25.8	84.0	91.1	87.7
Radio adverts/music	15	20	5	9	40	40	18	17	78	86	164
	16.0	21.5	5.4	9.7	42.6	43.0	19.1	18.3	83.0	92.4	87.7
Television	15	18	14	8	28	32	20	24	77	82	159
	16.0	19.4	14.9	8.6	29.8	34.4	21.3	25.8	81.9	88.2	85.0
Sex partners	10	10	10	5	26	34	18	20	64	69	133
	10.9	10.8	10.9	5.4	27.7	34.4	19.1	21.5	68.1	74.2	71.1
Cousins/siblings	19	18	12	8	20	21	18	14	69	61	130
	20.2	19.4	12.8	8.6	21.3	22.6	19.1	15.1	73.4	65.6	69.5
Internet	18	16	14	8	22	16	14	18	68	58	126
	19.1	17.2	14.9	8.6	23.4	17.2	14.9	19.4	72.3	62.4	67.4
Health workers	6	4	4	2	4	15	10	8	24	29	53
	6.4	4.3	4.3	2.2	4.3	16.1	10.9	8.6	25.5	31.1	28.3
Teachers	3	2	4	2	4	10	5	4	16	18	34
	3.2	2.2	4.3	2.2	4.3	10.8	5.4	4.3	17.0	19.4	18.2
Preachers	2	1	2	2	3	2	4	4	11	9	20
	2.1	1.1	2.2	2.2	3.2	2.2	4.3	4.3	11.7	9.7	10.7
Parents	2	2	1	3	1	4	1	6	5	15	20
	2.1	2.2	1.1	3.2	1.1	4.3	1.1	6.5	5.4	16.1	10.7

Boys=94

Girls=93

Total=187=100%

Source: Field data.

The data in table 4.2 indicate that nearly 90% of the students got their sex knowledge from peers, and pornographies (87.7%) that were reported to be circulated in schools by fellow students, while 71.1% got their sex knowledge from sex partners. It is also notable that only 18% of students indicated that they got sex information from teachers, preachers (10.7%) and parents (10.7%) respectively. This raises concerns since the parents, preachers and teachers are more exposed and interact with young people almost on daily basis at homes, schools and places of worship where primary socialisation occurs. It is also notable that more girls (74.2%) than boys (68.1%) get more of their sex

information from sex partners. It's also notable that in boarding schools (Walenisi, Kwetu, and Salama) peer influence and pornographies are the main sources of sex information as compared to day schools (Maarifa, Undugu, and Hekima). This perhaps could be explained by the fact that in boarding schools students mobility is abit confined due to the nature of the institution hence a tendency to rely on peers and teachers while those in day schools are always accessible to other sources of sex information on daily basis as they interact with the greater society. Overall girls rely more on parents, teachers, health workers, sex partners and electronic media (radio and Television) for sex information compared with boys who mainly rely on elder cousins/siblings and the internet.

Nearly 90% of the students indicated that most parents did not discuss about HIV infections with them. Only 10% of all the students reported that a parent had once in a while briefly broached about HIV and AIDS. Majority of the few students who claimed that their parents had broached about HIV and AIDS, reported that it was often by way of a warning or a veiled threat about 'an incurable disease' that was decimating young people. The students revealed that gender was a key variable that parents used to determine the level, strength and type of warning and threats given to young people. Girls were given more threats than boys.

In an interview, Kagwi, a girl in Walenisi Mixed Boarding Secondary School explained that her mother often gave her a veiled threat saying that a new and incurable disease will lead them to premature death once infected. This finding underscores the fact that many parents and guardians do not openly discuss with their adolescent sons and daughters about HIV infections.

On being asked to give their feelings when the parents mentioned about HIV infections, the students gave the responses tabulated in table 4.3

Table 4.3 Student feelings when a parent talked about HIV infections

Schools	Walenisi M/B		Maarifa M/D		Kwetu B/B	Salama G/B	Undugu B/D	Hekima G/D	Subtotals		Totals
	B	G	B	G	B	G	B	G	B	G	B&G
Students feelings	N	N	N	N	N	N	N	N	N	N	N
	%	%	%	%	%	%	%	%	%	%	%
Scared	18	16	14	8	36	37	6	8	74	69	143
	19.1	17.2	14.9	8.6	38.3	39.8	6.4	8.6	78.7	74.2	76.5
Worried	17	16	12	8	36	36	6	9	71	69	140
	18.1	17.2	12.8	8.6	38.3	38.7	6.4	9.7	75.5	74.2	74.9
Intimidated	10	10	10	6	32	30	18	20	70	66	136
	10.9	10.8	10.9	6.5	34.0	32.3	19.1	21.5	74.4	71.0	72.7
Embarrassed	12	4	10	4	38	20	18	20	78	48	126
	12.8	4.3	10.9	4.3	40.4	21.5	19.1	21.5	83.0	51.6	67.4
Shocked	14	6	9	6	32	24	15	18	70	54	124
	14.9	6.5	9.8	6.5	34.0	25.8	16.0	19.4	74.4	58.1	66.3
Ashamed	12	7	10	4	30	20	12	19	64	50	114
	12.8	7.5	10.9	4.3	31.9	21.5	12.8	20.4	68.1	53.8	61.0
Guilty	18	16	9	5	14	18	8	16	49	55	104
	19.1	17.2	9.8	5.4	14.9	19.4	8.7	17.2	52.1	59.1	56.6
Offended	16	20	8	4	16	15	10	12	50	51	101
	17.0	21.5	8.7	4.3	17.0	16.1	10.9	12.9	53.2	54.8	54.0
Devastated	16	18	5	5	20	10	12	10	53	43	96
	17.0	19.4	5.4	5.4	21.3	10.8	12.8	10.8	56.4	46.2	51.3
Suspected me to engage in sex	16	8	5	4	18	11	12	19	51	42	93
	17.0	8.6	5.4	4.3	19.1	11.8	12.8	20.4	54.3	45.2	49.7
Should have one sex partner	19	12	8	4	10	6	12	14	49	36	85
	20.2	12.9	8.7	4.3	10.9	6.5	12.8	15.1	52.1	38.7	45.5

Boys=94

Girls=93

Total=187=100%

Source: Field data.

The data in table 4.3 shows that majority of the students reported negative feelings like feeling scared (76.5%) and worried (74.9%). Perhaps, this could be attributed to the fact that HIV and AIDS has no cure or, such discussions are akin to talking about sex, which many people in the community felt it was a very sensitive issue that often elicited strong inhibitions. It could also be due to the popular albeit erroneous fallacy that HIV infection results from sexual perversion, hence a feeling of guilt that made many to avoid open discourses. Its also notable that in Mixed schools (Walenisi, and Maarifa) students felt less, embarrassed scared and intimidated when parents talked about HIV infection compared to their counterparts in single sex schools (Kwetu and Salama). This could be perhaps due to the fact that in mixed gender schools students share and learn more from each gender as they socialise with peers of the opposite sex.

During various FGD's, majority of parents averred a feeling that such discussions may lure youngsters to sexual indulgence. Conversely, many young people do not muster the courage to inquire about any sex related information from a parent. Many young people have a mistaken notion that parents may suspect them of sexual indulgences. It is also interesting to note that 45.5% of students indicated that they felt they should have one sex partner.

When students were asked, which parent had talked about HIV infections, 10.6% of the girls claimed to have heard it from their mothers while 5.3% of the girls had heard it from their fathers. Only 2.1% of boys claimed to have gotten information from their fathers and, 1.6% of boys reported to have gotten information from their mothers. These findings indicate that many parents and in particular fathers are not free to discuss issues related to sexuality and HIV infections. In all student FGD's it was revealed that boys and girls who indulge in sex were popular, envied and are consulted for advice on sex related issues, while those who do not have sex partners are ridiculed, shunned, despised, belittled, discriminated by peers and labelled as outcasts.

During a student FGD in Maarifa Mixed Secondary School, Muota, a female student observed that:

Students from urban/market environments often said that their parents discussed with them about HIV and AIDS; but the same students who alluded to that, did indulge in sex, often with several partners when in school. Students from single parental background and mainly those from lady parents were notorious in having many sex partners.

The preceding expose suggests that in spite of parental warnings, adolescents rebel and indulge in sex due to peer influence. In separate FGD's with teachers and in interviews with head teachers, it was revealed that generally students tended to ignore teachers' advice. Teachers expressed concerns that some parents tended to

A group of four boys were reported to have been sexually harassing girls. With the assistance of the discipline master we investigated the issue. Indeed it was found that the boys did commit the offence. We called their parents to school and discussed the issue with them and the students concerned. We resolved that the students be counselled and the errant boys be warned, punished and monitored. After the meeting, one of the lady parents, threatened to pull her son out of the school, since she blamed the teachers whom she alleged were against her son. She withdrew her son out of the school at the end of the same year. Later, it was discovered that she was a single parent, having sired children from different fathers.

This citation seems to suggest that some parents condone lewd sex practices of their children which contradict teachings by the teachers. This may discourage teachers, hence leaving students to indulge in risky sex behaviours. Further, the reference to single motherhood in derogatory manner reveals the negative attitudes that teachers harbour against children of such mothers.

In an FGD with parents in Hekima Girls Secondary School, it emerged that young people portrays a 'don't care attitude' to advice given by parents after being circumcised and entering secondary schools. They pay more attention to friends and peers as their main source of information and advice. This made it difficult for parents especially mothers to talk with them as reported in an exclusive FGD with female parents held in Hekima Girls Secondary School. During the session, Mwonthea, a parent observed that:

Young people of nowadays pay little attention to advice given by parents if any! The things you tell them to avoid, they indulge in them with impunity! They embrace peer stereotypes, which they claim are in tandem with modernity. Peers mislead them to be overconfident and disregard our advice, since they feel that they are more educated than us.

The preceding revelations portray feelings of defeat among parents who perceive young people getting most of their sex information from peers.

In the interview with education officer and in the FGD with district HIV and AIDS coordinator and other health professionals, it was reported that among the key sources of sex information to students are mass media like the television and the internet. They alleged that these programmes peddle sex information in form of films and movies, and music. In particular they singled out channel O and channel 5 of East Africa Television as infamous for this tendency.

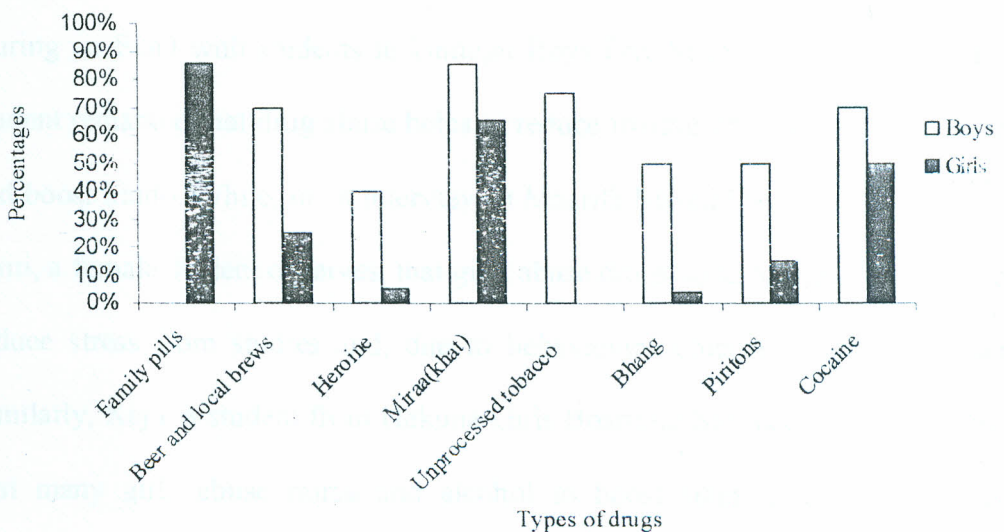
The next theme explores the role of drug abuse in the spread of HIV infections among young people.

4.6 Drug Abuse and HIV Infections

Using the observation schedules the researcher detected cigarettes butts, empty packets of empty alcohol sachets in two urinals and some rubbish pits in three schools. Similarly there were myriad openings in school fences showing evidence of regular use by sneak outs and perhaps illegal drug traffickers in/out of the school compound. There were many kiosks and shanty structures near the schools dealing with various assortments of goods ranging from snacks, drugs, juices, Miraa/Khat, cigarettes, alcohol in sachets among other items.

When asked whether they knew any drugs that were being abused by peers, more than half (56.7%) of all the students responded in affirmative as demonstrated in figure 4.3

Fig. 4.3 Drugs abused by students



Source: Field data.

The data in figure 4.3 indicate that more than half of boy's perceives students abuse beer and tobacco products while girls abuse family planning pills. Girls use family pills to prevent pregnancy when they indulge in unprotected sex. It is also interesting to note that more than half of all students abuse Miraa. Notably, boys smoked bhang (marijuana), used cocaine and abused piritons more than did the girls.

When the students were asked whether drug abuse is good or bad, more than half (54.2%) of students stated that drug abuse is good. In Walenisi Mixed Boarding Secondary School, Kabe, a male student observed that drug abuse helps to reduce

stress from studies, have fun, boost self esteem, be courageous and brave, boost sexual performance and boost energy during ball games. This finding edifies the fact that boys value drug abuse, which could be due to the stimulating effects that was pleasurable or, ignorance of negative effects.

During an FGD with students in Undugu Boys Day Secondary School, Kinja, a student remarked that drug abuse helps to reduce frustrations due to poverty stress and boost libido. While, in an interview at Maarifa Mixed Day Secondary School, Gaiti, a female student observes, that girls abuse drugs so as to prevent pregnancy, reduce stress from studies and, due to behavioural traits acquired from peers. Similarly, Kaju, a student from Hekima Girls Boarding Secondary School averred that many girls abuse miraa and alcohol to boost stamina and enjoy sexual excitement.

The preceding findings shows that drug abuse is rampant among students in all schools sampled in all divisions particularly schools located in markets peripheries. In all types of schools sampled for the study, many students portrayed drugs as a panacea for their perceived problems.

In an interview at Walenisi Mixed Boarding Secondary School that borders a populous shopping centre, Kanja, a female student observes that the common drugs abused by students are obtained from peers and friends in school, bought

from kiosks/shops near school, brought from home and by school staff. This is a serious concern because it shows that drugs are finding their way to schools which led to more students abusing drugs.

Tricky products

During students FGD's in Hekima, Walenisi and Maarifa Secondary Schools, it was reported that several boys had been expelled from school due to drug abuses which had led them to engage in immoral activities like engaging in sex with girls.

Relationship between drug abuse and HIV infections

The students were asked to explain any relationship between the drug abuse and HIV infections. In Kwetu Boys Boarding Secondary School, Wantii, a student strongly asserted that:

In Kwetu Boys Boarding Secondary School, Wantii

Drug abuse leads to heightened sexual arousal hence careless unprotected sex, low self control leading to indulgence in sex with many sex partners due to loss of ability to make rational judgements about the potential risk to HIV infections. It promotes irresponsible sex behaviour with prostitutes and also increases rape cases.

While, Karendi, a student from Salama Girls Boarding Secondary School observes that:

Drug abuse leads to stimulation which makes a girl to give in to sex easily. It boosts ones courage to approach a boy/girl for sex. It leads to more incidences of rape. Drug abuse weakens body defence system leading to speedy death of a person infected with HIV. Infact most of the rapists are drug abusers.

All these findings suggest that in spite of being fairly informed about the attendant risks that are inherent in drug abuse, many students indulge in risky practices. This suggests that other social variables exert undue pressure on them to indulge in risky practices.

In Meru community drugs like tobacco, wines, beers, Miraa, and an assortment of locally concocted liquors are generally used and accepted to augment social occasions. These drugs grace social occasions and bond the people together as a sign of friendship, generosity and goodwill. Perhaps, this socialised young people to abuse drugs at very early age hence perfecting it in later life.

In interview with students, both boys and girls reported that students who live in the markets and urban environment abuse drugs more than their rural counterparts. This is attributable to impact of urban culture that tends to expose them to drug abuse. The drugs that are abused are available in many local markets. In a FGD with teachers in Walenisi Mixed Boarding Secondary School, Ntuitu, a lady teacher observes that:

Majority of parents are not good role models. They drink, fight in the family, abuse drugs, engage in extramarital affairs and, are too busy to discipline their children or monitor their activities. No wonder when students are accused of drug abuse like coming to school drunk, smoking, chewing Miraa or, having alcohol packs in school, some parents especially ladies, defend them

This expose shows the concerns and feelings of despair that teachers experience when dealing with students errant behaviour. The above findings suggest that drug abuse is likely to persist since the social variables that favour the vice persisted, hence likelihood to have a ripple effect to HIV infections. The next section attempts to discover the various motives that lure young people to engage in sex and how they contribute to the spread of HIV infections.

4.7 Reasons why Young People engage in Sex

The study endeavoured to find out particular reasons that compel young people to indulge in sex. When students were asked to name reasons that made young people to engage in sex, male students gave the reasons regarding girls engaging in sex as tabulated in table 4.4 (a)

Table 4.4 (a) Perceptions on why male students engage in sex

Schools	Walenisi M/B		Maarifa M/D		Kwetu B/B		Undugu B/D		Totals	
	N	%	N	%	N	%	N	%	N	%
Reasons why boys engage in sex										
Peer influence	19	21.3	14	14.9	38	40.4	20	21.3	91	96.8
Influence from mass media	20	21.3	10	10.9	34	36.2	20	21.3	84	89.4
Fun/enjoyment/curiosity	20	21.3	10	10.9	34	36.2	19	20.2	83	88.3
Prove love	20	21.3	11	11.7	30	31.9	20	21.3	81	86.1
Rebel against parental/school authority	12	12.8	12	12.8	20	21.2	20	21.3	64	68.1
Secure/maintain a lover	14	14.9	10	10.9	22	23.4	18	19.1	64	68.1
Appreciate a caring sex partner	14	14.9	14	14.9	14	14.9	18	19.1	60	63.8
Sign of maturity/Prove manhood	17	18.1	9	9.8	20	21.3	14	14.9	60	63.8
Provoked by girls dressing styles	9	9.8	6	6.4	32	34.0	10	10.9	57	60.6

Boys=94=100%

Source: Field data.

The data in table 4.4 (a) indicate that 96.8% of boys perceived peer influence as the reason for indulging in sex, more than 80.9% due to drug abuse and mass media (89.4%) respectively among other factors. It is also notable that slightly over three-quarters (76.6%) of respondents perceived the boys to indulge in sex due to parental modelling, while more than two-thirds (68.1%) thought that boys

indulge in sex to rebel against parental or school authority. In comparison, the girls gave the reasons why girls engage in sex as given in table 4.4(b).

Table 4.4 (b) Perceptions on why female students engage in sex

Schools	Walenisi M/B		Maarifa M/D		Salama G/B		Hekima G/D		Totals	
	N	%	N	%	N	%	N	%	N	%
Peer influence	16	17.2	8	8.6	38	40.9	21	22.6	83	89.2
Prove love	13	14.0	8	8.6	36	38.7	17	18.3	74	79.6
Secure/maintain a caring lover	20	21.5	4	4.3	16	17.2	12	12.9	52	55.9
Guilt of having engaged in sex before	8	8.6	8	8.6	20	21.5	8	8.6	44	47.3
Fun/curiosity/adventure/enjoyment	16	17.2	4	4.3	10	10.8	4	4.3	34	36.6
Cheated by boy friends	6	6.5	1	1.1	12	12.9	8	8.6	27	29.0
Sign of maturity	5	5.4	4	4.3	10	10.8	4	4.3	23	24.7

Girls=93=100%

Source: Field data

The data in tables 4.4(a) and (b) indicates peer influence is a significant factor that makes both boys and girls to indulge in sex for example 89.2% of respondents indicated that girls engage in sex due to peer influence, while a similar proportion said that boys did so for fun, enjoyment and curiosity. More than half of the respondents thought that girls engage in sex due to financial and material gain (55.9%) and some are raped (53.8%)! The findings suggest that peer influence and mass media are critical factors that are perceived to lead both girls and boys to indulge in sex. Similarly majority of boys and girls reportedly indulge in sex to 'prove love' so as to secure and maintain a lover. However, it's notable that a number of boys are thought to continue to engage in sex due to ego satisfaction as compared to girls who were not perceived as such.

In an FGD with students in Walenisi Mixed Secondary School, Kiaje, a male student reported that students indulge in sex whenever there are power blackouts and, often one teacher is known to have sex with a girl student during such

blackouts. The findings presented the student's perceptions that students often engage in sexual activity in school, even with some of their teachers. In an interview in Maarifa Mixed Secondary School, Kathi, a female student revealed that:

Boys pressurised and coerced girls into sex through constant pressure, threats and intimidations. Girls fear to report them to school authorities because boys threaten them with dire consequences.

While Meri, a girl from Walenisi Mixed Boarding Secondary School noted that:

Girls do not report sexual harassment due to lack of confidence with the school administration because teachers ask a lot of pestering questions and blame girls. Teachers also suspect such girls to be morally loose and to indulge in sex.

These findings suggest that boys exerted undue influence to force girls to engage in sex and school authorities do not offer the girls the necessary protection.

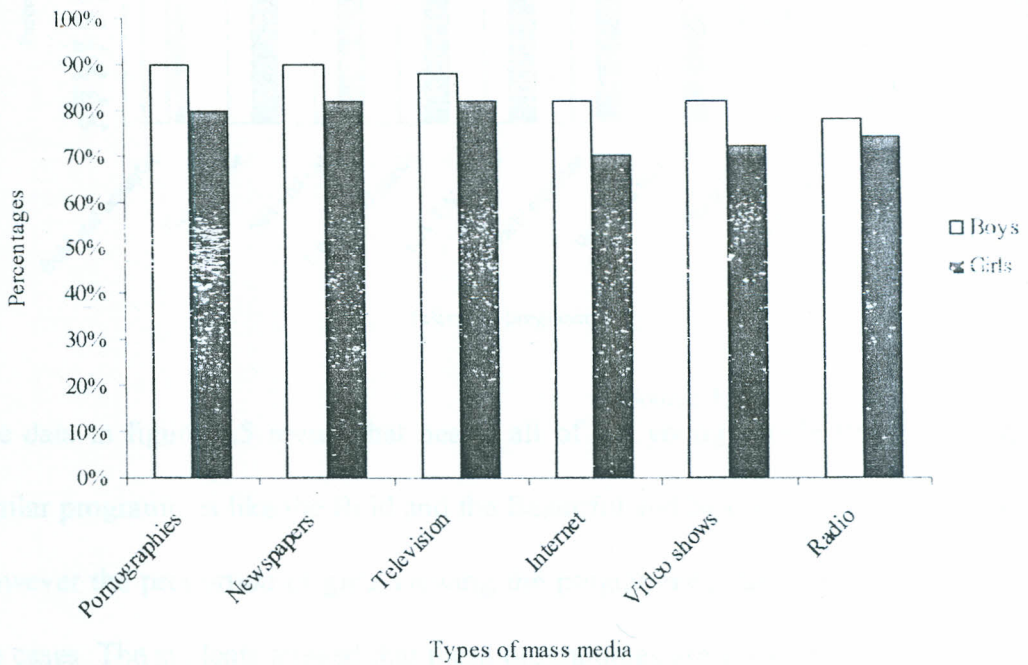
The next section endeavours to unravel and discover the role of mass media in the spread of HIV infections among young persons.

4.8 Mass Media and HIV Infections among Students

One of the pertinent issues in this study was to find out the contribution of mass media in the spread of HIV infections among young people. Nearly all students

(91.1%) reports that they have access to print and electronic media and, gave their popular types of mass media programmes as indicated in figure 4.4

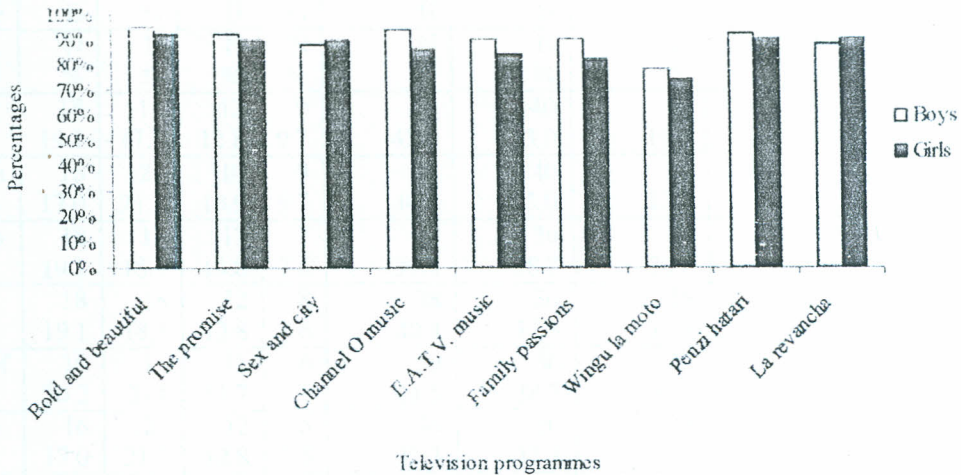
Fig. 4.4 Types of mass media accessible to students



Source: Field data.

The data in figure 4.4 suggest that boys are more exposed to all avenues of mass media compared to girls. This could have been due to the fact that girls are given more household chores compared to boys. In the effort to probe more about young people's interests and preferences in electronic media, the study required them to name some of their popular television programmes shown in figure 4.5

Fig. 4.5 Popular Television programmes among students



Source: Field data.

The data in figure 4.5 reveal that nearly all of the young people (96.5%) enjoy similar programmes like the Bold and the Beautiful and Sex and the City (90.1%). However the proportion of girls viewing the programmes trail that of boys in all the cases. The students alleged that these programmes are sexually suggestive and peddle sex practices depicting scantily dressed sex models of young people from the West, Oriental and African backgrounds. Thus, it implies that the programmes could have socialised them to acquire risky sexual behaviour, beliefs and practices. In order to ascertain this concern, the students were asked to state some of the activities imitated by young people from mass media which are shown in table 4.5

Table 4.5 Activities imitated by student respondents from mass media

Schools	Walenisi M/B		Maarifa M/D		Kwetu B/B	Salama G/B	Undugu B/D	Hekima G/D	Subtotals		Totals
	B	G	B	G	B	G	B	G	B	G	B&G
Gender	B	G	B	G	B	G	B	G	B	G	B&G
Activity imitated	N	N	N	N	N	N	N	N	N	N	N
	%	%	%	%	%	%	%	%	%	%	%
Hugging/ kissing styles	18 19.1	16 17.2	12 12.8	9 9.7	40 42.6	40 43.0	18 19.1	18 19.4	88 93.6	83 89.2	171 91.4
Dressing styles	16 17.0	20 21.5	10 10.9	9 9.7	38 40.4	40 43.0	13 13.8	24 25.8	77 81.9	93 100	170 90.9
Walking styles	18 19.1	17 18.3	13 13.8	7 7.5	37 39.4	36 38.7	19 20.2	20 21.5	87 92.6	80 86.0	167 89.3
Sex styles	18 19.1	18 18.3	12 12.8	8 8.6	38 40.4	30 32.3	18 19.1	22 23.7	86 91.5	81 87.1	167 89.3
Ways of socializing	19 20.2	19 20.4	11 11.7	6 6.5	39 41.5	36 38.7	16 17.0	18 19.4	85 90.4	79 84.9	164 87.7
Talking styles	16 17.0	20 21.5	12 12.8	6 6.5	36 38.3	30 32.3	18 19.1	23 24.7	82 87.2	79 84.9	161 86.1
Use of rings	15 16.0	20 21.5	12 12.8	9 9.7	30 31.9	28 30.1	18 19.1	24 25.8	75 79.8	81 87.1	156 83.4
Dancing styles	19 20.2	11 11.8	14 14.9	8 8.6	35 37.2	30 32.3	19 20.2	20 21.5	87 92.6	69 74.2	156 83.4
Ways of seducing	20 21.3	15 16.1	14 14.9	6 6.5	40 42.6	25 26.9	20 21.3	12 12.9	94 100	58 62.4	152 81.3
Make ups/fashions	15 16.0	20 21.5	10 10.9	9 9.7	25 26.6	40 43.0	8 8.7	24 25.8	58 61.7	93 100	151 80.7

Boys=94

Girls=93

Total=187=100%

Source: Field data.

The data in table 4.5 indicates that more than four-fifths of young people learn and imitate a lot from the media including hugging and kissing styles (91.4%), dressing in a particular manner and even the styles of doing sex (89.3%). It is notable that boys ape kissing styles, sex styles and dancing styles. Similarly girls learn more of dressing styles and use of make-ups. It implies that mass media has massive influence on sex behaviour and lifestyles of young people.

An interview at Maarifa Mixed Day Secondary School demonstrated the power of influence from mass media as captured by Mwendwa, a female student who explained saying:

In many of our local markets, there are mushrooming video dens, where young lovers enjoy sexy oriented video shows. In these dens, the lights are dim but flooded and, it is usual to find lovers sitting in compromising positions too close to each other. Often the lovers sit on each other and put hands over each others shoulders or across the loins and waists while they enjoy the shows amid soul music often conversing in whispers, albeit in bated breaths! They are terribly glued to the video screens with occasional shout of joy, catcalls, cheers and ululations throughout the show. Very often after the show, the lovers visit adjacent 'joints' (bars/restaurants/lodgings) where they wriggle to the tune of soul music, later lovers often lock themselves in the lodgings. It is usual to find young lovers holding each other as they walk along the village paths.

The above expose suggests that most of the programmes enjoyed by young people have powerful sex messages, which socialise them to indulge in risky sex practices.

In student FGD in Walenisi Mixed Boarding Secondary School, Kashujaa, a male student expounded that:

Mass media is very persuasive and, especially to young people who are highly impressionable on sex issues. It makes them more curious, knowledgeable, informed and exposed about sex issues, hence creating a need to adventure, experiment and discover more.

A female student in Salama Girls Boarding Secondary School also notes with concern that mass media is a potent tool that educates and informs young people on sex, hence laying a foundation for behaviour change to indulge in sex. Moreover, she alleges that it made young people to imitate and practice what they observe because it provokes their sexual urge.

The above views notwithstanding, the findings show that both boys and girls view mass media positively, despite public opinion. This implies that they embrace whatever they observe without due recognition of the potential risk to HIV infections. For example, when asked to state their feelings about pornographic magazines, Gatwii, a student in Salama Girls Secondary School observes that:

They are good, entertaining, educative, informative, stimulating because their contents are enjoyable in terms of teaching fashionable sex and hot kissing styles. They teach more on sex skills, sex styles and seducing techniques helps in balanced growth. Creates awareness of ones surroundings, hence, they helps one to realise and do things he/she sees or hears about.

In a similar tone, Kinoti, a student Kwetu Boys Boarding School strongly asserts that pornographies are educative on sex and sex styles, helps reduce stress among sex partners as they learn how to enjoy and practice new sex styles. The above findings suggest that pornographies like the other mass media seem to

substantially influence sexual life of young people. Perhaps, this makes them veer more to risky and unsafe sex practices.

In an FGD involving students in Walenisi Mixed Boarding Secondary School, Ntoiti a male student strongly enthuses that:

Pornographic magazines are shared, read, circulated and sold to fellow students in the schools. Cuttings of pornographic pictures from some magazines are put underneath desktops and boxes. Besties (those who are known by peers to engage in sex regularly) draw and write pornographic graffiti on walls as a way of communicating to peers persuading them to indulge in sex. Pornographic VCD films are secretly circulated among students.

Some of the head teachers raised concerns regarding the behaviour of boys, who were suspected of engaging in risky behaviour. An interview with Kiome, the head teacher of Walenisi Secondary, captured the following sentiments:

My teachers had noted that some boys used to dose in class. This went on and off for sometime. On being questioned by teachers, the boys claimed to have been doing studies until it was late at night. However, the teachers had noticed that other students used to laugh whenever the boys said this. The boys were advised not to study beyond prep time. They were also advised to put out the lights in their dormitory after 11.00 p.m. The boarding master summoned a prefects meeting and cautioned them not to allow dormitory lights to be put on beyond 11 p.m. (...) One afternoon the boarding master with assistance of class teachers decided to conduct a surprise

search. Each boy was whisked alone to the dormitory and made to open the box. A few boys claimed to have lost their keys. Their boxes were taken to the office of the boarding master where the boys were forced to open them. Later, on opening the boxes cigarettes, mini packs (alcohol packets) and several copies of different pornographic magazines, VCD films and a small VCD player were found. The parents of the boys concerned were called to the school to advise their sons and subsequently collect the confiscated items. The boys were counselled and given corporal punishment. Each of the boys had to uproot a tree stump in the school compound.

The preceding expose confirms that students share pornographic materials in schools. In some schools, the researcher observed sex-related graffiti, vulgar words on the walls of dormitories and some of the pornographic cuttings glued underneath several desks and boxes. The researcher noticed pornographic magazines in boxes and lockers and cuttings of the same pasted inside dorm cubicles. The messages learnt from these materials may immensely influence sexual behaviour of students increasing their susceptibility to risky sex practices.

In the FGD's with teachers and also in interviews with head teachers, the respondents complained of programmes on radio and television that encourage sex among young people. They reported having confiscated pornographic magazines from the students in several occasions. Further they reported that mass media adverts have negative implications on morals, concepts and values of students that tend to lead them to indulge in risky sex practices. Moreover, media articles exhort

sex practices and adventures without giving repercussions, hence lure students to indulge in risky sexual practices at very impressionable age.

In all FGD's with parents, mass media was generally blamed for leading young people to risky and immoral sex practices. All students were reported to have a high-level of preference for western films and music which may inherently predispose them to risky sex practices.

The district HIV and AIDS coordinator and other health workers agreed with the above views. Further, they blamed the mass media exposing young people sex information at a very impressionable age, hence predisposing them to risky sexual behaviour. The above revelations implies that mass media play a pivotal role in shaping risky sexual behaviours, practices, values and attitudes among young people.

The next section attempts to explore the role of peer influence in the spread of HIV infections among young people.

4.9 Peer Influence and HIV Infections

One of the major concerns of the study was to find out the role of peer influence in the risky sex practices that could fuel the spread of HIV infections. Slightly more than four-fifths (87.4%) of the students reported to engage in sex due to peer

influence. Further, boys and girls have varied perceptions towards their colleagues who have not engaged in sexual intercourse as tabulated in table 4.6 (a) and 4.6 (b) respectively.

Table 4.6(a) The feelings of boys about peers who had not engaged in sex

The feelings	Schools		Walenisi M/B		Maarifa M/D		Kwetu B/B		Undugu B/D		Totals	
	N	%	N	%	N	%	N	%	N	%	N	%
Backward/primitive (mshamba/chizzi)	19	20.2	13	13.8	40	42.6	18	19.1	90	95.7		
An outcast	18	19.1	10	10.9	40	42.6	20	21.3	88	93.6		
Coward/Timid/Chicken hearted	20	21.3	10	10.9	38	40.4	16	17.0	84	89.4		
Antisocial	18	19.1	14	14.9	40	42.6	12	12.8	84	89.4		
Impotent	16	17.0	13	13.8	37	39.4	14	14.9	80	85.1		
Low self esteem	14	14.9	12	12.8	36	38.3	14	14.9	76	80.9		
A fool: Can't seduce a girl to love him	10	10.9	12	12.8	35	37.2	15	16.0	72	76.6		
Low class/poor	12	12.8	10	10.9	32	34.0	14	14.9	68	72.3		
Discriminated/called names/despised	11	11.7	9	9.8	28	29.8	16	17.0	64	67.1		
Total failure/looser	14	14.9	10	10.9	24	25.5	12	12.8	60	63.8		
Does not know fun/tasteless	14	14.9	8	8.7	24	25.5	10	10.7	56	59.6		
Mean/stingy/skinflint/miser	9	9.8	7	7.6	23	24.5	11	11.7	50	53.2		

Boys=94=100%

Table 4.6 (b) The feelings of girls about peers who had not engaged in sex

The feelings	Schools		Walenisi M/B		Maarifa M/D		Salama G/B		Hekima G/D		Totals	
	N	%	N	%	N	%	N	%	N	%	N	%
Coward/timid	10	10.8	8	8.6	19	20.4	18	19.4	55	59.1		
A child/immature	6	6.5	4	4.3	21	22.6	20	21.5	51	54.8		
Problems during birth due to small canal	7	7.5	4	4.3	22	23.6	16	17.2	49	52.7		
A social outcast	12	12.9	7	7.5	18	19.4	9	9.7	46	49.5		
Not exposed	10	10.8	4	4.3	16	17.2	8	8.6	38	40.9		
Hopeless	8	8.6	4	4.3	14	14.1	8	8.6	34	36.6		
Behind civilization	6	6.5	2	2.2	10	10.8	12	12.9	30	32.3		

Girls=93=100%

Source: Field data.

The data in table 4.6 suggest that boys referred to those who have not engaged in sex in derogatory terms like being primitive (95.7%) and outcasts (93.6%). These negative labelling injure self-esteem and could make those who have not engaged in sex to do it as a way of redeeming and boosting their ego.

Similarly, the data in table 4.6 (b) shows that girls describe the girls that have not engaged in sex negatively and labelled them as immature (54.8%). There is a popular belief that such a girl would have problems or complications during birth due to a small canal. Such beliefs could make many girls to indulge in sex to escape the stigma and discrimination by peers. It is notable from both tables 4.6 (a) and (b) that both girls and boys despise peers who have no sex partners. This effectively suggests that young people may indulge in sex due to peer influence.

The study further sought to find out the perceptions of boys and girls about their peers who are known to engage in sex. The findings are shown in table 4.7(a) and 4.7 (b) respectively.

Table 4.7(a) Perceptions of the boys about peers who engage in sex

Schools	Walenisi M/B		Maarifa M/D		Kwetu B/B		Undugu B/D		Totals	
	N	%	N	%	N	%	N	%	N	%
The feelings										
Besty/ amechanuka (wise/clever)	10	10.9	6	6.4	21	22.3	17	18.1	54	57.4
Total/True/Real man	8	8.7	6	6.4	16	17.0	14	14.9	44	46.8
Courageous/victorious	4	4.3	2	2.1	12	12.8	12	12.8	32	34.0
Sought for advice	10	10.7	3	3.2	10	10.9	7	7.6	30	31.9
A grown up tough man	5	5.4	3	3.2	8	8.7	10	10.9	26	27.7
A cool guy	8	8.7	2	2.1	4	4.3	6	6.4	20	21.3
A generous guy	3	3.2	1	1.1	4	4.3	2	2.1	10	10.9

Boys=94=100%

Source: Field data.

The data in table 4.7 indicates that boys who indulge in sex are highly regarded, enjoyed good self esteem and are envied by peers. Indeed, good labelling like being referred to as a wise guy (57.4%) and a total/real man (46.8%), who is popularly sought for advice by peers among others could lure many boys to

engage in sex. This is a risky trend since potentially it could prompt others to indulge in risky sex practices to redeem their ego, fame, reputation and self esteem. Students revealed that polygamy is common in the society and, mainly for men having many sex partners is not unusual. Perhaps that makes the young men and, by and large many young people to be ultimately socialised to take after their elders. These observations show that having several sex partners in the community is viewed as being more manly/womanly, daring, courageous, superior, victorious, a sign of good health, social accomplishment and above all a mark of generosity. This makes sexual indulgences more enviable and desirable.

Table 4.7 (b) Perceptions of the girls about peers who engage in sex

Schools	Walenisi M/B		Maarifa M/D		Salama G/B		Hekima G/D		Totals	
	N	%	N	%	N	%	N	%	N	%
Besty/Amechanuka/social/wise girl	14	15.1	6	6.5	28	30.1	20	21.5	68	73.1
Mature/tough good girl	10	10.8	8	8.6	26	28.0	18	19.4	62	66.7
Popular/famed/envied by peers	12	12.9	6	6.5	30	32.3	12	12.9	60	64.5
Courageous and daring	8	8.7	4	4.3	22	23.7	10	10.8	44	47.3
Civilised/reasonable/modern	10	10.8	4	4.3	8	8.6	8	8.6	30	31.9

Girls=93=100%

Source: Field data.

The data in table 4.7 (b) reveals that girls who engage in sex are referred to as wise and sociable (73.1%), mature/tough (66.7%) hence popular and envied by peers. These findings indicate that sexual experiences are highly regarded among young girls and many girls indulge in sex to avoid stigma and discrimination from peers or to gain more fame.

In student FGD, Ncuuru, a female student from Maarifa Mixed Day Secondary School reported that 'premarital sex is good.' She further explained that it binds

lovers, reduces lust and stress so as to maintain lovers because it 'is a real prove and a genuine sign of true love.' While, Kadogo, asserts that premarital sex 'makes one feel loved' and cared and a 'sign of respect since one feels she is a real woman' having acquired 'useful experience for future'. The preceding observations succinctly suggest that some of the girls value premarital sex.

Generally in all respective FGD's involving students in various schools, it was reported that sex oriented language and jokes are used commonly by peers who have sex partners to show-off. Peers even arrange and assist those who have no sex partners to acquire one. In a vibrant and passionate FGD in Kwetu Boys Boarding Secondary School, Kaaria, a student narrated an analogy to illustrate how strong and effective peer pressure makes boys indulge in sex. He notes that:

One student used to chew raw garlic before going for evening preps. Everybody used to complain of his foul smell in the class. One day, he came with many raw garlic onions and convinced others in the class that garlics are good medicine for common colds because they contain enriched vitamins. He gave each one of the students in class to taste. Many students were impressed and concurred with him. From then on, students are used to chewing garlic in class and no one complains of foul smell. And so, the same applies to pressure to engage in sex, once you taste you may never stop!

The cited narrative exemplifies the critical role played by peer pressure in shaping the values, concepts, beliefs and ultimate behaviour outcomes among young people.

In all the FGD's with teachers, the respondents generally complained of students not being open to them on issues involving their relationships especially when sexually harassed by peers in the school. This made it very difficult for teachers to advice them. Also in all schools, teachers in charge of guidance and counselling reported that students pay more attention to peer influence, which rendered counselling ineffective. In Maarifa M/D Secondary School, teachers alleged cases involving sexual harassments between students.

Parents in all the FGD's reported that young people tend to ignore advice given by parents because they listen more to peers. Indeed Mama Felis, a female parent in Hekima Girls describes the situation saying that:

Our daughters ignore our advice since they feel that after entering secondary school they are more educated, knowledgeable, independent, mature, after all they know better! They give more attention to their so called educated peers by embracing their stereotypes.

The preceding citation demonstrates that peer influence is a potent tool that shapes sexual behaviour among young people endearing them to indulge in risky sex

practices. The next section strives to unravel how students perceive knowledge of ones HIV status.

4.10 Student's Sero Status and HIV Infections

One of the pertinent issues of the study was to find out whether students had any information about their HIV status. Nearly all the students (99.2%) reported that they did not know their HIV status. They explained various concerns that make them to decline to check their seropositivity as shown in table 4.8

Table 4.8 Reasons why Young People decline to take an HIV test

Schools	Walenisi M/B		Maarifa M/D		Kwetu B/B	Salama G/B	Undugu B/D	Hekima G/D	Subtotals		Totals
	B	G	B	G	B	G	B	G	B	G	B&G
Gender	N	N	N	N	N	N	N	N	N	N	N
Reasons for declining to take an HIV test	%	%	%	%	%	%	%	%	%	%	%
Fear to test positive	20	20	14	9	39	40	20	24	93	93	186
	21.3	21.5	14.9	9.7	41.5	43.0	21.3	25.8	98.9	100	99.5
Trust myself not to have AIDS	20	20	14	9	38	40	20	24	92	93	185
	21.3	21.5	14.9	9.7	40.4	43.0	21.3	25.8	97.9	100	98.9
Never had signs of ill health	20	20	14	9	40	40	19	23	93	92	185
	21.3	21.5	14.9	9.7	42.6	43.0	20.2	24.7	98.9	98.9	98.9
Practice safe sex with partner	20	20	14	9	39	39	20	24	93	92	185
	21.3	21.5	14.9	9.7	41.5	41.9	21.3	25.8	98.9	68.9	98.9
Have one sex partner	20	19	14	8	40	40	20	24	94	91	185
	21.3	20.4	14.9	8.6	42.6	43.0	21.3	25.8	100	97.8	98.9
Positive results would be stressful	20	20	14	9	39	40	20	23	93	92	185
	21.3	21.5	14.9	9.7	41.5	43.0	21.3	24.7	98.9	98.9	98.9
Fear premature death if positive	19	20	13	9	40	40	20	24	92	93	185
	20.2	21.5	13.8	9.7	42.6	43.0	21.3	25.8	97.9	100	98.0
Fear being gossiped	20	20	14	9	40	38	20	24	94	91	185
	21.3	21.5	14.9	9.7	42.6	40.9	21.3	25.8	100	97.8	98.9
To ruin my self esteem	20	20	14	9	37	39	18	24	89	92	181
	21.3	21.5	14.9	9.7	39.4	41.9	19.1	25.8	94.7	98.9	96.8
Not bothered	18	19	13	9	39	40	19	24	89	92	181
	19.1	20.4	13.8	9.7	41.5	43.0	20.2	25.8	94.7	98.9	96.8
No faith in the results	20	20	14	9	37	38	18	22	89	89	178
	21.3	21.5	14.9	9.7	39.4	40.9	19.1	23.7	94.7	95.7	95.2
Strongly believe to have no AIDS	19	16	12	9	34	39	19	23	84	87	171
	20.2	17.2	12.8	9.7	36.2	41.9	20.3	24.7	89.4	93.5	91.4
Biblically innocent/protected	18	18	13	8	36	38	18	20	85	84	169
	19.1	19.4	13.8	8.6	38.3	40.9	19.1	21.5	90.4	90.3	90.4
Can't happen to me	20	17	12	8	37	39	16	18	85	82	167
	21.3	18.3	12.8	8.6	39.4	41.9	17.0	19.4	90.4	88.2	89.3
Fear ridicule from friends/peers	19	18	13	9	39	36	15	19	86	81	167
	20.2	19.4	13.8	9.7	41.5	38.7	16.0	20.4	91.5	87.1	89.3
Fear being cheated/mistaken	17	18	13	7	40	38	14	18	84	81	165
	18.1	19.4	13.8	7.5	42.6	40.9	14.9	19.4	89.4	87.1	88.2
No faith in test equipments	20	20	14	7	39	30	15	16	88	76	164
	21.3	21.5	14.9	7.5	41.5	32.3	16.0	17.2	93.6	81.7	87.7
Will not make any difference	18	15	12	8	25	12	3	3	58	38	96
	19.1	16.1	12.8	8.6	26.6	12.9	3.2	3.2	61.7	40.9	51.3
Fear loss of sex partner	10	12	10	6	22	10	12	11	54	39	93
	10.9	12.9	10.9	6.5	23.4	10.8	12.8	11.8	57.4	41.9	49.7
Fear painful/ shameful death	5	8	10	7	20	18	14	8	49	41	90
	5.4	8.6	10.9	7.5	21.3	19.4	14.9	8.6	52.1	44.1	48.1

Boys=94

Girls=93

Total=187=100%

Source: Field data.

The data in table 4.8 indicate that nearly all students (99.5%) dislike taking a test to know their HIV status because of fear of being positive. Majority of them (98.9%) believe that they do not have HIV and AIDS and, lacked faith in the results (95.2%) as they doubt the efficacy and integrity of the personnel and equipments to deliver accurate results. It is noteworthy that more girls fear loss of self esteem compared to boys. Similarly, more boys fear loss of sex partners and had no faith in the results compared to girls. The findings suggest that there could be more risk of spread of HIV infections, since, many young people are apparently sexually active but do not wish to establish their sero status. The students were asked to explain what they would do if they tested positive on HIV test. Table 4.9 presents the student's responses.

Table 4.9 Students reactions to testing positive on HIV test

Schools	Walenisi		Maarifa		Kwetu	Salama	Undugu	Hekima	Subtotals		Totals
	M/B	G	M/D	G	B/B	G/B	B/D	G/D	B	G	B&G
Gender	B	G	B	G	B	G	B	G	B	G	B&G
Types of reactions	N	N	N	N	N	N	N	N	N	N	N
	%	%	%	%	%	%	%	%	%	%	%
Commit suicide	16	14	10	6	22	22	10	14	58	66	124
	17.0	15.1	10.9	6.5	23.4	22.7	10.9	15.1	61.7	71.0	66.3
Dropout from school	14	14	9	6	21	22	10	12	54	64	118
	14.9	15.1	9.8	6.5	22.3	23.7	10.9	12.9	57.4	68.8	63.1
Revenge, spread the virus	18	10	6	8	18	20	18	18	60	56	116
	19.1	10.8	6.4	8.6	19.1	21.5	19.1	19.4	63.8	60.2	62.0
Devastated	6	18	4	9	11	38	5	24	26	89	115
	6.4	19.4	4.3	9.7	11.7	40.9	5.4	25.8	27.7	95.7	61.5
No faith in results	14	10	10	6	18	20	18	11	60	47	107
	14.9	10.8	10.9	6.5	19.1	21.5	19.1	11.8	63.8	50.5	57.2
Useless lies, unless am too sick	14	10	11	6	18	18	20	10	63	44	107
	14.9	10.8	11.7	6.5	19.1	19.4	21.3	10.8	67.0	47.3	57.2
It is madness /unimaginable	10	14	9	5	16	16	20	15	55	50	105
	10.9	15.1	9.8	5.4	17.0	17.2	21.3	16.1	58.5	53.8	56.1
Panic/shock/ deny	8	16	10	4	18	14	10	24	46	58	104
	8.7	17.2	10.9	4.3	19.1	15.1	10.9	25.8	48.9	62.4	56.6
Ignore results	10	11	10	9	20	16	12	8	52	44	96
	10.9	11.8	10.9	9.7	21.3	17.2	12.8	8.6	55.3	47.3	51.3

Boys=94

Girls=93

Total=187=100%

Source: Field data.

The data in table 4.9 suggests that nearly two-thirds (66.3%) of the students threatened to commit suicide if they tested HIV positive, while 62.0% said they would revenge by spreading HIV infections to others since somebody did it to them. It is evident that cumulatively more girls felt they would drop out of school and commit suicide as compared to boys. Conversely more boys felt that they would ignore the results as useless lies unless they show signs of sickness compared to girls. These findings point out to negative perceptions that continue to support the spread of the HIV. In order to explore further on the attitudes and feelings about their HIV status, the students were asked what they would do if their sex partner tests positive. The findings are tabulated in table 4.10

Table 4.10 Student reactions to their sex partner testing positive on a HIV Test

Schools	Walenisi M/B		Maarifa M/D		Kwetu B/B	Salama G/B	Undugu B/D	Hekima G/D	Subtotals		Totals
	B	G	B	G	B	G	B	G	B	G	B&G
Gender	B	G	B	G	B	G	B	G	B	G	B&G
Feelings/reactions	N	N	N	N	N	N	N	N	N	N	N
	%	%	%	%	%	%	%	%	%	%	%
Desert	20	20	13	9	40	40	20	24	93	93	186
	21.3	21.5	13.8	9.7	42.6	43.0	21.3	25.8	98.9	100	99.5
Cannot take the test	20	20	14	9	39	38	19	24	92	91	183
	21.3	21.5	14.9	9.7	41.5	40.9	20.2	25.8	97.9	97.8	97.9
No way/lies/ denounce	18	20	12	8	40	40	18	24	88	92	180
	19.1	21.5	12.8	8.6	42.5	43.0	19.1	25.8	93.6	98.9	96.3
No faith with results	19	18	12	9	38	40	20	17	89	84	173
	20.2	19.4	12.8	9.7	40.4	43.0	21.3	18.3	94.7	90.3	92.5
Drop/get another one	20	18	14	7	40	36	20	16	94	77	171
	21.3	19.4	14.9	7.5	42.5	38.7	21.3	17.2	100	82.8	91.4
Revenge by spreading to others	18	16	12	9	38	39	18	19	86	83	169
	19.1	17.2	12.8	9.7	40.4	41.9	19.1	20.4	91.5	89.2	90.4
Its hopeless to struggle	16	20	12	9	40	24	14	24	82	87	169
	17.0	21.5	12.8	9.7	42.5	25.8	14.9	25.8	87.2	93.5	90.4
After all everyone will die one day	19	18	14	6	38	32	18	22	89	78	167
	20.2	19.4	14.9	6.5	40.4	34.4	19.1	23.7	94.7	83.9	89.3
Panic/shocked/not to me	20	16	14	6	30	34	18	24	82	80	162
	21.3	17.2	14.9	6.5	31.9	36.6	19.1	25.8	87.2	86.0	86.6
Ignore them/nonsense	19	18	13	8	32	30	18	23	82	79	161
	20.2	19.4	13.8	8.6	34.0	32.3	19.1	24.7	87.2	84.9	86.1

Boys=94

Girls=93

Total=187=100%

Source: Field data.

The data in table 4.10 overly indicates that more than four-fifths (86.6%) of the students would resort to panic and 96.3% of them to denial which could enhance risky behaviour that may transmit HIV virus. It is worrying that a significant 90.4% of the students indicate that they would seek vengeance by spreading the HIV virus to others since somebody infected them! It is evident that in total more boys (100%) than girls (82.8%) would opt to drop a sex partner who tests positive and get another.

Interviews and FGD's

Interviews and FGD's with the students confirmed the above findings regarding fear of testing for HIV infection. For example, in Kwetu Boys Boarding Secondary School, Kariungi, a student explained that:

Young people fear to take the HIV tests due to stress, stigma, isolation, devastation, despondency and loss of self esteem that accompanies one if the test results are positive as one could be exposed to open ridicule, blackmail and gossip.

4.11 Sexual Practices and HIV/AIDS

Similarly Beti, a student from Hekima Girls Boarding Secondary School claimed that:

Young people view ignorance as bliss since one is not bothered by what one does not know. It helps one to avoid social stigma, humiliation, stress and loss of self-esteem.

In each of the respective FGD's with teachers in the schools involved in the study, teachers complained that students kept quiet and looked down when asked questions about sex related issues during AIDS education sessions. They observed that students appear withdrawn, shocked, worried, chilly, and fearful and kept quiet and shook their heads in denial whenever they are asked if they would volunteer for HIV tests.

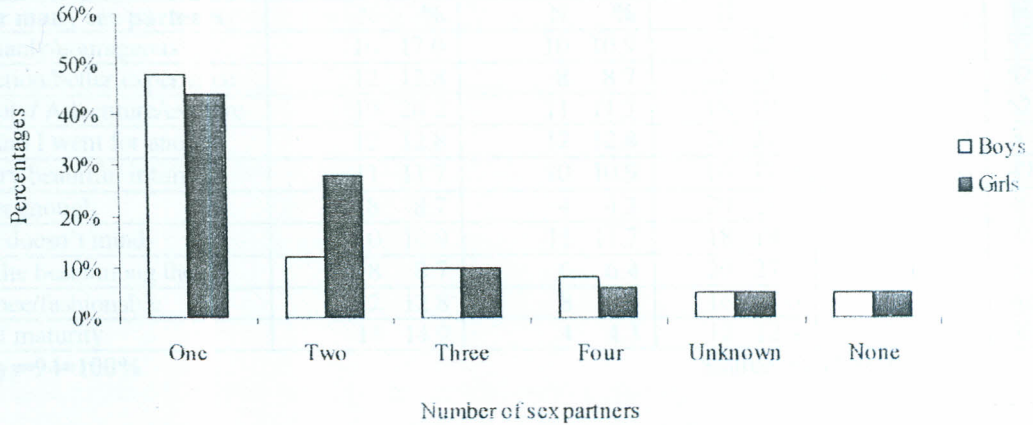
Interestingly, many teachers said also, they would not take the HIV test due to fear of the outcome and in particular the high level of stresses associated with positive results. This is a worrying situation coming from custodians of society, opinion leaders and, the supposedly role models.

The subsequent section interrogates various sexual practices among young people that could predispose them to HIV infections.

4.11 Sexual Practices among Young People

One of the social practices that predispose young people to HIV infections are risky sex practices. The study strived diligently to explore the various sex practices that spread HIV infections among adolescents. More than four-fifths (89.6%) of the students reported that they have sex partners. The results of the number of sex partners are tabulated in figure 4.6

Fig. 4.6 Number of sexpartners per student



Source: Field data.

The data in figure 4.6 reveal that almost the same proportion of boys and girls (48% and 45%) had one sex partner while equal number of boys and girls (10% respectively) three sex partners. Some students (7.2%) reported to engage in sex in 'hit and run style' with anyone. A small proportion of students indicated that they 'did not know' their number of their sex partners. This could mean that they have multiple partners hence fear to disclose.

In order to probe further, they were asked to give reasons why they had more than one sex partner at a time. Boys gave the responses shown in table 4.11

Table 4.11 (a) Reasons as to why boys had more than one sex partner

Reasons for many sex partners	Schools		Walenisi M/B		Maarifa M/D		Kwetu B/B		Undugu B/D		Totals	
	N	%	N	%	N	%	N	%	N	%	N	%
It is more manly/courageous	16	17.0	10	10.9	21	22.3	18	19.1	55	58.5		
Ego satisfaction/better experience	12	12.8	8	8.7	22	23.3	10	10.9	52	55.3		
Fun/ Curiosity/ Adventure/explore	19	20.2	11	11.7	18	19.1	4	4.3	52	55.3		
Disagreed and I went for another	12	12.8	12	12.8	20	21.3	6	6.4	50	53.2		
Both are very beautiful intimate	11	11.7	10	10.9	16	17.0	12	12.8	49	52.1		
One is never enough	8	8.7	4	4.3	20	21.3	8	8.7	46	48.9		
Sex partner doesn't mind	10	10.9	11	11.7	18	19.1	7	7.6	46	48.9		
To choose the best among them	8	8.7	6	6.4	26	27.7	4	4.3	41	43.7		
Peer influence/fashionable	12	12.8	8	8.7	16	17.0	6	6.4	42	44.7		
As a sign of maturity	14	14.9	4	4.3	12	12.8	10	10.9	40	42.6		

Boys=94=100%

Source: Field data.

The data in table 4.11(a) suggest that boys are quite defensive about having more than one sex partner since they allege it was more manly and courageous (58.5%).

It is also evident that many boys indulge in sex for ego satisfaction, fun and curiosity. These portray the various stereotypes, attitudes, beliefs, and social practices that many young people aver towards multiple sex partners.

Similarly, girls gave various reasons in support of having multiple sex partners as tabulated in table 4.11 (b).

Table 4.11 (b) Reasons as to why girls had more than one sex partner

Reasons for many sex partners	Schools		Walenisi M/B		Maarifa M/D		Salama G/B		Hekima G/D		Totals	
	N	%	N	%	N	%	N	%	N	%	N	%
To make a good choice/select the best	15	16.1	8	8.6	24	25.8	18	19.4	65	69.9		
Fun/enjoyment/explore	18	19.4	4	4.3	31	33.3	10	10.8	63	67.7		
Finance/material gain/ meet basic needs	12	12.9	6	6.5	29	31.1	11	11.8	58	62.4		
Token for a generous/caring man	8	8.6	4	4.3	23	24.7	20	21.5	55	59.1		
Approach in a desirable/tempting manner	10	10.8	6	6.5	25	26.9	12	12.9	53	57.0		
Dropped the guy for a more generous man	8	8.6	7	7.4	21	22.6	16	17.2	52	55.9		
Too much persuasion/pressure by a man	14	15.1	5	5.4	21	22.6	12	12.9	52	55.9		
Peer influence	8	8.6	4	4.3	19	20.4	18	19.4	49	52.7		
To show him he is not the only man	2	2.2	1	1.1	10	10.8	7	7.5	20	21.5		
Out of sight out of mind/deserted	10	10.8	4	4.3	2	2.2	4	4.3	20	21.5		

Girls=93=100%

Source: Field data.

However compared with boys, the data in table 4.11 (b) reveal that more girls (62.4%) have several sex partners due to financial gain and as a token of gratitude to a generous and caring sex partner. Perhaps, this could have been due to the fact that in situations of poverty and low social economic status girls tend to be more adversely affected since men in the study area owned and controlled the meagre economic resources available. It is also evident that many girls engage in sex due to lack of assertiveness and perhaps inability to resist pressure once approached for sex (57.0%) perhaps, due to socialisation that edifies submissiveness as a desirable virtue in a woman. Conversely, boys are socialised to be more assertive, sexual, courageous, aggressive, brave, ambitious and generous which were regarded to be manly. These attributes tend to encourage boys and girls to have many sex partners.

In order to probe more about their sexual dispositions with regard to their life cycle, both boys and girls were asked to give the age when one had the first sexual intercourse. The responses are shown in tables 4.12 (a) and 4.12 (b) respectively.

Table 4.12 (a) Age of first sexual intercourse among boys

Schools	Walenisi M/B		Maarifa M/D		Kwetu B/B		Undugu B/D		Totals	
	N	%	N	%	N	%	N	%	N	%
Age in years										
5	0	0.0	1	1.1	6	6.4	3	3.2	10	10.9
8	4	4.3	2	2.1	7	7.6	3	3.2	16	17.0
9	2	2.1	0	0.0	4	4.3	1	1.1	7	7.6
10	6	6.4	4	4.3	6	6.4	3	3.2	19	20.2
11	2	2.1	2	2.1	4	4.3	2	2.1	10	10.9
12	2	2.1	3	3.2	6	6.4	4	4.3	15	16.0
13	4	4.3	2	2.1	0	0.0	0	0.0	6	6.4
14	0	0.0	0	0.0	2	2.1	3	3.2	5	5.4

Boys=94=100%

Source: Field data.

The girls gave the responses regarding their first sexual encounter as tabulated in table 4.12 (b).

Table 4.12 (b) Age of first sexual intercourse among girls

Schools	Walenisi M/B		Maarifa M/ D		Salama G/B		Hekima G/D		Totals	
	N	%	N	%	N	%	N	%	N	%
5	0	0.0	0	0.0	4	4.3	1	1.1	5	5.4
8	6	6.5	2	2.2	11	11.8	8	8.6	27	28.9
9	3	3.2	3	3.2	1	1.1	4	4.3	11	11.8
10	4	4.3	3	3.2	8	8.6	6	6.5	21	22.6
11	1	1.1	1	1.1	5	5.4	1	1.1	8	8.6
12	2	2.2	0	0.0	6	6.5	1	1.1	9	9.7
13	1	1.1	0	0.0	2	2.2	2	2.2	5	5.4
14	0	0.0	0	0.0	2	2.2	1	1.1	3	3.2
15	1	1.1	0	0.0	1	1.1	0	0.0	2	2.2
None	2	2.2	0	0.0	0	0.0	0	0.0	2	2.2
Totals.	20	21.5	9	9.7	40	43.0	24	25.8	93	100

Girls=93=100%

Source: Field data.

The data in table 4.12 reveal that sexual activity began as early 5 years in life as seen in 10.9% of the boys. This is quite risky because at that early age they may not have been quite aware of potential risk to HIV infections. Worse, one could get fixated habit wise and internalise the practice quite early in life. Sexual debut for majority of boys (53.5%) occur between ages 10-13 years.

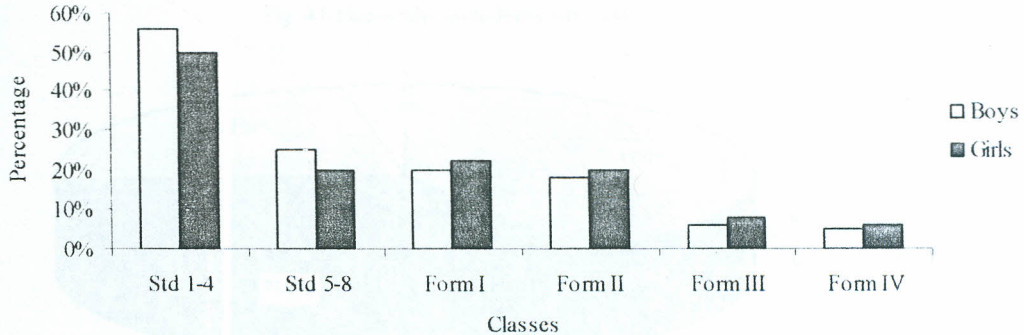
The data in table 4.12 (b) reveal that just like among boys, sexual activity begun at 5 years among girls who may not be aware or prepared to counter the potential risk to STIs including HIV. The majority of girls (63.3%) had their sexual debut between the ages 8-10 years compared with majority of boys (53.5%) at age 10-13 years.

The data in tables 4.12 (a) and 4.12 (b) suggest that at age of 8 years the proportion of girls (28.9%) who are sexually active nearly doubled that of boys (17.0%). It is also interesting to note that at 14 years of age, the number of boys (5.4%) who are sexually active nearly doubled that of girls (3.2%). However the findings in both tables seem to indicate that fewer girls (5.4%) become sexually active earlier than boys (10.6%).

However the number of sexually active girls overtook that of boys perhaps due to biological factors of faster and earlier maturation and sociological dispositions that favour early marriages of young girls to elderly men. Similarly, of significant contribution to increase in early sex among girls could be the popular belief that sex with young virgin girls could cure HIV and AIDS and, a belief among elderly men that young girls are not infected hence safe avenues for sex.

The study further sought to find out in which class the students were when one had first sexual intercourse. The students gave the responses indicated in figure 4.7.

Fig. 4.7 Class of the student when one had the first sexual intercourse



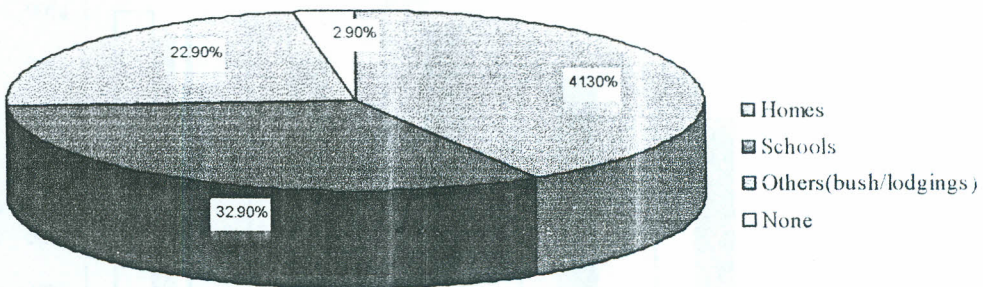
Source: Field data.

The data in figure 4.7 indicate more than half of the students (55.8%) have their first sexual intercourse when they are in their lower primary classes followed by those in upper primary (15.9%). This significant finding indicates that cumulatively more than two-thirds of young people are sexually active at relatively tender age. At such an early age teachers and other guardians may not have been aware of their sexual activities.

More than four-fifths (86.9%) of the girls reported that sex experience after first sexual intercourse, made one to easily succumb to subsequent sexual overtures. Similarly, more than four-fifths of the boys (89.0%) reported that the experience of first sexual intercourse made one to easily indulge in sex in subsequent relationships.

When the students were asked where they usually had sex, they gave the responses shown in figure 4.8

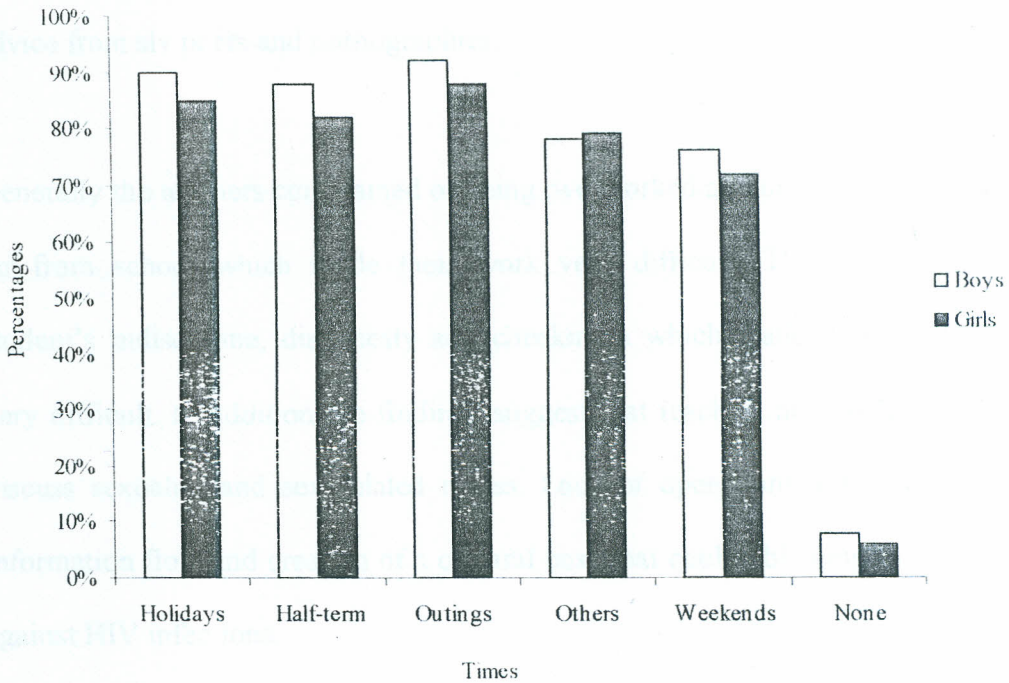
Fig. 4.8 Places where students have sex



Source: Field data.

The data in figure 4.8 indicate that 41.3% of the students have sex at homes, while one-third (32.9%) have sex at schools and one-fifth (22.9%) in the local markets and even in the bush (2.9%)! This finding raises concerns because homes and schools are places where duty bearers are expected to be with children guiding, monitoring, and educating them. Further, the students were required to indicate when they engage in sex. The findings are shown in figure 4.9.

Fig. 4.9 Times when student's have sexual intercourse



Source: Field data.

The data in figure 4.9 indicate that more than four-fifths (92.5%) of the students engage in sex during school holidays. A large majority also indicated that half terms and school outings also provide opportunities for engaging in sex. The students alleged that other times when peers engage in sex were during outings, strikes, night preps, power black outs and when they often sneak out of school.

In Walenisi Mixed Secondary School it was reported that students used to disappear in the nearby bush to have sex as they went to fetch water. It was reported that teachers are lenient in handling sex related issues because in Meru community adults/grown-ups, teachers included, did not discuss issues relating to

sex relationships with young people. This denies the students the valuable information and guidance on sex related issues which makes them to resort to advice from sly peers and pornographies.

Generally the teachers complained of being overworked and understaffed, residing far from school which made their work very difficult. They complained of student's indiscipline, dishonesty and cheekiness which made their work to be very difficult. In addition the findings suggest that teachers and students did not discuss sexuality and sex related issues. Lack of open communication curtails information flow and creation of a cultural base that could ably empower students against HIV infections.

The next theme interrogates HIV and AIDS education as currently taught in schools in order to ascertain its adequacy and effectiveness to enhance sustainable positive sexual behavioural traits among students to ebb HIV Infections.

4.12 HIV/AIDS education and HIV Infections

Another major concern of the study was to investigate the role of the current teaching of HIV and AIDS education to enable positive behavioural practices that ultimately could inform the student's safe sex practices to avert rampant HIV infections. Half (50.4%) of the students reported that HIV and AIDS education is not taught in their schools. The schools involved were Undugu B/D, Hekima G/D

and Salama G/D Secondary Schools. However, the researcher did not consider this as a hindrance to research because it did not rule out the presence of factors that continue to predispose students to HIV infections.

Content of the teaching

In Walenisi M/BD, Maarifa M/D and Kwetu B/BD Secondary Schools students observe that HIV and AIDS education is often mentioned and infused in few topics in biology, social studies and pastoral sessions. The students claimed that teachers lay emphasis on subjects examined in the national examinations only. Further, students reveal that even in the same schools, AIDS education is not taught in all classes. Teachers do not test/evaluate what is taught.

Quality of the teaching

Three-quarters (76.3%) of the students in schools where AIDS is taught reported that the content offered do not enable them to acquire positive behaviour to measure to the challenge posed by rampant HIV and AIDS. The students reported that the teachings are hazy, shallow and not realistic as they are mainly aimed at portraying student's perceived weaknesses and immoral behaviour/bad habits rather than addressing the relevant life skills for positive behaviour change.

These data indicates that students do not get much information from teachers about HIV and AIDS. This may be attributable to the fact that right from its initial inception, either by default or by design, teachers were not accorded prior sensitisation or training in respective pedagogies and attendant educational

resources that would have enabled their proficiency, efficacy and operational efficiency in handling of HIV and AIDS education as a subject. This might have undermined their morale, drive and competency to ably implement the subject content. That notwithstanding, then, the absence of effective and sustainable learning and implementation of this vital subject greatly gives leeway to unabated surge in the spread of the virus among the young due to lack of relevant knowledge and skills, not to mention commensurate attitudes.

In all schools, even where HIV and AIDS education is not mentioned, more than three-quarters of the students (76.7%) affirmed that HIV and AIDS education should be taught as a compulsory, separate and examinable subject in national examinations. In a student FGD in Walenisi mixed Secondary School, Mwendwa, a female student fervently argued and explained that compulsory teaching will:

Make teachers and students more serious and focussed: create more awareness and better understanding of the contents: reduce spread of HIV infections because accurate knowledge is a powerful tool for positive behaviour change: encourage more research on the subject: make students to work hard to learn so as to pass exams and as a result use the knowledge gained to change their rebellious sexual behaviour that lead to HIV infections: make all of us to know the real truth about HIV and AIDS so as to be empowered to combat HIV infections since it affects all of us.

This finding underscores the value that many students attach to empowerment arising from acquisition of the relevant knowledge and skills. Interestingly in an FGD with teachers in Walenisi Secondary School, Kiruki, a male teacher observed that making teaching of HIV and AIDS education compulsory would 'add extra load' to the already overloaded curriculum. He remarked that 'people dying of HIV and AIDS are immoral and greedy for sex' and obligatory teaching of HIV and AIDS education would make no difference.

More than three quarters (79.2%) of the students prefer social/health workers to teach HIV and AIDS education. They argue ardently that unlike teachers, health workers are more informed, up-to-date, better experienced, having specialised knowledge and practice in HIV and AIDS affairs. They observe that health workers are 'not shy, more open, better trained and skilled in the teaching and guidance/counselling on HIV and AIDS and sex related issues since, they are more accessible/exposed to victims'. Hence they would be 'more realistic and knowledgeable' in issues pertaining to HIV and AIDS.

However, one-fifths (22.8%) of the students prefer boys and girls to be taught separately. They explained their reasons as teaching boys and girls together make them shy to ask questions. Karwi, a female Student interviewed in Maarifa Coeducation Secondary School revealed that in most cases HIV and AIDS time was used to teach examinable subjects. She alleged that teachers referred to HIV

infection as a personal matter bearing more on one's morals/behaviour hence teaching would not make much difference since, decision to indulge in sex is always more of a covert affair.

In Maarifa coeducational Secondary School where HIV and AIDS education is often taught infused in other subjects, Kamanja, a male teacher notes that:

Whenever we have AIDS education sessions students are not serious neither keen to take notes unless persuaded and in most cases they are unwilling to share information or ask questions. The big age differences between teachers and students, and the Ameru cultural inclinations make teachers, many of whom incidentally happen to be of Meru origin, to lack suitable language and illustrations for effective communication on crucial information and, in particular issues on HIV infections (Like demonstration on how to use condoms, use of sex-related terms or even language among others). There are no syllabuses or teaching resources.

This citation underscores the teacher's negative perception and lack of prior preparedness in teaching and handling of HIV and AIDS education right from its inception. Interestingly, also Ncooro, a male teacher in Kwetu Secondary school supported the view that there was no need of making HIV and AIDS education compulsory because 'mass media is doing a good job' and, that 'HIV and AIDS is a short-lived problem.' By and large all the preceding expositions imply that students are likely to experience more risks as HIV infections soar.

In all the schools, the interviews with teachers in charge of guidance and counselling revealed a perception of shyness and inhibition among students in HIV and AIDS lessons. For example in Kwetu Secondary School, Mbaabu, a teacher in charge of guidance and counselling observes that:

Students are generally shy and not open, possibly due to the fact that, the teachers double as class teachers and counsellors. Teachers lack specialised preparedness and training and, enough time to serve the large number of students because they are allocated teaching subjects.

In the same school, Kamenchu the head teacher observes with concern that:

Many schools are understaffed, lack trained and competent teaching personnel to handle guidance and counselling and, to teach AIDS education. There are no syllabuses or educational resources for teaching HIV education.

The preceding findings suggests that HIV infections are likely to increase among young people while in school and when they transit elsewhere because schools do not seem to prepare them adequately to meet the challenges posed by HIV and AIDS.

The successive section explores various beliefs that student's have about sex and HIV infections.

4.13 Students Beliefs about Sex and HIV Infections

Beliefs that young people harbour about sex are known to influence their sexual behaviours, attitudes, dispositions and practices, which play a big role on how they are predisposed to HIV infections. Using the observation schedule the researcher noted a lot of graffiti on walls of toilets, bathrooms, urinals and some dormitory cubicles showing drawings and writings about sex and sex organs. The drawings portrayed people engaged in sex in various postures with writings beneath them edifying the pleasure of doing sex. Similarly, the cumulative responses from student's questionnaire reveal insightful observations about beliefs as indicated in table 4.13.

Table 4.13 Student's beliefs about sex and HIV infections

Types of beliefs	Gender	Subtotals				Totals	
		Boys		Girls		B & G	
		N	%	N	%	N	%
One should not go for testing unless sick/ill health		80	85.1	90	96.8	170	90.9
People infected with HIV are very thin and sickly		50	53.2	42	45.2	92	49.2
One unprotected heterosexual contact cannot cause HIV infection		48	49.5	32	34.4	80	42.8
Do not use condoms due to religious beliefs and prohibitions		28	29.8	40	43.0	68	36.4
It is safe to do sex with anyone who looks strong and healthy		30	31.9	20	21.5	50	26.7
Withdrawal before ejaculation eliminates risk of HIV infection and pregnancy		26	27.7	20	21.5	46	24.6
A pill after sex to prevent STIs including pregnancy		33	35.1	25	26.9	58	31.0
Doing sex avoids back aches		24	25.5	22	23.7	46	24.6
Sexual intercourse is a social game that anyone can play		18	19.1	20	21.5	38	20.3
Sexual intercourse is entertaining/sustains intimate love		14	14.9	22	23.7	36	19.3
A person cannot be having HIV and fail to show/know/feel about it		14	14.9	18	19.4	32	17.1
Anal sex prevents HIV infections		20	21.3	10	10.8	30	16.0

Boys=94 Girls=93 Total=187=100%

Source: Field data.

The data in table 4.13 indicate that nearly one-quarter (24.6%) of the students feel that when engaging in sexual intercourse, withdrawal before ejaculation eliminates the risk of HIV infection and pregnancy. Another 42.8% reported that one

unprotected heterosexual contact cannot cause HIV infection. A quarter (26.9%) of the girls do not believe in condoms use, but prefer to take family planning pill tablets after sex to prevent STIs including pregnancy and, only engage in sex during safe days during and immediately after menses.

It is notable that in almost all responses regarding beliefs about sex and HIV infections, boys took the lead in beliefs about sex perhaps due to socialisation that edifies sex as a desirable virtue among men in the community. The students explained that many young people opt for anal sex since they believe that such sex ensured natural exit of sperms thus making it a safe sex practice to avert HIV infections. They reported that this was common to most young people making them indulge in anal sexual intercourse. These findings could be a tip of the iceberg and perhaps amply suggest that young people harbour myriad fallacies, myths, superstitions, misinformation, stereotypes and misconceptions about HIV and AIDS. The next section attempts to present various cultural practices that predispose young people to HIV infections.

4.14 Social Cultural Practices and HIV Infections

Nearly all the students (98.3%) reported that in Meru community girls and boys are circumcised traditionally. The attendant social-cultural practices are accompanied by ceremonies, rituals, rites of passage and a period seclusion meant for educating and socialising the initiates to indulge in sex since they are regarded

as mature and independent. These teachings lay particular emphasis on male superiority and female submissiveness in all issues, including sexual intercourse.

In an FGD involving students in Kwetu Boys Boarding Secondary School Mutani, a student observes that:

The candidates share one knife so as to bind them as members of the same age-set and community to unite them in solidarity and kinsman ship. During the seclusion period in traditional circumcision ceremonies and rites of passage, young people receive rigorous education that socialises them to indulge in sex. In particular, boys are taught to be brave, how to seduce girls and sexual assertiveness. Conversely, girls are taught the art of caring, submissiveness and generosity. Girls are taught to be humble, compliant to men, in all aspects including sex issues since they are taught that a mean girl is unlikely to get married.

The preceding revelations significantly show that traditional circumcision biologically and socially predispose young people to the HIV. Scientifically, when fluids from initiates mix by way of culturally shared cutting tools, the risk to HIV infections increases, in addition the socialisation encourages sexual indulgences.

Approximately 90.1% of the students reported that because of cultural factors, parents never discuss with them about sexuality and, particularly HIV infections and condom use. In an interview, Suu, a female student in Walenisi Mixed Secondary School remarked that:

There were particular cultural barriers, reasons, beliefs and community taboos that forbade adults to discuss sex related issues with young people who are regarded as children. It is believed that such discussions are unethical, immoral and worse, it is feared that it will make young people indulge in sex. Many parents/adults lack proper, appropriate and suitable sex language/words to communicate with young people about sex issues like appropriate names for sex organs, sexuality and condoms.

This finding suggests that socio-cultural barriers impede valuable communication that could offer vital empowerment in the war against HIV among young persons. Four-fifths (80%) of the students felt that it is not good to discuss sex issues and HIV infections in the family. Further they argue that sex is a private and personal affair where one should make their independent decisions/choices. Such perceptions hinder acquisition of valuable knowledge which could empower many adolescents against STIs including HIV.

An FGD with parents confirmed that cultural factors such as taboos that forbid grown-ups to discuss about sexual issues with their young people exist in the community. Male parents (fathers) categorically affirmed that they cannot discuss sexuality and HIV and AIDS issues with their adolescent daughters but would rather leave it to mothers due to customs and taboos. Young parents reported being embarrassed, shy and lacked proper language to discuss sex issues with their adolescent children. Elderly parents reported having used someone younger to

pass the message to their adolescent children. However, all parents concurred that it was the responsibility of the teachers to teach young people on sexuality and sex education. Parents claim that teachers are more knowledgeable and the students are always at their disposal. Further, when asked whether they discuss about the condom use with their adolescent children, parents reported that they could not imagine talking/advising about or, worse giving out a condom. They argue that it would spoil young people by making them to indulge in risky sexual practices. This shows that the issues of potency of the condom to curb HIV infections are invisible to them.

In a FGD with parents in Walenisi Secondary School, Pastor Kanyangu, a parent in the school observes that:

The society as a whole is socially, morally and spiritually sick. It values and viciously promotes sexual immorality, drug abuse and condones drunkenness, promiscuity, permissiveness, indecency, rape, sexual abuse, domestic violence, corruption, and veiled widow/widower inheritance among other vices. Rebellions against authority leading to violence in families, schools, churches and other institutions are fashionable. All these socialise young people in and out of school to utter moral decadence. Soon we will experience alcohol/family genocide and, worst of all HIV/AIDS genocide/tsunami. Soon we will be extinct since HIV/AIDS is not a respecter of humanity.

The expose brings out the raw feelings and attendant desperation, utter despondency, dismay, bitterness, frustrations, hopelessness in the pastor's words

that point to the stark reality of the risky practices that relentlessly predispose young people to HIV infections. It should also not escape mention that the pastors who are referred to as 'men/women of collar' are routinely involved in burials and funeral of HIV and AIDS victims. Hence, the reality of risky sexual behaviour is close to them.

In an interview with District HIV and AIDS Coordinator and other health workers, it was reported that young parents are not socialised to guide their young children due to limited age differences between them. Health workers reported that other factors that continue to predispose young people to HIV infections are lack of sustainable strategy for provision of psychosocial care and service to young people, family and community of the infected and affected. They alleged that information and knowledge on HIV infection targeting young people is not well packaged and tailored to suit the cultural and traditional values and experiences of local social-cultural norms which mitigate against the impact of HIV and AIDS advocacy campaigns particularly for young people. Further, no tangible attempt had been done to recognise the need for development of traditional medicare in prevention, care and management of HIV and AIDS among young people.

Generally, it is observed that there is no capacity for monitoring and evaluation of efficacy of HIV and AIDS advocacy campaigns targeting young people which are done by various bodies and NGO's. Young HIV and AIDS widowers/widows in

the community are either covertly inherited or had many sex partners who looked healthy. This culture is likely to influence sexual behaviour of young people. Notably, social cultural practices like FGC on girls and traditional circumcisions on boys are practised and even tolerated by the churches. Moreover, the society condoned sex promiscuity among men hence encouraging male sexual promiscuity and polygamy in the community. Hence, from the very onset, young people were socialised to tolerate the culture of having multiple sexual partners.

The subsequent section endeavours to examine the role of socio-economic factors to the spread of HIV infections among young people.

4.15 Socio-Economic Factors and HIV Infections

One of the pertinent issues of the study was to identify and diligently explore the role of various socio-economic factors in the spread of HIV infections among young people. More than 90% of the students reported that young people engage in sex as away of getting some income to reduce stresses and frustrations from poverty. Further, all the students reported that many girls engage in sex with sugar daddies for material gains and in particular those from poor backgrounds desire to enjoy good things in life to compare with those that hail from well-off parents. Also, they alleged that in many cases a girl's bargain for safe sex was weakened if she was offered financial/or material gain from the male sex partner.

In all the students FGD's the students observed that high levels of pervasive poverty and desire for money/material gain at early age contribute to girl's engagement in sex. Interestingly many girls refer to gainful sex as a small price to pay in reciprocation of the generosity of a kind male sex partner.

In an interview with Magaju, the head teacher of Undugu Secondary School, he remarks with concern that:

High levels of persistent and widespread poverty, scarcity of land, unemployment, death of parents due to HIV and AIDS, low prices of agricultural produce, and lack of family planning are factors that lead to increase in commercial sex among some parents and young people including students as a strategy to eke a living. These cause many students to drop out of school due to fee problems and HIV infections. Girls engage in gainful sex with touts, Miraa barons, businessmen and drivers while still having affairs with fellow boy's students bringing HIV infections to the schools. In fact, several students have dropped out of school due to HIV infections.

This finding basically suggests that poverty predispose students to risky sexual behaviour and expose them to HIV. In an FGD with teachers in charge of guidance and counselling, in Maarifa Secondary School, Kabii, a lady teacher confirmed these findings as she explained thus:

Many students, in particular girls, engage in sex promiscuity to earn a living due to hopelessness brought by poverty. Parents are not doing much to guide their children to develop coping mechanism and, to creatively seek alternative ways of dealing with challenges posed by adolescence instead of indulging in lax sex behaviour that predispose them to HIV infections.

It is noteworthy that many young people are predisposed to the HIV due to pervasive poverty and ignorance of the consequences of indulging in 'gainful' unprotected sex.

Generally, in all the interviews with head teachers it was revealed that some of the students who are sent away for fees are orphaned due to HIV and AIDS scourge. Some of them have dropped out of school due to poverty. The education officer and district HIV and AIDS coordinator reported that high levels of widespread poverty exacerbate the spread of HIV infections among young people, who also have no control of the limited economic resources in the community. This is manifested in large number of young prostitutes and increase in HIV and AIDS prevalence rates (69%, DDOM, 2002) among young people. The health workers alleged an inordinate increase in number of young people suffering from opportunistic infections occasioned by HIV and AIDS admitted in hospices.

The next section examines the various attitudes that young people aver about condom use, and the possible effect on the spread of HIV infections.

4.16 Condom Use and HIV Infections

The issue of condom use was of critical importance in this study since the Meru District reported high prevalence of HIV and AIDS among young people. In effort

to actuate and discover this, the study endeavoured to explore the perceptions for non-use of condoms among young people.

Approximately four-fifths (80.6%) of students reported having been advised by peers not to use condoms which are crudely labelled as 'Juala' (polythene bag). They claimed that doing sex with 'Juala' was not enjoyable because it was like eating a sweet wrapped in a nylon paper where real sweetness is lost. Boys gave the reasons as tabulated in table 4.14 (a)

Table 4.14 (a) Perceptions about why boy respondents do not use condoms

Schools	Walenisi		Maarifa		Kwetu		Undugu		Totals	
	M/B		M/D		B/B		B/D		N	%
Perceptions on why boys decline to use condoms	N	%	N	%	N	%	N	%	N	%
No real sex experience since it makes sex cold/ boring	18	19.1	12	12.8	38	40.4	17	18.1	85	90.4
Do not prevent the microscopic HIV to pore through	18	19.1	12	12.8	38	40.4	17	18.1	85	90.4
Condoms are not 100% safe	19	20.2	10	10.9	36	38.3	16	17.0	81	86.1
Reduce libido/ barrenness due to chemicals in them	16	17.0	9	9.8	37	39.4	18	19.1	80	85.1
Withdrawal method offers better/real sex experience	14	14.9	6	6.4	31	32.2	12	12.8	63	67.0
Peer influences (scorns/label you a juala man)	6	6.4	5	5.4	11	11.7	12	12.8	34	36.2
Discourage sexual appetite	7	7.6	4	4.3	12	12.8	10	10.9	33	35.1
Religious influence/inclinations	4	4.3	2	2.1	19	20.2	8	8.7	33	35.1
It shows you are a 'mshamba' - Primitive/not exposed	5	5.4	1	1.1	11	11.7	12	12.8	29	30.9
It shows I don't trust my sex partner	2	2.1	8	8.7	8	8.7	6	6.4	24	25.5
Not available in all places	3	3.2	1	1.1	18	19.1	2	2.1	24	25.5
Expensive	1	1.1	2	2.1	16	17.0	4	4.3	23	24.5
Sellers who know me will tell others am a prostitute	2	2.1	3	3.2	10	10.7	6	6.4	21	22.3
Ignorance on use and importance	6	6.4	6	6.4	2	2.1	6	6.4	20	21.3
Girl sex partners dislike	6	6.4	6	6.4	4	4.3	4	4.3	20	21.3

Boys=94=100%

Source: Field data.

The data in table 4.14 (a) indicate that more than 90% of the boys believe that condoms use denies a person real sex enjoyment and do not prevent the spread of HIV infections. Moreover they alleged that, condom use leads to loss of sex libido

which causes loss of fertility. On the issue of condom use, the girls gave the responses why they abhor using condoms as tabulated in table 4.14 (b).

Table 4.14 (b) Reasons why girl respondents do not use condoms

Schools	Walenisi M/B		Maarifa M/D		Salama G/B		Hekima G/D		Totals	
	N	%	N	%	N	%	N	%	N	%
Why Girls decline to use condoms										
Sex is dull/cold/artificial/ tasteless	15	16.1	8	8.6	22	23.7	18	19.4	63	67.7
It's like eating a sweet in nylon paper	4	4.3	2	2.2	30	32.3	24	25.8	60	64.5
Taking a pill tab after sex is better	18	19.4	8	8.6	24	25.8	7	7.5	57	61.3
Does sex during safe days	10	10.8	7	7.5	13	14.0	22	23.7	52	59.1
Faithful to each other as sex partners	10	10.8	8	8.6	20	21.5	10	10.8	48	51.6
It comes out during sex intercourse	11	11.8	7	7.5	11	11.8	13	14.0	42	46.2
Burst/block cervix leading to operation	4	4.3	6	6.5	12	12.9	20	21.5	42	46.2
Male sex partners dislike it	1	1.1	8	8.6	4	4.3	18	19.4	31	33.3
Fear sex partner to desert	8	8.6	2	2.2	17	18.3	4	4.3	31	33.3
Peer influence	6	6.5	2	2.2	15	16.1	6	6.5	29	31.1
Religious influence	10	10.8	4	4.3	6	6.5	8	8.6	28	30.1

Girls=93=100%

Source: Field data.

The data in table 4.14 (b) indicate that fewer girls (67.7%) than boys (90.4%), reported that condoms made sex dull, cold, artificial and not sweet nor enjoyable. Using condoms is perceived as akin to eating a sweet wrapped in a polythene paper (64.5%). Hence, for more than 60% of the girls swallowing a pill tablet after sex allows a girl to enjoy sex without fear of pregnancy and without the hustle of wearing a condom. In deed it is evident from the observations given in table 4.14 (b) that peer influence and other negative attitudes, perceptions and beliefs lead to less use of condoms among girls.

The above findings show that many young people tend to have negative feelings and attitudes about condom use. These negative attitudes provide fertile ground for

risky sexual practices. The next section attempts to discover how the relationships between the students and their immediate school neighbourhoods might predispose them to HIV infections.

4.17 School Neighbouring Community and HIV Infections

Relationships and interactions between the school and the neighbouring community may prove beneficial or harmful. Students were interviewed to find out how they perceived their interaction with the immediate community regard to the spread of HIV. In an FGD involving students in Kwetu Boys Boarding Secondary School, Karobia, a student explained that:

Students from our school and neighbouring schools often sneak out of school to local markets at night to attend discos and nightclubs where they engage in paid sex with young people working in these premises. Kiosks bordering the schools sell drugs like cigarettes, bhang, locally brewed and packaged alcohol to students. There are many cheap lodgings that are easily available and rented by students on hourly basis at a cost of shs 20-50 for sex purposes. Often young people working in local construction companies, touts, Miraa barons, businessmen and drivers have sex with school girls in nightclubs neighbouring schools. Some of our non-academic staff members like the cooks, watchman, house keepers, matrons and casual labourers from the local community traffic drugs to the students. School neighbours do not assist the school administration to fight against drug abuse because they benefit from the trade.

The above quotation suggests that the communities bordering the schools have direct social influence with students. Using the observation schedules the researcher noted that surrounding community provided attractions to students as was evident in myriad openings in school fences showing evidence of regular use by sneak outs and perhaps illegal drug traffickers in/out of the school compounds. There are kiosks and shanty shopping centres near schools dealing with various assortments of cigarettes, juices, miraa/khat, alcohol packaged in sachets and sweets. In addition, there are many night clubs bars, shops, lodgings, restaurants, canteens, dimples clubs and in the small markets adjacent to the schools.

In another FGD in Salama Girls Boarding Secondary School, which borders a busy and populous local market, Wedi, a student claimed that:

Some girls dress in long civilian clothings and join waiting guys by the fence and disappear after the generator is switched-off at 10.30 p.m.: these guys are young moneyed men working in nightclubs in the nearby local market. The girls are escorted by their sex partners in the wee hours of the night. There is only one watchman and the school compound is large.

Wedi's claims suggests that members of the community neighbouring the school especially markets and small towns were preying on girls and predisposing them to HIV infections. In addition, the head teacher of Hekima Girls Secondary School observes that student's interaction with members of the immediate local

community led to premarital sex. He alleged that some girls had dropped out of school due to pregnancy that ensued from such encounters.

In the exclusive FGD with female parents in Walenisi Secondary School, Mama Kashujaa, observes that:

Touts and drivers woo school girls into sex. Young people operating Kiosks near the schools sell drugs disguised in fruit juice packs to students which make them to indulge in sex and strikes in the school. Often male teachers send students to buy cigarettes from the local canteens which make students to indulge in cigarette smoking. In many of our schools, the school administration is not vigilant nor strict to monitor, supervise, and check the student's movement in and out of school to ensure drugs are not carried into the schools: also many school management boards are not strict to ensure teachers maintain discipline on errant students.

These preceding expositions reveals that the local communities neighbouring the school may have adverse influence the behaviour of students in the immediate schools.

4.18 Other Factors Favourable to HIV Infections

When asked to name other factors that continue to predispose young people to HIV infections, the students gave the responses tabulated in table 4.15

Table 4.15 Other factors that predispose young people to HIV infections

Schools	Walenisi		Maarifa		Kwetu	Salama	Undugu	Hekima	Subtotals		Totals
	M/B	G	M/D	G	B/B	G/B	B/D	G/D	B	G	B/G
Gender	B	G	B	G	B	G	B	G	B	G	B/G
Other factors.	N	N	N	N	N	N	N	N	N	N	N
	%	%	%	%	%	%	%	%	%	%	%
High level of chronic ignorance	18	19	14	9	39	38	20	24	91	90	181
	19.1	20.4	14.9	9.7	41.5	40.9	10.6	25.8	96.8	96.8	96.8
Pervasive apathy and fatigue	19	20	13	6	38	39	19	22	89	89	178
	20.2	21.5	13.8	6.5	40.4	41.9	10.1	23.7	94.7	95.7	95.2
Fatigue due to monotonous message	16	15	10	8	37	36	20	23	83	81	164
	17.0	16.1	5.3	8.6	39.4	38.7	21.3	24.7	88.3	87.1	87.7
Location and the services of VCT centres not known	10	12	9	8	36	35	14	19	69	74	143
	10.9	12.9	4.8	8.6	38.3	38.7	14.9	20.4	73.4	79.6	76.5

Boys=94**Girls=93****Total=187=100%**

Source: Field data.

The data in table 4.15 show that 96.8% of all students identify high level of ignorance as key in predisposing young people to HIV. Others are pervasive apathy and lack of health services for young people.

In an FGD, Kabeti, a student in Salama Girls Secondary School explains that:

The current 'don't care' attitudes exhibited by young people, lack of good morals and laxity in current society make students to indulge in careless unprotected sex. There are no role models for what constitutes good behaviour as far as HIV infections are concerned. The same teacher, priest and pastor who preach against HIV infections woo young people to have sex with them or are known to indulge in extra-marital affairs with mistresses.

Teachers also identified other factors including rape of girls. For example, in FGD with teachers in Kwetu Boys Boarding Secondary School, Muriuki, a male teacher in charge of guidance and counselling complains of:

Rampant rape cases among young people. There is notorious culture of not reporting rape due to fear social stigma and stress meted on victims by the greater society. Incidentally, most rapists are family friends or have important social connections/ties with the victim's family. Also corrupt male police officers, ignorance on part of victims on when to report and how to preserve evidence to survive the hectic legal scrutiny aggravate the situation. Many victims are ignorant of their rights leading to cheap bribes and petty out of court settlements.

According to the District HIV and AIDS coordinator and other health workers there are concerns that HIV and AIDS donor funds do not target education in schools. Kinyinga, a medical HIV and AIDS specialist explains that:

Research on HIV and AIDS is dependent on erratic donor funds which mainly do not target students in schools. Generally there is an upsurge in STIs, communicable and preventable infections among young people due to unprotected sex. (...) Worse, there is a lot of denial on the situation and HIV/AIDS status in the district by majority of adults as opinion leaders and, young people in particular do not believe the reality of rampant HIV infections. Persistent understaffing, lack of well trained and qualified personnel in clinical and educational guidance and counselling (...)

All the preceding observations explicitly suggest that HIV infections are likely to increase unless drastic practical intervention measures are instituted in schools and other educational settings.

Similarly, health professionals confirmed that there are few VCT centres in relation to geographical area and population size of the district and many young people especially those in schools are particularly ignorant of their locations or even the support services offered.

The next section presents the various suggestions given by young people on how they would prefer to address the threat of HIV and AIDS.

4.19 Student's views about curbing HIV and AIDS among selves

In order to involve students in suggesting ways of addressing the issue of HIV and AIDS, the study posed questions regarding methods and approaches that young people deemed appropriate educationally. Student's responses are presented in table 4.16

The data in table 4.16 indicate that nearly all students (98%) would like films/videos, posters, drama and role plays involving HIV/AIDS respectively. The data also indicate that young people would like to be more actively involved in disseminating HIV/AIDS information among selves. 75% of students felt that they would like to share their shared attitudes, values, concerns, feelings, fears, expectations, etc.

Table 4.16 Ways of presenting HIV and AIDS information to young people

Schools	Walenisi		Maarifa		Kwetu	Salama	Undugu	Hekima	Subtotals		Totals
	M/B		M/D		B/B	G/B	B/D	G/D	B	G	B/G
Gender	B	G	B	G	B	G	B	G	B	G	B/G
Preferred approaches	N	N	N	N	N	N	N	N	N	N	N
	%	%	%	%	%	%	%	%	%	%	%
Use of Video/ films shows/ movies	19	20	14	9	40	39	20	23	93	91	184
	20.2	21.5	14.9	9.7	42.6	41.9	21.3	24.7	98.9	97.8	98.4
Music/ dance/ drama	20	20	13	8	39	40	20	24	92	92	184
	21.3	21.5	13.8	8.6	41.5	43.0	21.3	25.8	97.9	98.9	98.4
Revision programmes	20	20	14	9	40	40	18	23	92	92	184
	21.3	21.5	14.9	9.7	42.6	43.0	19.1	24.7	97.9	98.9	98.4
Seminar by young infected persons	16	18	13	8	40	40	19	23	88	90	178
	17.0	19.4	13.8	8.6	42.6	43.0	20.2	24.7	93.6	96.8	95.2
Use infected young people in advocacy campaigns	19	19	12	9	38	39	20	20	89	87	176
	20.2	20.4	12.8	9.7	40.4	41.9	21.3	21.5	94.7	93.5	94.1
Radio programmes tailor-made for the young	18	18	10	9	39	38	18	20	85	82	167
	19.1	19.4	10.9	9.7	41.5	40.9	19.1	21.5	90.4	88.2	89.3
Magazines/ booklets/newsletters	16	14	10	8	38	39	18	22	82	83	165
	17.0	15.1	10.9	8.6	40.4	41.9	19.1	23.7	87.2	89.2	88.2
Straight talk show clubs (seme) for young people	18	19	13	6	37	36	16	20	84	81	165
	19.1	20.4	13.8	6.5	39.4	38.7	17.0	21.5	89.4	87.1	88.2
Use good young role models to teach young people	10	8	14	9	38	40	20	22	82	79	161
	10.9	8.6	14.9	9.7	40.4	43.0	21.3	23.7	87.2	84.9	86.1
Use trained young peer counsellors	17	16	8	4	40	40	16	14	81	74	155
	18.1	17.2	8.7	4.3	42.6	43.0	17.0	15.1	86.1	79.6	82.9
Compulsory teaching and examinable syllabus in all levels	16	15	5	4	35	37	18	24	74	80	154
	17.0	16.1	5.4	4.3	37.2	39.8	19.1	25.8	78.7	86.0	82.4
Young trained professionals in ICT's set for young people	14	17	6	2	39	31	19	24	78	74	152
	14.9	18.3	6.4	2.2	41.5	33.3	20.2	25.8	83.0	79.6	81.3
Having an 'Aids day' every term	10	14	9	8	34	33	16	24	69	79	148
	10.9	15.1	9.8	8.6	36.2	35.5	17.0	25.8	73.4	84.9	79.1
Writing competitions on AIDS every term	16	10	10	6	31	34	14	12	71	62	133
	17.0	10.8	10.9	6.5	33.0	36.6	14.9	12.9	75.5	66.7	71.1

Boys=94

Girls=93

Total=187=100%

Source: Field data.

The data in table 4.16 indicate that nearly all students would prefer mass media like films/video shows, drama and seminars involving young infected persons respectively. The observations indicate that young people prefer fellow young people to be more actively involved in dispensing HIV and AIDS education among selves. This could perhaps be due to the fact that being young people they shared similar values, concerns, feelings, fears, expectations and aspirations.

Generally in all students FGD's majority of the students observed that parents should actively participate in guiding and counselling young people and monitoring their behaviour so as to encourage them to stem out HIV infections. Students felt that school authorities should be more keen and strict in supervision, monitoring student's activities as well as providing effective teaching for positive behaviour change, provision of guidance and counselling services in all schools. Further, school authorities should prevail on teachers to stop sex with students as well as dealing with school neighbours who sell drugs to students. They felt that the government should regulate/control the amount and content of sex-oriented programmes tolerated in the mass media.

These findings indicate that many students are quite apprehensive about various strategies that could be collectively instituted to stem out the spread of the silent killer, AIDS.

The next section explores various suggestions offered to students by other stakeholders in war on HIV and AIDS.

4.20 Other suggestions to empower students against HIV and AIDS

The study set out to find out what particular views, suggestions, strategies, methods and approaches other educational stakeholders sampled for the study would recommend for dispensing HIV and AIDS education to young people. In

various FGD's with teachers, they strongly felt that young people should always 'be effectively and actively involved in development, implementation and evaluation of programmes aimed at targeting HIV infection among selves.'

All the teachers in the schools sampled for the study suggest that students should be given inducements to volunteer for HIV and AIDS tests, and those who volunteer should be rewarded. They argue that the tested volunteers could then be involved to reach out to other young people. Further, they felt that the law should be effectively used to eliminate all social practices like FGC and other forms of traditional circumcisions that predispose young people to HIV infections.

The head teachers and teachers dealing with guidance and counselling suggested that the government without infringing on the media freedom could exercise some censorship on the detrimental aspects of adverts on alcohol, cigarettes, make ups and fashion designers to protect moral values and concepts instilled on young people to enable positive behaviour change to curb HIV infections. Notably, teachers argued that the life skills and AIDS educators could be regularly retrained to cope with emerging challenges so as enable new approaches to competently implement the teaching of these courses. Mass media creativity could be effectively used in the best way possible to creatively educate young people on HIV infection through music, dances and films. These suggestions are a testimony

that the respondents are quite concerned and knowledgeable about the way forward in war against the variables that promoted the spread of the HIV.

In an interview with education officer and FGD with district coordinator of HIV and AIDS and other health workers, it was suggested that all measures targeting young people should actively involve young people so as to have collective ownership and empowerment that will enable sustainability.

Further, she recommended that the MoE could adopt a culturally sensitive and appropriate communication programme involving young people as experts about themselves to enhance access to accurate information and life-skills education to reduce their susceptibility and vulnerability to HIV infections.

These findings amply indicate that young people should out of necessity be actively involved in war against HIV and AIDS. The society should keenly listen and open dialogue to lay sustainable inclusive strategy to initiate home-grown and, realistic strategise to curb HIV infections.

Essentially, active involvement, transparency, and massive participation would enable ownership, team work and sustainability of measures initiated to ameliorate HIV and AIDS among young people.

4.21 Summary

The findings explicitly indicate that HIV infections in Meru are likely to soar among young people. Moreover, lack of open dialogue to demystify HIV and AIDS between parents/teachers and the young people are pervasive.

Similarly, lack of participatory involvement in the war against HIV and AIDS and inconsistency and lack in teaching or poor implementation of HIV and AIDS education denies young people the knowledge and skills that would empower them to ably adopt safe sexual behavioural that would ably empower them to combat HIV infections.

The next chapter presents a discussion of the findings followed by pertinent conclusions and recommendations on the way forward.

CHAPTER FIVE

DISCUSSION OF THE FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.0.0 Introduction

The chapter presents a discussion of the findings of the study organised thematically. The thematic discussions highlight issues related to sexual and social cultural practices, drug abuse, attitudes and beliefs towards condoms use. Similarly, mass media, peer influence, socio-economic factors, HIV and AIDS education, knowledge about STIs and the perceptions of the students about the war on HIV and AIDS among selves are discussed. These are followed by the study conclusions, pertinent recommendations on the way forward and suggestions for further study. All key factors and pertinent themes addressed in the study provide guidance in organising and presenting this chapter.

5.1.0 Discussion of the Findings

5.1.1 Sexual Practices in Schools and HIV Infections

One of the specific objectives of the study was to discover various sexual practices that predispose young people to HIV infections. This study shows that many students are sexually active and that the big size of the school compound and the anonymity afforded by big populations of students encourage students being factors that to engage in risky sex practices.

The study findings suggest that the greatest challenge facing schools is how to ensure students do not indulge in risky sex practices. In absence of any sustainable safe sex practices, it suffices to conclude that these risky tendencies could continue to fuel the spread of the HIV virus among students.

5.1.2 Social Cultural Practices, Parenting and HIV Infections

A major concern of the study was to explore the role of social cultural practices among the study subjects in relation to HIV infections. Parents and students reported that due to cultural inhibitions, they never discuss issues concerning sexuality and, particularly HIV infections and condom use. This perhaps, may explain why majority of students reported that the type of sexual advice they receive from adults (parents and teachers) is in form of blatant threats, veiled warnings and moral injunctions more so for girls than boys.

From the findings, it is clear that being a girl or a boy seem to determine the level, strength and type of warning and threat against sexual indulgence that parents give to young people. Girls are given more threats and at times beaten which may be attributable to immediate consequences of sexual intercourse like dropping out of school due to pregnancy while boys receive less warnings because they are perceived to be out of this danger. This implies that the elements of HIV infections that may result from sexual indulgence are not envisaged in the same way for both gender or are invisible to parents.

Social-cultural practices like FGC and traditional circumcisions are largely practised in the community where tools are shared as a mark of kinsman ship, common name, solidarity and a sense of common cultural root of the initiates. These social-cultural practises biologically and socially predispose young people to HIV. Scientifically, when body fluids from initiates mix by way of shared cutting tools, the risk of HIV infections increases. The ceremonies, rituals, rites of passage and periods of seclusion that accompany these cultural practices train, educate and socialise the initiates to indulge in sex since they are regarded as mature and independent members of the community. The intensity of training and the long periods of time taken in seclusion harden the candidates in social values and norms acquired making it very difficult to change in later life. Similarly, the lifestyle in the greater community ensures their replications and sustainability.

The breakdown of extended family set-ups and gradual erosion of the prudish traditional values and norms that nurture the morals have left many parents with nuclear families, majority of whom are very young with the daunting challenge of socialising their children about sex, sexuality and HIV and AIDS pandemic. The socialisation processes in nuclear families is lacking in parenting education on how to open up to young people on issues related to sex and HIV and AIDS. This is likely to reproduce a vicious cycle of young parents who may not ably socialise their young children on sexuality matters, thus resulting in a generation of people

who may lack requisite knowledge and vital social skills to assertively empower their children against HIV infections.

These findings concur with a study done among young people in Tanzania (see Pattman and Chege (2003) which indicates that many parents were unwilling to discuss sex related matters with their children except in a negative sense and in context of rebuke. The cultural inhibitions hamper the exchange of vital information to young persons which increase their vulnerability to risky practices that predispose them to HIV infections. The communication gap between students and their parents may be attributed to the fact that many students perceive that their parents to have little knowledge about sex in relationship to HIV infections.

Parents are seen as too busy and rarely have time for their adolescent children to discuss pertinent issues about sex and HIV infections. Hence, sexuality education is left to teachers, who lay emphasis in examinable subjects. This again, denies the students vital knowledge and skills on issues about sex, sexuality and HIV infections. Many parents fear that their children would ask questions that they may not competently and adequately answer. This makes many parents to be timid to expose their ignorance that could lead to ridicule. Other parents fear that discussions could make their children knowledgeable which may result in sexual indulgences. Clearly such parents would prefer to avoid discussions about sex.

5.1.3 Drug Abuse and HIV Infections

Drug abuse is rampant drug abuse in the schools and correlates positively to sexual indulgences that lead to HIV infections. Rampant drug abuse is attributable to social values attached to drug use in the greater community. This socialises young people into using drugs at very early age. Although many students may be honest or ignorant, nonetheless they get sucked into the drug abuse habits.

Apart from increasing risk of HIV infections, drug abuse adversely affects the education of the students concerned through underachievement, delinquency and indiscipline that could lead to student dropouts and fuelling student's unrest. Drug abuse leads to poor judgement in sexual negotiations and a great likelihood to indulge in unprotected sex with multiple sex partners and even rape.

5.1.4 Beliefs that Predispose Young People to HIV Infections

A further concern of the study was to explore the beliefs, myths and stereotypes that predispose young people to HIV infections. It was clear, that students believe in misconception that people infected with HIV are very thin and sickly and, when engaging in sexual intercourse, withdrawal before ejaculation eliminated the risk of HIV infection and pregnancy. These beliefs depict gaps in fundamental facts about how HIV infections occur.

Similarly, widespread ignorance, fallacious beliefs, misconceptions predispose students to HIV infections. For example, beliefs that a person may suffer backache if one does not engage in sexual intercourse, and that one may have birth complications due to a small vagina canal if she does not practice doing sex during adolescence. This raise concerns since such beliefs often translate into risky practices as many young people tend to act from a point of ignorance. Moreover fallacious beliefs depict gaps in correct, up-to-date and sufficient preventive knowledge about the transmission of HIV infections. Worse, such beliefs and myths erodes any little gains from IEC advocacy awareness campaigns. In conclusion, this may explain why the preventive knowledge that students learnt about HIV infections in IEC forums is not observable in behavioural perspectives.

5.1.5 Perceptions about Testing for HIV Infections

The study explored the various perceptions of the students regarding testing for HIV and AIDS. Many students do not know their HIV status and, they will not dare to attempt to test for HIV and AIDS status because of fear of being positive. Scores of young people decline to take the test due to fear, anxiety, and denials not have HIV/AIDS and, that anal sex prevents HIV infections.

These explanations were indicative of typical stereotypes, denials, fear and fallacious beliefs about their perceived invincibility to HIV infections. This raises concerns since there is likelihood of more silent spread of the HIV virus since

students are sexually active. Further, wrong perceptions of risk and feelings of safety are obstacles in changing young people's sexual behaviours, practices, attitudes, beliefs and norms. Many students do not consider themselves at risk of HIV infections despite indulging in risky sexual practices. In reality, many young people strongly feel that those who spread information about HIV infections are exaggerating the prevalence rates them. Majority view media reports on high HIV prevalence rates among young people as 'conspiracy theories and intrigues' by selfish people to intimidate them hence deny them pleasure and fun.

Fallacious beliefs make many youngsters to believe that there is no need of testing for HIV because one can identify a person suffering from HIV and AIDS by observing external symptoms and avoid sexual contact with them. This is possible because infected people are slim/thin, weak, dark coloured and sickly. These show serious gaps in the knowledge about HIV and AIDS.

5.1.6 Perceptions regarding Condom Use and HIV Infections

Another critical concern of the study was to explore the various attitudes and beliefs that students expressed regarding condom use. Many students are advised by peers not to use condoms since the reduce sex enjoyment. Furthermore, youngsters claim that condoms as tool for family planning have high rate of failure and therefore cannot prevent the spread of HIV infections. Moreover, there is a fallacious belief that condom use leads may result in loss of fertility. Many young

girls believe that swallowing a contraceptive pill before sex allows a girl to enjoy sex without fear of pregnancy instead of the tedious condom use which makes sex dull, cold, artificial and tasteless. Logically, there is need for HIV/AIDS education to address these perceptions that are likely to contribute to risks of HIV infections.

5.1.7 Mass Media, Pornographies and HIV Infections

The study aimed at finding out the contribution of various types of mass media to HIV infections among young people. Students have access to various mass media and pornographies in print and electronic form. Various types of pornographies are circulated in schools by fellow students. Pornographic media which was seen to have adverse influence in the sexual behaviour of youngsters raises curious concerns for HIV/AIDS education because of its appeal to young people as an educational tool.

Pornographies have a corrupting impact on young consumers with potential for emergent behaviours like sex promiscuity, rape and violence among others. This confirms long-standing concerns over pornography's corroding effect especially on young minds. There seems to be a strong link between increase in pornographies and the unusual increase in aggressive behaviours and indulgence in risky sex practices, since it reinforces tendency to imitate. Viewing pornography tends to distort the sexual development of adolescents as it not only gave

inadequate but also distorts perspectives of human sexuality which dehumanises women, making them objects of sexual gratification for men.

Early exposure to pornographies during child development is likely to imprint sexual deviance on a child's mind and may encourage risky sexual practices in later life. Pornographies distort the image of sex, effectively twisting what is generally perceived as decent and dignified humanity. This because porn culture socialise one that sex, love, lust and intimacy are one. This image goes on to tell the consumers that sex is something they can jump into anytime, anywhere with anybody.

In pornography, girls are often depicted as sex machines ready to accommodate every sexual request with little or no say in sex affairs. Further, they are presented as people who always say 'no' when in actual fact they mean 'yes', and as people who enjoy when men are hurting, roughing and abusing them. Pornographies seem to be justifying rape and sexual harassment. The current increase in sex crimes in the country could be evidence of the collateral impact of exposure to sexually explicit materials.

The sex mores espoused by the largely foreign oriented, western media is found to be permissive. The sexual license encouraged and tolerated by the media has had its effects on students understanding and attitudes on sexuality and sexual

relations. The style and manner of dressing like wearing hipsters, tumbo-cuts, tight/slim/short pants, miniskirts and use of varieties of make-ups walking, kissing/hugging, talking and greeting styles and particular sorts of sexual identities that are considered “modern” by youngsters are products from mass media.

The findings affirm that pornographic media is a potent tool that massively predispose students to risky sex practices that greatly predispose them to HIV infections. Hence, it is imperative to conclude that in the absence of any sustainable intervention strategy to thwart the impact of the pornographic media, there is likelihood of upward trend in HIV infections among young people.

5.1.8 Peer Influence and HIV Infections

One of the crucial concerns of the study was to investigate the influence of peer pressure and its effect on HIV infections among young people. Many youngsters engage in sex due to peer influence and spend their time discussing sex, drugs, alcohol, pregnancy, rape, abortion, STIs, masturbation, lying, politics, and leisure/sports. This suggests that schools do not provide educational activities to occupy the students out-of-class time.

Since adolescents are quite impressionable, peer influence is a critical factor that needs focus with regard to sexual practices whereby peer influence makes many students to conform to expectations due to fear of being discriminated, labelled as

outcast, immature and branded primitive. This negative labelling causes undue stigma to many students which makes them to embrace peer values that are considered to be in vogue. Engaging in sexual intercourse is seen by many young people as a sign of maturity, modernity, civility and being on fashion. Students tried to legitimise their involvement in risky practices by arguing that such behaviour does not necessarily lead to HIV infections. Boys are encouraged by peers to view sexual indulgence with many sex partners as a sign of manliness and victory, traits that were held high in teenage world. Further, boys are made to believe and expect good girls to be readily submissive. Girls are also socialised by family and peers to be humble, submissive, kind, caring and generous. These unequal social constructs promote gender inequalities in the society where girls are disadvantaged, and unfairly predisposed more to sexual exploitations. In absence of any contrary information in the study area, it could be safe to conclude that both socialisation and peer influence may continue to lure and make students to indulge in unsafe sex practices that predispose them to HIV infections.

5.1.9 Socio-Economic Factors and HIV Infections

The study identified various socio-economic factors that facilitate the spread of HIV infections among young people. Many young people believe that having sex having is a way of getting some income to avert poverty and financial deprivation. Girls engage in sex due to financial and material gains, while boys indulge in sex with affluent sugar mummies to appreciate their supportive and caring sex partner.

High levels of pervasive poverty lure students to indulge in gainful sex. Increasing poverty levels, deprivation and the economic challenges posed by luxurious lifestyle displayed by fellow students from who peddle sex makes many students feel hopeless and lure them to join the same. This ultimately implies that STIs, especially HIV infections and, student pregnancies may continue to increase.

5.1.10 HIV/AIDS education and Students Knowledge about HIV Infections

One of the critical objectives of the study was to probe the influence of HIV and AIDS education in combating HIV infections. This was vital because the empowering aspects of AIDS education are expected to enable positive behaviour change to ably overcome the pandemic that threatens it.

HIV and AIDS education was not taught in many schools. This raises concerns regarding how various school administrations are responding to the MoE's HIV and AIDS policy in the education sector. In few schools that HIV and AIDS education is often scantily mentioned in a few carrier subjects such as biology and social studies that contain some HIV and AIDS messages, teachers do not test to evaluate the little that is learnt since they are preoccupied with examinable subjects. Even in the same schools, HIV and AIDS education is not taught in all classes and, due fact that the subject is neither compulsory nor examinable in national examinations which could be undermining the teacher's commitment in teaching it. That not withstanding then, the study shows that the absence of

effective and sustainable learning and teaching of HIV and AIDS education gives leeway to unabated surge in the spread of the HIV virus among students.

Indications from Information Education Communication (IEC) and Behaviour Change Communication (BCC) advocacy forums indicate that HIV and AIDS education if well taught has an essential role to play in reversing the very pandemic. The uninfected youth offer a window of hope in curbing HIV infections. Hence, HIV/AIDS education must prepare youngsters to change their attitudes towards sexual relationships that put them at risk of HIV infections.

5.1.11 Perceptions of the Students about the War on HIV/AIDS among Selves

The study explored the perceptions and contributions of young people in the war against HIV infections among themselves points to creative ways of re-organising the methodology of teaching HIV/AIDS education. The fact that students preferred fellow young people to be more actively involved in dispensing HIV and AIDS education among selves. Youngsters can be actively involved in mass media programmes like films/video shows, drama and seminars to present HIV and AIDS information to fellow peers. Similarly, involvement in advocacy awareness forums to sensitise fellow peers about HIV and AIDS is critical since they share similar values, concerns, feelings, fears, expectations and aspirations.

These findings suggest that young people are quite aware about their crucial role and ability to contribute to the war against HIV infections. This effectively indicates that adults educators including parents should open dialogue with young people and 'talk with' but not 'at them' so as to enhance sustainable team work and total inclusive strategies to fight the spread of HIV. This would help enhance synergy and bridge the perceived rift between the elderly and the youth effectively. Undoubtedly, given a chance, young people have immense versatility and potential for resiliency to ably participate in combating HIV infections. These findings suggest that the inclusion of young people in sustainable inclusive strategies and active involvement in activities that address HIV and AIDS is a positive valuable undertaking in the war against HIV and AIDS.

5.2.0 Conclusions

In view of the above findings, the study wishes to make the following conclusions: Firstly, majority of the students in the study location while in school indulge in risky sex practices that can predispose them to HIV infections. These practices may continue to fuel the spread of the HIV virus among students, if unchecked through appropriate sexuality education.

Secondly, the social cultural practices, beliefs and taboos prohibit many parents from having open discussions with their children about sexuality and HIV

infections. This denied vital information to young persons which increase their vulnerability to risky practices that predispose them to HIV infections.

Thirdly, rampant drug abuse in and around schools predispose many students to risky sex practices and a great likelihood to indulge in unprotected sex with multiple sex partners that pose a great risk to HIV infections.

Fourthly, lack of accurate information shapes attitudes, perceptions, beliefs, myths and stereotypes about HIV infections in ways that predispose students to HIV infections. Moreover, inaccessibility of youth friendly VCT's coupled with the fear of testing for HIV/AIDS are likely to fuel the silent spread of the incurable HIV virus.

Fifthly, pornographic media, peer influence and poverty may continue to lure and make students to indulge in unsafe sex practices that predispose them to HIV infections.

Lastly, in absence of sustainable inclusive strategies and active involvement of young people in the war against HIV and AIDS, HIV infections are likely to continue to soar among the youth.

Overall the findings further exemplifies that HIV infections among young people in the study locale could most likely increase since the above factors are not only largely operative but, they greatly synergize each other. The fact that many students reported that they would seek vengeance by spreading the HIV virus to others if they tested positive makes it necessary for the school to implement HIV and AIDS education expeditiously.

Education has inherent potency and resiliently to ably overcome the HIV and AIDS pandemic that potentially threatens to decimate it. Because HIV and AIDS is associated with fear, shame social stigma, scorn, and maltreatment, it attracts silence on those infected as well as those affected. Hence, incidences of personal and social stigma may escalate leading to stress/depression related diseases and perhaps suicide. Stigma devastates everybody including students and drains the vital energy that could be used productively. Clearly, education would continue to suffer from the impact of chronic absenteeism as infected students seek medical attention. Chronic absenteeism would translate into underachievement and hopelessness which negatively affects the quality of education and it could also lead to more dropouts and eventual loss of human capital.

Increased pools of dropouts would lower the enrolment and reduce the student populations, effectively reducing the potential of future generations in contributing to society. In addition, with fewer students, schools would experience dwindling

finance resources for managing and running the schools. This would effectively derail the learning process, outcomes and ultimately ruin the quality and quantity of education.

For Meru district and indeed the nation, continuing incidences of increase in HIV and AIDS prevalence rates among students are likely to lead to more loss in economic resources invested in education as parents would exhaust their meagre resources in servicing ever escalating medical bills of their children. This would overburden the poor parents who would have to continue to grapple with high costs of medical care as well as education of other siblings. This does not augur well for development of our nation that depends on meagre resources for sustenance of its people.

Further, loss of life through deaths of infected students leading to irreparable damage through loss of the brains, talents and human capital investment is an area of concern because education industry thrives on developing its clients who are mainly young people and who form a nation's future. The schools would become their own shadows with no students, defeating the very objectives and purposes of starting them. Schooling and in particular education would then be devastated because they would not be able to achieve the core objectives they were set to realise as resource diversion and loss of young human capital would unleash a serious blow to these social institutions.

In view of the above conclusions, the researcher suggests the following recommendations in areas of education policy, practice as well as research respectively.

5.3.0 Recommendations for Practice and Policy Action

- 1 The study revealed that majority of the students had unlimited access to mass media including pornographies by way of print and electronic form. The GoK should take advantage of this and therefore generally use all mass media avenues creatively, extensively, consistently and persistently to spearhead a vigorous and sustained campaign to publicise, educate, inform and sensitise the young populations and, in particular finance specialised programmes targeting young persons in schools on various issues that predispose them to HIV infections. Special emphasizes should be given to particular risks and dangers involved in declining to use VCT services, drug abuse, pornographies, unprotected sex and peer influence and their direct inter-relationships to HIV infections. All channels of mass media should be diligently and widely used in all languages and dialects so as to reach as many young people as possible. Especially audio visual and print media should be used as it is preferred by more young persons. In as much as is possible mass media creativity should be exploited to come up with messages to suit various age groups, sex, gender, diverse tastes, social milieus, preferences and cultural variations to ensure unity and diversity in

effective total communication and dissemination of accurate up-to-date information to counter the ever runaway HIV infections among young people.

- II The study established that HIV and AIDS education was not taught in all schools. Hence this study recommends that, the GoK should ensure compulsory teaching and examination of HIV and AIDS as a subject in all schools by specially trained and duly qualified teachers at all levels. The current teaching of HIV and AIDS should be strengthened in all schools and particularly teachers should be urgently equipped with vital professional and social skills that would enable them to teach the subject within a caring learning environment. This will enable inculcation and nurturance of sustainable safe character-based life skills and lifestyles that will progressively equip students with vital skills, knowledge, values and attitudes. These will help make them assertive, productive, responsible and active contributors to sustainable development. The GoK should intensify sustainable advocacy campaigns against HIV infections in schools and design special interventions to support those infected and affected by the scourge. Education sector policy on HIV and AIDS should be publicized and widely distributed to assist schools, parents, and communities to fight the scourge.

- III From the study it was clear that high levels of pervasive poverty lured many students to indulge in commercial sex. The GoK should initiate sustainable ways of empowering the parents and communities to alleviate poverty so as to empower them to provide for their children and help them abstain from temptations to indulge in commercial sex that greatly predispose them to the HIV infections.
- IV The study revealed that in spite of the fact that some students were quite knowledgeable about HIV infections this did not translate into safe sex practices. Hence, the MoE should draw educational curriculum and in particular HIV and AIDS examinable syllabus with major emphasis in affective domain so as to enable the students to gradually develop stable positive and healthy feelings, life skills, beliefs, emotions, behaviours, attitudes, morals, ethics and values that can be harnessed to curb HIV infections. This will empower them to acquire valuable life-skills education leading to more assertiveness and sustainable practice of self control.
- V According to the study, many young people derived their sex information from peers. It is therefore recommended that peer education and counselling should be used as a key intervention strategy by all relevant stakeholders (government, NGO's, CBO's, Faith-based organisations and schools in particular). The young-people-to-young-people-approach can be

a more effective strategy in influencing positive change in young people's sexual behaviour. Care should be exercised to enlist influential good role models of young people as peer educators cum counsellors. However it is imperative that such peer educators be thoroughly equipped and consistently up-dated with the requisite skills, approaches, adequate information and techniques in order for them to effectively disseminate the relevant information with efficacy. Young people should be motivated, inspired, and involved in appropriate participatory measures to monitor, evaluate, review and improve their efficiency and proficiency in dealing with emerging challenges in the modern dynamic and volatile social environment.

- VI This study exposed that the biggest challenge in prevention of HIV infection among students was nurturing sustained positive behaviour change that is character-based. Therefore, there is need for a proactive strategic and tactical shift from IEC to behaviour change communication (BCC) by all stakeholders involved in HIV and AIDS prevention efforts. The use of innovative and effective BCC strategies such as theatre, drama, puppetry, folk media, out door advertising and greater involvement of voluntary PLWHAS, in sharing personal experiences in public are highly recommended as viable education strategies. These could be highly

effective and versatile in reinforcing positive behaviour change, a potent tool in the war against HIV infections.

VII The study indicated that many parents did not open-up dialogue with their children about sexuality and HIV and AIDS. This study therefore recommends that since the family can play a pivotal role in the socialisation of a young person, parents should be enabled to always promote frank and open discussions with their children as part of the educational process on issues appertaining to sexuality, HIV and AIDS, life-skills education and all other related proactive measures to avert HIV infection. This can provide free flow of exchange of valuable and useful information that can empower young people to inculcate and adopt safe behaviour practices to prevent HIV infections.

VIII The study established that students sneaked out of schools to engage in sex. All school Administrators and managers should be trained on how to ensure optimum discipline is maintained. They should also be educated on how to effectively supervise and monitor the activities and movements of the student's in and out of schools. Inept, inefficient, incompetent and corrupt head teachers who violate or ignore their duties and responsibilities should be made to face appropriate disciplinary actions. This will help to root-out those incapable of managing learning

institutions in terms of student discipline and behaviour hence reduce the variable that incline students to HIV infections.

CONCLUSION: IN A VIEW OF PREVENTING HIV INFECTIONS

IX Rampant drug abuse among students was a significant finding of the study.

The GoK should sensitise the society on the dire detriments espoused in

XII drug abuse both physiologically and socially. The GoK should relentlessly

maintain strict surveillance on drug traffickers. The school administration

should sensitise the students and the school fraternity about the need to

avoid drug abuse. The school administration should closely monitor

students to ensure that drugs are not abused in schools.

RECOMMENDATIONS TO PREVENT HIV INFECTIONS

X The study revealed that in spite of high levels of perception of the potential

risk of HIV infections, most young people do not use condoms. The study

recommends that the government, NGO's, Civil society and the entire

society should work in synergy to invest more resources in mounting

sustainable educational campaigns on abstinence, delayed sexual debut and

the use of condoms for safe sex. Similarly, they should ensure availability

and easy access to youth friendly sexual reproductive health services.

RECOMMENDATIONS TO PREVENT HIV INFECTIONS

XI Mentors, peers educators and peer counselling should be encouraged in all

schools and families. HIV and AIDS education programmes should attempt

to personalise perception of HIV infection risk through peer modelling and

diligently exposing the students to testimonials from similar voluntary peers who might have had a personal experience on HIV infection. This would be demonstrated in a way of increasing personal perception of risk which would result from careless and irresponsible risky behaviours.

- XII The students emerged as strongly supportive of guidance and counselling services to be provided by elderly qualified teachers in each and every school. Hence, there is need to be selective in training and up-dating the current guidance and counselling teachers on issues about HIV and AIDS and particularly those involving student's behaviour in relation to HIV infections. Based on the students suggestions it is imperative that the GoK deals harshly with drug traffickers and the school administration should initiate strict measures and disciplinary action upon staff who peddle drugs and students who abuse drugs. The GoK should establish a body to vet all media programmes in view of eliminating those that are sexually suggestive and, in particular alcohol, beer, cigarettes, make-ups, fashion adverts and films among others. Further, all bodies involved in HIV and AIDS advocacy campaigns targeting young people should actively involve fellow young persons to disseminate information to young persons. They should train young Peer Educators on HIV and AIDS counselling and involve them to reach other young persons. Similarly they should expand access for up-to-date and correct information to empower youngsters on

HIV prevention campaigns. There is need to present accurate information and true facts to young people in a variety of creative ways and in a language they can easily understand and identify with. Students recommended that all schools should start, promote and encourage sex abstinence clubs like 'straight talk clubs', 'True love waits clubs' to promote a forum for young people to discuss and empower themselves to fight HIV infections. Moreover, students felt that parents and teachers should be keen and strict in monitoring and surveillance of young persons and adopt a friendly approach/dialogue in dealing with issues involving young persons.

secondary schools could be carried out in a number of interesting things could also be included such as to be reminded that the responsibility should be on the school management.

Further in-depth studies need to be carried out to connect/disconnect between the students' knowledge and their infectious and exposure to sexual diseases to avoid sexual infections.

This study could be replicated in other districts in Kenya to make the government to prepare a comprehensive strategic policy to curb the infections in educational sector and the schools in particular will minimize costs and make CCK more focused and effective.

A study could be carried to evaluate the efficacy of the educational sector policy on HIV and AIDS to enable the change among students to curb HIV infections.

5.4.0 Suggestions for Further Research.

In view of the study objectives, findings and conclusions the following suggestions for further investigation are deemed pertinent in the area of HIV/AIDS education within schools:

- I This study was conducted in rural environment. A similar study can be conducted in schools in urban set-up in Meru central district to yield data for comparative analysis that would reveal sexuality patterns among young students sample.
- II A similar study can be conducted among primary school pupils Meru central district to find out factors that continue to predispose primary school pupils to HIV infections.
- III A comparative study of factors that predispose students to HIV infections in secondary schools could be carried out in another district in Kenya. The contrasting findings could then be intelligently used to help draw strategies to minimise the predisposing factors hence help reduce HIV infections among the schools involved.
- IV Further in depth studies need to be carried out to further investigate apparent disconnect between the students knowledge/awareness about the HIV infections and expected positive changes in their sexual behaviour to curb HIV infections.
- V This study could be replicated in other districts in Kenya to enable policy makers prepare a comprehensive strategic policy to militate against HIV infections in educational sector and the schools in particular. Such findings will minimise costs and make GoK more focussed and cost effective.
- VI A study could be carried to evaluate the efficacy of the government educational sector policy on HIV and AIDS to enable sustainable behaviour change among students to curb HIV infections.

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APPENDIX 1

OBSERVATION SCHEDULE

Type of school.....Day.....Boarding

Gender of students.....Male.....Female.....

Any observations made using this schedule will be used to give insights for discussion items and interview sessions so as to probe more about variables that predispose young people to HIV infections.

The schedules shall adopt pseudonyms. The researcher used the observation schedules to observe:

1. The social cultural and socio-economic activities and lifestyle in the local markets and shopping centres. This would offer insights about the nature of social interactions between the students and immediate community e.g. presence of social clubs, night clubs, disco halls, bars, dimples, restaurants and lodgings and general merchandise kiosks among others.
2. The proximity of the school to nearby markets, shopping centres and towns.
3. Nature/type of school fence and its potency to secure/control illegal movement[s]. Illegal openings and routes in the school fence. Evidence of regular use.
4. The nature of physical facilities in terms of proximity, spacing, security/adequacy.
5. Distance between halls of residence in cp-education schools. Their efficacy to safeguard ebb illegal nocturnal physical contacts between students.
6. The type of lighting system and its adequacy to sufficiently illuminate all corners in the compound so as to regulate student nocturnal behaviour.
7. Any graffiti on various places like sanatoriums, toilets, washrooms and any other places in the school where various students' social groups, gangs, cliques.
8. Punishment/discipline/black books to reveal issues pertaining to conduct behaviours and the discipline of students.
9. Any other structures that could offer realistic insights about social life and social

interaction of the student's lifestyle in the schools.

APPENDIX II

STUDENTS QUESTIONNAIRE

Type of school.....Day.....Boarding

Gender of students..... Male..... Female.....

The questionnaire should be anonymous; hence you are kindly requested not to write your names anywhere. Please cooperate.

Your responses will be treated with utmost confidentiality and shall not be revealed to anybody.

*Further, you are please politely requested to be honest and objective and to explicitly present all issues that will enable all of us to **PLAN AND DRAW SUSTAINABLE STRATEGIES** to win the war on **HIV and AIDS**. Kindly, you are assured that in this study all responses are good and valuable, do not leave any question[s] unanswered.*

*Remember together we can win the war on **HIV and AIDS**.*

Pease you are kindly asked to cooperate and ask/inquire from the researcher about any issue[s] where you may not understand

WELCOME!!!

SECTION A.

PERSONAL INFORMATION/BIODATA.

[] Write or tick the appropriates response[s].

1. Age _____ years. Class/form _____
2. Sex. Male. [] Female. []
3. Religion/Faith. Christianity [] Islam [] Others _____
4. Christian denominations. Catholic [] SDA [] Protestant [specify] [] Others

SECTION B.

KNOWLEDGE ABOUT SEXUALITY AND STI'S INCLUDING HIV/AIDS.

/ / Tick any appropriate response[s].

Please use brief statements to explain where necessary.

1. Have you heard of sexually transmitted infections [STIs]. Yes. No. .
 - [a] Which are some of the symptoms of STIs? _____
 - [b] Are STIs preventable. Yes. No. . Explain _____
 - [c] Name some methods that can be used to prevent STI's. _____
2. How is HIV transmitted? i ___ ii ___ iii ___ iv ___ v ___ vi ___ vii ___
 - [a] Is HIV AND AIDS curable? Yes. No. .
 - [b] Can saliva of infected person transmit HIV during deep mouth kissing? Yes. No. . Explain _____
 - [c] Explain the meaning of opportunistic infections. _____
 - [d] Name 3 major signs of a person suffering from full blown AIDS _____
 - [e] Complete the initials VCT _____
 - [f] Name the body fluids from infected person that transmit HIV? _____
 - [g] Complete the initials HIV/AIDS. _____
 - [h] AIDS is caused by _____

SECTION C.

SOCIAL CULTURAL FACTORS.

Please use brief statements to explain where necessary.

1. In your opinion, give reasons that make young people to engage in sex. _____
2. Does a girl's sexual bargain weaken once given financial/material support from a man? Yes. No. . Explain _____
3. Girls have sex with elderly men [sugar daddies] for monetary/material gain. Yes. No. . Explain _____
4. Boys have sex with elderly women [sugar mummies] for monetary/material gain. Yes. No. . Explain _____

SECTION D.

SOCIO-ECONOMIC FACTORS.

- Tick the correct response[s].

Please use brief explanations where necessary.

[e] What is your opinion about pre-marital sex? [i] It's good [] [ii] It's bad []

Explain _____

[f] Do you have a sex partner? Yes [] No []. Would you mind peers seeing you with your sex partner? Yes [] No [] Explain _____

[g] How do peers take one if he/she is known to engage in sexual intercourse? Explain _____

[h] How do peers take one if he/she has never engaged in sexual intercourse? Explain _____

[i] Name some of your sources of information about sex? i__ ii__ iii__ iv__ v__ vi__

2. Do you know of any drugs that are abused by peers in your school? Yes [] No []. Explain _____

[a] If Yes in Q 2. Name some commonly abused drugs. i__ ii__ iii__ iv__ v__ vi__ vii__

[b] Is drug abuse good/bad? Yes [] No []. Explain _____

[c] Do you think drug abuse has any relationship with HIV infections? Yes [] No []. Explain _____

[d] With which kind of person[s] would you use a condom? Use a tick for [yes] and a cross for [no].

[i] A sex partner who looks as if he/she has HIV/AIDS. []

[ii] Any sex partner other than my girl/boy friend. []

[iii] Commercial sex workers. []

[iv] Any sex partner other than my regular sex partner. []

[v] Others [specify] _____

[e] Which of the methods of preventing the sexual transmission of HIV infections listed is best and easier for you. Use a tick for a [Yes] and a cross for a [no].

[i] Practise mutual faithfulness by engaging in sex with one un-infected sex partner. []

[ii] Abstinence from sex until marriage to one un-infected sex partner. []

[iii] Use sex methods that avoid penetrative sex. []

[iv] Use of condoms when doing sex. []

[v] Others [specify] _____

3. Would you like to take a test for HIV/AIDS? Yes [] No [] Explain _____

[a] What would you do if you test HIV positive? Explain _____

[b] Do your peers prefer to test for HIV/AIDS? Yes [] No []. Explain _____

[c] What do your peers say about taking a test for HIV/AIDS? Explain _____

[d] Suppose your peer tests HIV positive, what would you do? Explain _____

SECTION F.

MASS MEDIA.

[] Tick the correct/appropriate response[s].

Use brief explanations where necessary.

1. Please tick the mass media that is accessible to you.

Films []. Television []. Radio []. Newspapers []. Pornographic Magazines [].

Others _____

[i] Name some of the popular Television programmes enjoyed by young people?

[ii] Name some of your favourite programmes in

[a] Radio _____ [b] Television _____ [c] Newspapers/magazines _____

Explain what you prefer in them _____

Explain why you prefer them _____

[iii] Are you accessible to pornographic media [magazines/videos]? Yes [] No [].

[iv] What are your feelings towards pornographic media? [a] Good []. [b] Bad [].

Explain _____

[v] Do you think pornographic media has any influence in the sexual behaviour and practices of young people? Yes [] No []. Explain _____

[vi] Do you imitate any activities/observations from any media? ['Act' could be dressing styles, hair styles, walking styles, ways of socialising.....] Yes []

No []. Explain _____

2. Please indicate using a tick what is true [T] or what is false [F] according to you.

- [i] I enjoy watching programmes with sexual themes. T ___ F ___
- [ii] I enjoy watching pornographic shows. T ___ F ___
- [iii] I watch pornographic shows because my friends enjoy them too. T ___ F ___
- [iv] Pornographic media is very Educative to me. T ___ F ___
- [v] Pornographic shows have influenced my sexual behaviour. T ___ F ___
- [vi] Pornographies have negative influence on sexual behaviour of students. T/F
- [vii] I usually read magazines articles about sex. T ___ F ___

3. Name any other programmes/articles in mass media that influence sexual behaviours of students. _____

Do you think such influences could predispose them to risk of HIV infections

Yes [] No []. Explain _____

SECTION G.

ATTITUDES, PRACTISES, BELIEFS ABOUT SEXUAL INTERCOURSE.

[] Tick the correct response[s].

Please use brief statements and explanations where necessary.

1. Have you ever had a sexual partner? Yes [] No [].

[i] Currently do you have a sex partner? Yes [] No [].

[ii] If Yes in Q.1 and 1[i]. Have you had more than one sex partner at a time.

Yes [] No []. Explain _____

[iii] How many sex partners do you have currently. _____

[iv] Do you use a condom when engaging in sex? Yes [] No []. Explain _____

2. Have you ever engaged in sexual intercourse? Yes [] No []. Explain _____

[i] If Yes in Q.2. How old were you when you had your first sexual intercourse? _yrs.

[ii] If Yes in Q.2. If Yes In which class were you when you had your first sexual intercourse? Class _____

[iv] If Yes in Q.2, with whom did you engage in your first sexual intercourse.

Explain _____

3. Where do you usually have sex. At school []. At nearby shopping centre []

At home . Others (specify) _____

- [i] When do you have sex. During: Holidays Half terms Outings
 Visiting days Weekends others (specify) _____
4. In your opinion, who should distribute condoms. _____
- [i] Where do you think condoms can be placed for easy access to young people. Hospitals Markets Anonymous private places like public toilets Others (specify) _____
5. If you get an STI, will you make it known to your sex partner. Yes . No .
 Explain _____
6. a) Most female students dress provocatively hence tempting males to want to have sex with them. Yes . No . Explain _____
- b) Most students have many sex partners as a way of boosting their male ego. Yes . No . Explain _____
- c) Sex intercourse is a social game that anyone can play. Yes . No . Explain _____
- d) Sex intercourse is entertaining and sustains intimate relationships. Yes . No . Explain _____
- e) Lovers should prove their love through sex intercourse. Yes . No . Explain _____
- f) Students express their maturity through sex intercourse. Yes . No . Explain _____
- g) The guilt after first sex intercourse makes one easily succumb to sex in subsequent relationships, because after all they have done it before. Yes . No . Explain _____
- h) A person can be HIV positive and not even know of it. Yes . No . Explain _____
- i) Young people who are homosexuals are not at risk of HIV infections. Yes . No . Explain _____
- j) When engaging in sex intercourse, withdrawal before orgasm (sperming/ejaculation) eliminates risks of HIV infections. Yes . No . Explain _____
- k) People infected with HIV are usually very thin and sickly. Yes . No . Explain _____
- l) One unprotected sexual contact can cause HIV infection. Yes . No .

Explain _____

m) If one looks healthy, one does not risk HIV infection to play unprotected sex with them. Yes [] No []. Explain _____

7. a) Are you afraid of HIV/ AIDS. Yes []. No []. Explain _____

b) Do you know your HIV status? Yes []. No []. Explain _____

c) Would you volunteer to take a test to know your HIV status. Yes []. No [].

Explain _____

d) Supposing you test positive for HIV/ AIDS, what would you do. Explain _____

SECTION H.

HIV AND AIDS EDUCATION.

1. Does the content taught in HIV and AIDS lessons address all your knowledge needs about HIV infections. Yes []. No []. Explain _____

2. Has the knowledge gained from HIV and AIDS Education lessons been effective in influencing positive behaviour change and social practices to prevent and control HIV infections among young people in the school. Yes []. No []. Explain _____

3. Are the learning resources [teaching/learning aids, textbooks and other materials] used to teach HIV and AIDS Education effective in ensuring adequate, practical and realistic learning experiences that can lead to positive behaviour change, attitudes, beliefs and values among young people to empower them to win the war on HIV infections. Yes []. No []. Explain _____

4. Would you prefer HIV and AIDS Education to be taught and examined as a separate subject. Yes []. No [] Explain _____

5. a) In your view who among the following would you prefer to teach HIV and AIDS Education. Teachers []. Church leaders []. Social/health workers []. Others (specify) _____ Explain _____

b) Would you prefer boys and girls to be taught HIV and AIDS Education together. Yes []. No []. Explain _____

6. In your view, is the time allocated in your class timetables for HIV and AIDS

- Education enough. Yes []. No []. Explain _____
7. What do you consider the best way(s) of presenting information about HIV infections to you. Explain _____
8. According to your peers, which is the best way(s) of presenting messages about HIV? infections. Explain _____
9. In your opinion, who are more infected with HIV. Girls []. Boys []. Explain _____
10. Public awareness advocacy campaigns about HIV infections have been intensified, and HIV and AIDS education is being taught in schools, however the mass media is awash with statistics portraying persistent increase in HIV infections among populations of young people. What do you think are the causes. Explain _____

APPENDIX III

INTERVIEW SCHEDULE FOR STUDENTS

Type of school.....Day.....Boarding

Gender of students..... Male..... Female.....

The contents and the subsequent outcomes of these discussions will be treated with utmost confidentiality.

The identity of the discussants shall not be revealed as the guides are anonymous. It will not in any way reflect your names or any other cues and details that may in any way disclose your identity and that of your institution. This shall ensure the good reputation, integrity, fame and the good name of your institution are safeguarded in the entire community.

*Please be open and fair to truthfully discuss and exercise utmost honesty/sincerity so as to expose all issues that predispose our **FELLOW YOUNG PERSONS** to the lethal **HIV and AIDS**. **REMEMBER** your good ideas, views, observations, suggestions, opinions will not only make valuable contributions, **BUT** vital inputs in drawing practical and realistic strategies to inclusively empower the entire*

posterity of young people to proactively engage constructively in the war against HIV infections among selves and the entire humanity.

WELCOME!!!

1. What are some of your favourite free time activities.

What are some of your favourite programmes/features from the mass media.

[Probe] Do you discuss issues related to sex with peers. [Probe]

2. Comment about the social behaviour and general character of the students in your school. [Probe]

What can you say about social relationships between students in your school.

[Probe]

How can you describe the social relationships between your fellow students and teachers/subordinate staff. [Probe].

Do you think these relationships could in any way predispose them to HIV infections. [Probe].

3. Does the social interaction between your fellow students with the community that neighbour your school predispose them to HIV infection. [Probe]

4. Comment on the following in relation to the spread of HIV infections among young people in your school.

i) Peer influence [how peers view those with no sex partners].

i) Mass media [pornographies, television, films, videos].

ii) Student's social interactions and general lifestyle.

iii) Social Economic status [parenting, family background, poverty]

iv) Social cultural practices [traditional circumcision/education, FGC]

v) Drug abuse.

vi) Premarital sex.

[Probe each issue raised]

viii) Condom use.

5. Do your parents discuss with you issues related to sexuality and HIV infections.

[Probe] How do Social cultural practices like traditional circumcisions, FGC

and early marriages predispose young people in Meru community to HIV infections. [Probe].

6. Does the current teaching of HIV and AIDS Education effectively address all the knowledge needs of the students regarding HIV infections. [Probe]
 Comment about the approach used to teach HIV and AIDS education. [Probe]
 Does it adequately enable acquisition of desired change in attitudes, beliefs, social behaviours, life skills that can effectively prevent HIV Infections. [Probe]
 How effective is the current teaching of HIV and AIDS education in terms of time allocated, learning resources and teaching materials/texts used, accuracy and up-to-date facts, style and approach methods used. [Probe]
 Would you recommend that HIV and AIDS education to be taught as a separate examinable subject at all level of education. [Probe].
 In your view, who among the following would you recommend to teach HIV and AIDS education. Teachers []. Social/Health workers []. Church leaders []. Others []. [probe]
7. Comment about guidance and counselling services in your school in relation to the challenges posed by HIV/AIDS pandemic on Education. [Probe]
8. In your view, explain any other factors[s]that predispose young people to HIV Infections. [Probe].
9. Would you voluntarily prefer to test for HIV/AIDS? [Probe]
 Suppose you test positive in a test for HIV, what would you do. [Probe]
 What do young people say about testing for HIV/AIDS. [Probe].
10. What would you consider the best way[s] of presenting HIV/AIDS information to young people. [Probe]
11. Public awareness advocacy campaigns about HIV infections have been on increase and HIV and AIDS education is being taught in schools, however HIV infections continue to increase among young people as reported in the mass media. What are

- the causes of this rapid increase in HIV infections. [Probe].
12. In your view, suggest how young people could be empowered to combat HIV infections. [Probe].

APPENDIX IV

INTERVIEW SCHEDULE FOR SCHOOL ADMINISTRATORS

Type of school.....Day.....Boarding

Gender of students.....Male.....Female.....

The contents and the subsequent outcomes of these discussions will be treated with utmost confidentiality.

The identity of the discussants shall not be revealed as the guides are anonymous.

It will not in any way reflect your names or any other cues and details that may in any way disclose your identity and that of your institution. This shall ensure the good reputation, integrity, fame and the good name of your institution are safeguarded in the entire community.

*Please be open and fair to truthfully discuss and exercise utmost honesty/sincerity so as to expose all issues that predispose our **YOUNG PERSONS** to the lethal **HIV and AIDS**. **REMEMBER** your good ideas, views, observations, suggestions, opinions will not only make valuable contributions, **BUT** vital inputs in drawing practical and realistic strategies to inclusively empower the entire posterity of young people to actively engage constructively in the war against **HIV Infections** among selves and the entire humanity.*

WELCOME!!!

1. Please comment on the social interaction and general behaviour of your students. [Probe]
2. How has HIV and AIDS pandemic affected the teaching and learning in your school. [Probe]
3. Highlight the strategies that your learning institution has undertaken to sensitise her entire fraternity about HIV infections. [Probe]

4. Comment about the teaching of HIV and AIDS education in your school.
[Probe]. What observable effect has the teaching of HIV and AIDS education on the positive behaviour change among your students in relation to HIV infections. [Probe].
5. Do you think the current HIV and AIDS education content is adequate to effect positive behavioural change to forestall HIV infections among young people.
[Probe]. Would you recommend that HIV and AIDS education to be taught as a separate examinable subject at all level of education. [Probe].
6. Comment about guidance and counselling services in your school in relation to the challenges posed by HIV/AIDS pandemic on Education. [Probe]
7. Comment on the role of the following as far as HIV infections are concerned among young people in your school.
 - i) Mass media[pomographies, television, films, videos]
 - ii) Student's social interaction and general lifestyles.
 - iii) Traditional social cultural practices[circumcisions, FGC, early marriages]
 - iv) Social Economic status [poverty, family background, parenting].
 - v) Peer influences.
 - vi) Drug abuse.
 - vii) Condom use. [Probe each issue raised]
8. In your view are there factors that predispose your students to HIV infections from community neighbouring the school. [Probe].
9. Comment on the attitude of your students towards Testing for HIV/AIDS.
[Probe] Generally what do the greater population of young people say about testing for HIV/AIDS. [Probe]
In your view, do you think young people in Meru community link their knowledge about HIV infections to their sexual behaviour and practices.
[Probe].
10. In your view, explain any other factors[s]that predispose young people to HIV

infections. [Probe].

11. In your opinion, are the current intervention strategies undertaken by the NGO's, churches, CBO's and GOK to forestall HIV infections among young people. Comment on the suitability and adequacy of these strategies. What suggestions would you offer to improve effectiveness, strategy, and adequacy in such interventions. [Probe each issue raised].
12. What would you consider the best way[s] of presenting HIV and AIDS information to young people. [Probe]
13. Public awareness advocacy campaigns about HIV infections have been on increase and HIV and AIDS education is being taught in schools, however HIV infections continue to increase among young people as reported in the mass media. What are the causes of this rapid increase in HIV infections. [Probe]
14. In your view, suggest how young people could be effectively empowered to combat HIV infections. [Probe].

APPENDIX V

INTERVIEW SCHEDULE FOR FIELD EDUCATION OFFICERS

Meru district education office

The contents and the subsequent outcomes of these discussions will be treated with utmost confidentiality.

The identity of the discussants shall not be revealed as the guides are anonymous. It will not in any way reflect your names or any other cues and details that may in any way disclose your identity. This shall ensure that the good reputation, integrity, fame and the good name of your institutions are safeguarded in the entire community.

*Please let's be open and fair to truthfully discuss and exercise utmost honesty/sincerity so as to expose all issues that predispose our children to the deadly **HIV/AIDS**. **REMEMBER** your good ideas, views, observations,*

- to the challenges posed by HIV/AIDS pandemic on Education.[probe]
7. Comment on the role of the following as far as HIV infections are concerned among young people in your schools.
- i) Mass media [pornographies, television, films, videos]
 - ii) Student's social interaction and general lifestyles.
 - iii) Traditional social cultural practices [circumcisions, FGC, early marriages]
 - iv) Social Economic status [poverty, family background, parenting].
 - v) Peer influences.
 - vi) Discipline. [strikes, truancy,
 - vii) Drug abuse.
 - viii) Condom use. [Probe each issue raised]
8. In your view are there factors that predispose students to HIV infections from the immediate community neighbouring the schools. [Probe].
9. Comment on the attitude of the students towards Testing for HIV/AIDS. [Probe] Generally what do the greater population of young people say about testing for HIV/AIDS. [Probe].
- In your view, do you think young people in Meru community link their knowledge about HIV infections to their sexual behaviour and related risky practices that predispose them to HIV infections. [Probe].
10. In your view, explain any other factor[s] that predispose young people to HIV infections. [probe].
11. What would you consider the best way[s] of presenting HIV and AIDS information to young people. [Probe]
13. Public awareness advocacy campaigns about HIV infections have been on increase and HIV and AIDS education is being taught in schools, however HIV infections continue to increase among young people as reported in the mass media. What are the causes of this rapid increase in HIV infections. [Probe]

14. In your view, suggest how young people could be effectively empowered to inclusively combat HIV infections among themselves and by and large the greater society. [Probe]

APPENDIX VI

FOCUS GROUP DISCUSSIONS GUIDES [FGD's] HEALTH/SOCIAL WORKERS

Meru district hospital

The contents and the subsequent outcomes of these discussions will be treated with utmost confidentiality.

The identity of the discussants shall not be revealed as the guides are anonymous. It will not in any way reflect your names or any other cues and details that may in any way disclose your identity. This shall ensure that the good reputation, integrity, fame and the good name of your institutions are safeguarded in the entire community.

*Please be open and fair to truthfully discuss and exercise utmost honesty/sincerity so as to expose all issues that predispose our children to the deadly **HIV/AIDS**. **REMEMBER** your good ideas, professional advice, views, observations, suggestions, opinions will make valuable contributions to draw informed policies, practical and realistic strategies to inclusively empower our children to proactively engage constructively in the war against **HIV Infections** among themselves and the entire humanity. This will make indelible mark in relentless war against lethal **HIV and AIDS**.*

WELCOME!!!

1. Please give an overview of the current prevalence of HIV infections among young people in your district.
2. In your opinion, how effective are the current intervention strategies undertaken by the NGO's, churches, CBO's and GoK to forestall HIV infections among

young people. Comment on the suitability and adequacy of these strategies. What suggestions would you offer to improve effectiveness, strategy, and adequacy in such interventions. [Probe each issue raised].

3. Please comment about the challenges posed by HIV/AIDS pandemic on Education in your district. How has HIV/AIDS pandemic affected the teaching and learning in various schools. [Probe]

4. Based on your experiences when you often visit various schools on HIV and AIDS sensitisation missions, highlight the strategies that various learning institutions have undertaken to sensitise their entire fraternities about HIV infections. How inclusive are these strategies. [probe]

Comment about the teaching of HIV and AIDS education in various schools. [Probe].

Based on your experience and interactions with various students from various schools, comment about any observable effect that the teaching of HIV and AIDS education has on the positive behaviour change among students in relation to HIV infections. [Probe].

Do you think the current HIV and AIDS education content is adequate to effect positive behavioural change to forestall HIV infections among young people. [Probe].

Would you recommend that HIV and AIDS education to be taught as a separate examinable subject at all level of education. [Probe].

5. Comment about guidance and counselling services in schools in relation to the challenges posed by HIV/AIDS pandemic on education. [Probe]

6. Comment on the role of the following as far as HIV infections are concerned among young people in various schools.

- i) Mass media [pornographies, television, films, videos]
- ii) Student's social interaction and general lifestyles.
- iii) Traditional social cultural practices [circumcisions, FGC, early marriages]

- iv) Social economic status [poverty, family background, parenting].
 - v) Peer influences.
 - vi) Discipline.[strikes, truancy]
 - vii) Premarital sex.
 - viii) Drug abuse.
 - ix) Ignorance.
 - x) Condom use. [Probe each issue raised]
8. In your view are there factors that predispose students to HIV infections from the immediate community neighbouring the schools. [Probe].
9. Comment on the attitude of the students towards Testing for HIV/AIDS. [Probe]
- Generally what do the greater population of young people say about testing for HIV/AIDS. [Probe]
- In your view, do you think young people in Meru community link their knowledge about HIV Infections to their sexual behaviour and related risky practices that predispose them to HIV Infections. [Probe].
10. In your view, explain any other factors[s]that predispose young people to HIV Infections. [Probe].
11. What would you consider the best way[s] of presenting HIV and AIDS information to young people. [Probe]
13. Public awareness advocacy campaigns about HIV infections have been on increase and HIV and AIDS education is being taught in schools, however HIV infections continue to increase among young people as reported in the mass media. What are the causes of this rapid increase In HIV infection. [Probe]
14. In you view, suggest how young people could be effectively empowered to inclusively combat HIV infections among selves and by and large the greater society. [Probe]

APPENDIX VII

FOCUS GROUP DISCUSSIONS GUIDES [FGD'S] STUDENTS

Type of school.....Day.....Boarding

Gender of students.....Male.....Female.....

The contents and the subsequent outcomes of these discussions will be treated with utmost confidentiality.

The identity of the discussants shall not be revealed as the guides are anonymous. It will not in any way reflect your names or any other cues and details that may in any way disclose your identity.

*Please be open and fair to truthfully discuss and exercise utmost honesty/sincerity so as to expose all issues that predispose our **YOUNG PERSONS** to the lethal **HIV/AIDS**. **REMEMBER** your good ideas, views, observations, suggestions, opinions will make valuable contributions **BUT** vital inputs in drawing practical and realistic strategies to inclusively empower the entire posterity of young people to actively engage constructively in the war against **HIV Infections** among selves and the entire humanity.*

WELCOME!!!

1. Please tell us some of your favourite free time activities.
What are some of your favourite programmes/features from the mass media.
[Probe]
Comment on your favourite issues/hobbies/leisure time activities with peers.
[Probe]
Do you discuss issues related to sex with peers. [Probe]
2. Does the current teaching of HIV and AIDS education effectively address all the knowledge needs of the students regarding HIV infections. [Probe]
3. Comment about the approach used to teach HIV and AIDS education. [Probe]
Does it adequately enable acquisition of desired change in attitudes, beliefs, social behaviours, life skills that can effectively prevent HIV infections.
[Probe]

4. How effective is the current teaching of HIV and AIDS education in terms of time allocated, learning resources and teaching materials/texts used, accuracy and up-to-date facts, style and approach/methods used. [Probe]
- Would you recommend that HIV and AIDS education to be taught as a separate examinable subject at all level of Education. [Probe].
- In your view, who among the following would you recommend to teach HIV and AIDS education. Teachers [] Social []. Health workers [] Church leaders [] Others []. [Probe]
5. Comment on the following in relation to the spread of HIV infections among young people in your school.
- i) Peer influence [how peers view those with no sex partners].
 - ii) Mass media [pornographies, television, films, videos].
 - iii) Student's social interactions and general lifestyle.
 - iv) Social economic status [parenting, family background, poverty]
 - v) Drug abuse.
 - vi) Premarital sex. [Probe each issue raised]
6. Does the social interaction between your fellow students with the community that neighbour your school predispose them to HIV infection. [Probe]
7. Comment about guidance and counselling services in your school in relation to the challenges posed by HIV/AIDS pandemic on education. [Probe]
8. Do your parents discuss with you issues related to sexuality and HIV infections. [Probe]
9. How do Social cultural practices like traditional circumcisions, FGC and early marriages predispose young people in Meru community to HIV infections. [Probe].
10. In your view, explain any other factors[s] that predispose young people to HIV infections. [Probe].
11. What do young people say about testing for HIV/AIDS. [Probe].
12. What would you consider the best way[s] of presenting HIV and AIDS

information to young people. [Probe]

13. Public awareness advocacy campaigns about HIV infections have been on increase and HIV and AIDS education is being taught in schools, however HIV infections continue to increase among young people as reported in the mass media. What are the causes of this rapid increase in HIV infections. [Probe]
14. In your view, suggest how young people could be empowered to combat HIV Infections. [Probe].

APPENDIX VIII

FOCUS GROUP DISCUSSIONS GUIDES [FGD'S] TEACHERS

Type of school.....Day.....Boarding

Gender of teachers..... Male..... Female.....

The contents and the subsequent outcomes of these discussions will be treated with utmost confidentiality.

The identity of the discussants shall not be revealed as the guides are anonymous. It will not in any way reflect your names or any other cues and details that may in any way disclose your identity.

*Please be open and fair to truthfully discuss and exercise utmost honesty/sincerity so as to expose all issues that predispose our students to the lethal **HIV/AIDS**.*

REMEMBER *your good ideas, views, observations, suggestions and opinions will make valuable contributions to draw practical and realistic strategies to empower our children to actively engage constructively in the war against **HIV Infections** among selves and the entire society.*

WELCOME!!!

1. Please share with us your experiences in teaching Health Education and HIV and AIDS education. [Probe]
2. Comment on the suitability of using infusion approach in teaching HIV/AIDS education. [Probe].

3. What challenges do you encounter in teaching HIV and AIDS education.
[Probe].
4. What observable effect has the teaching of HIV and AIDS education on the positive behaviour change among your students in relation to HIV infections.
[Probe].
5. Do you think the current HIV and AIDS education content is adequate to effect positive behavioural change to forestall HIV infections among young people.
[Probe].
6. Would you recommend that HIV and AIDS education to be taught as a separate examinable subject at all level of education. [Probe].
7. Comment on the role of the following as far as HIV infections are concerned among young people in your school.
 - i) Mass media[pomographies, television, films, videos]
 - ii) Student's social interaction and general lifestyles.
 - iii) Traditional social cultural practices[circumcisions, FGC, early marriages]
 - iv) Social economic status [poverty, family background, parenting].
 - v) Peer influences.
 - vi) Drug abuses.
 - vii) Condom use. [probe each issue raised]
8. Comment about guidance and counselling services in your school in relation to the challenges posed by HIV and AIDS pandemic on education. [Probe]
9. Comment on the attitude of your students towards Testing for HIV/AIDS.[probe]
10. In your view are there factors that predispose your students to HIV infections from community neighbouring the school. [Probe].
11. In your view, explain any other factor[s]that predispose young people to HIV Infections. [Probe].
12. In your opinion, are the current intervention strategies undertaken by the

NGO's, FBO's, CBO's and GoK to forestall HIV infections among young people.

Comment on the suitability and adequacy of these strategies.

What suggestions would you offer to improve effectiveness, strategy, and adequacy in such interventions. [Probe each issue raised].

13 What would you consider the best way[s] of presenting HIV and AIDS information to young people. [Probe]

14. Public awareness advocacy campaigns about HIV infections have been on increase and HIV and AIDS education is being taught in schools, however HIV infections continue to increase among young people as reported in the mass media. What are the causes of this rapid increase in HIV infections. [Probe]

15. In your view, suggest how young people could be empowered to combat HIV Infections. [Probe].

APPENDIX IX

FOCUS GROUP DISCUSSIONS GUIDES [FGD's] PARENTS/GUARDIANS

Type of school.....Day.....Boarding

Gender of parents..... Male..... Female.....

The contents and the subsequent outcomes of these discussions will be treated with utmost confidentiality.

The identity of the discussants shall not be revealed as the guides are anonymous. It will not in any way reflect your names or any other cues and details that may in any way disclose your identity.

Please be open and fair to truthfully discuss and exercise utmost honesty/sincerity so as to expose all issues that predispose our children to the deadly HIV/AIDS.

REMEMBER *your good ideas, views, observations, suggestions and opinions will make valuable contributions to draw practical and realistic strategies to empower our children to actively engage constructively in the war against HIV infections among selves and the entire society.*

WELCOME!!!

1. Please tell us something about the behaviour and character of your children.
[Probe].
2. Do you discuss about HIV/AIDS with your adolescent sons and daughters.
[Probe].
3. Do you discuss about sexuality and sexual matters with your adolescent sons and daughters. [Probe]
4. In your view are there social cultural norms which make it difficult for you to freely discuss with your adolescent sons and daughters about sexuality and HIV infections. [Probe]

Comment on the role of the following as far as HIV infections are concerned among young people in your school.

- i) Mass media [pornographies, television, films, videos]
 - ii) Student's social interaction and general lifestyles.
 - iii) Traditional social cultural practices [circumcisions, FGC, early marriages]
 - iv) Social economic status [poverty, family background, parenting].
 - v) Peer influences.
 - vi) Drug abuse.
 - vii) Condom use. [Probe each issue]
5. Public awareness advocacy campaigns about HIV infections have been on increase and HIV and AIDS education is being taught in schools, however HIV infections continue to increase among young people as reported in the mass media. What are the causes of this rapid increase in HIV infections.
[Probe]
 6. Do you think social interaction among young people in schools can predispose them to HIV infections. [Probe].
 7. In your opinion and as a neighbour of this school, do you think social interaction between students and the immediate community/markets has in any way predisposed them to HIV infections. [Probe].

8. In your view, explain any other factor[s] that predispose young people to HIV Infections. [Probe].
9. In your view, do you think young people in Meru community link their knowledge about HIV infections to their sexual behaviour and practices. [Probe].
10. In your opinion and, as an elder versed with Meru culture and way of life, are there any social cultural practices that could predispose young people to HIV Infections. [Probe].
11. What do young people say about testing for HIV/AIDS. [Probe].
12. What would you consider the best way[s] of presenting HIV and AIDS information to the adolescents. [Probe]
13. In your view, suggest how young people could be effectively empowered to combat HIV infections. [Probe].

MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY

ograms: "EDUCATION", Nairobi
phone: Nairobi 334411
en replying please quote

No.

MOEST 19/001/34C 421/2



JOGOO HOUSE "B"
HARAMBEE AVENUE
P.O. Box 30040-00100
NAIROBI

30th November, 2004... 20.....

Francis Kirimi Ikiara
Kenyatta University
P.O. BOX 43844
NAIROBI

Dear Sir

RE: RESEARCH AUTHORISATION

Please refer to your application for authority to conduct research on "Factors that continue to predispose young people to HIV Infection: A case study of selected Public Secondary Schools in Meru Central District". I am pleased to inform you that you have been authorised to conduct research in Meru Central District for a period ending 30th March, 2005.

You are advised to report to the District Commissioner, District Education Officer and the Medical Officer of Health Meru Central District before commencing your study.

Upon completion of your research, you are expected to submit two copies of your research findings to this Office.

Yours faithfully

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

B. O. ADEWA

FOR: PERMANENT SECRETARY

Cc

The District Commissioner
Meru Central District

The District Education Officer
Meru Central District

The Medical Officer of Health
Meru Central District

1837789

NAIROBI

30/11/04

KIARA FRANCIS KIRIMI
FIVE HUNDRES ONLY

RESEARCH CLEARANCE FEE

POST
A
CASH

500/-

0-834-001-670

[Signature]

PAGE 2

PAGE 3

TO CERTIFY THAT:

Research Permit No. MOEST 13/001/34C-421

of/Mr./Mrs./Miss FRANCIS KIRIMI KIARA

Date of issue 30th November, 2004

Fee received Shs. 500

(Address) KENYATTA UNIVERSITY

P.O. BOX 43844, NAIROBI

is permitted to conduct research in

Location,

NERU CENTRAL

District,

EASTERN

Province,

Topic FACTORS THAT CONTINUE

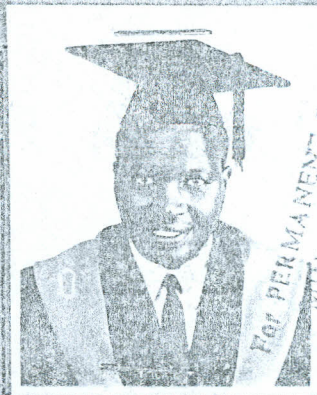
TO PREDISPOSE YOUNG PEOPLE

TO HIV/INFECTION. A CASE STUDY IN

SELECTED PUBLIC SECONDARY SCHOOLS IN

NERU CENTRAL DISTRICT

Period ending 30th March, 2005



For PERMANENT
MINISTRY OF EDUCATION
SCIENCE AND TECHNOLOGY

B. O. ADEWA

Applicant's
Signature

For Permanent Secretary
Ministry of Education,
Science and Technology

MINISTRY OF
SCIENCE AND TECHNOLOGY